June 27, 2019

ATTENTION: South Dakota Medicaid Providers

FROM: South Dakota Medicaid

RE: Urgent Care Visits

Effective July 1, 2019, South Dakota Medicaid will exempt up to 4 clinic urgent care visits per state fiscal year (July 1 through June 30) from a primary care provider referral. This applies for individuals in the Primary Care Provider (PCP) Program or Health Homes (HH) Program.

Based on provider feedback, this change is being made to reduce administrative burden associated with referrals for providers when a recipient requires urgent care. This change will also help recipients get necessary care while travelling without the need to initiate a referral from their primary care provider. It will also help facilitate care after regular business hours and in situations where recipients are under the joint custody of two parents or guardians living in different locations.

South Dakota Medicaid anticipates that availability of urgent care will help reduce unnecessary emergency room visits. Please note that referral requirements for non-emergent use of the emergency room have not changed. Urgent use of the emergency room is not exempt from PCP referral under this rule change and will still require a referral from the recipient’s PCP to access the emergency room when the care is deemed urgent under the prudent layperson definition.

Urgent care providers are strongly encouraged to provide information about each visit to the primary care provider of record to ensure continuity of care. Communication back to the PCP should provide the medical information, test results, and any diagnostic findings and treatment recommendations resulting from the provision of the service to the recipient. The communication should also specifically identify needs for additional care and treatment, including follow-up care.

To bill for an urgent care service, providers should bill with a “U” or a “2” in Block 10d of the CMS 1500 form. Block 17b may be left blank. When billing for an urgent care service electronically, enter “Y” in 24c (SV109) and use the situational loop 2300 REF*4N*1

Sincerely,

South Dakota Medicaid
**QUICK ANSWERS**

- **Will providers have a way to track how many urgent care visits a recipient has used?**
  - South Dakota Medicaid is working to make this information available on the Medicaid Online Portal and anticipates it will be available in late 2019 or early 2020.

- **Are physician charges for “urgent” services performed in the emergency room exempt from a referral?**
  - No, urgent use of the emergency room requires a PCP/HH referral. This change only applies to services performed outside of an emergency room.

- **If an urgent care claim is submitted with a referral, will it count towards the recipient’s 4 visit limit?**
  - No, only claims submitted as urgent without a PCP referral will count towards the recipient’s 4 visit limit.

- **Will an “urgent” visit with another physician in the same clinic as the recipient’s PCP (designated care provider) count towards the recipient’s 4 visit limit?**
  - No, a visit with the designated care provider is already exempt from referral.

- **Per federal regulation, American Indians can visit Indian Health Service (IHS) without a referral from their PCP/HH. Will an urgent care visit to IHS without a referral count against the recipient’s 4 visit limit?**
  - No, these services are already exempt from referral.

- **Will the “urgent” care provider be able to refer the recipient to additional specialties or follow-up services (ex. Orthopedics) without a referral from the PCP?**
  - No, additional specialty services will require a referral from the PCP. The urgent care provider should coordinate with the PCP to arrange for necessary follow-up care.

  *Note: Special rules apply for American Indians receiving services from IHS. IHS may refer American Indians to follow-up or specialty care without a referral from the recipient’s PCP/HH.*

- **Do recipients have to utilize their PCP or HH’s urgent care if it is available?**
  - Recipients are encouraged to use their PCP or HH’s urgent care if it is available but recipients may choose to see any willing Medicaid provider.