

North Carolina Medicaid Special Bulletin



An Information Service of the
Division of Medical Assistance

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January 2016

**Attention:
All Providers**

**Federal Regulation 42 CFR 455.410
Attending, Rendering, Ordering, Prescribing
or Referring Providers**

*Providers are responsible for informing their billing agency of information in this bulletin.
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This N.C. Medicaid Special Bulletin is an update to previous bulletin articles titled, *Update on Enrollment Criteria for Ordering, Prescribing and Referring Providers*. The latest version, published in [January 2016](#), announced that:

“Beginning with date of service Feb. 1, 2016, failure of an ordering, prescribing or referring provider to enroll in NC Medicaid or N.C. Health Choice (NCHC) will result in a 90-day claim suspension. If an attending, rendering, ordering, prescribing or referring provider does not enroll within the 90-day timeframe, the billing provider will receive a denial with an Explanation of Benefits (EOB) stating that the attending, rendering, ordering, prescribing or referring provider is not enrolled.”

Implementation of the editing has changed from claim suspension to “pay and report.” This change means the EOB will appear on the Remittance Advice (RA), but the edit will not cause the claim to deny. This applies to all claims beginning with date of service Feb. 1, 2016. Changing the disposition to “pay and report” will permit the billing provider to notify the attending, rendering, ordering, prescribing or referring provider to begin the enrollment process on NCTracks.

N.C. Division of Medical Assistance (DMA) will implement this requirement in phases before claims deny. During a period of time, billing providers will receive an EOB warning message on their RA when the attending, rendering, ordering, prescribing or referring provider’s NPI submitted on the billing provider’s claim is not enrolled in the NC Medicaid or NCHC program.

DMA will communicate any changes to providers through Special Medicaid Bulletins on the DMA website, and provider alerts and announcements on the NCTracks provider portal. A list of Frequently Asked Questions (FAQ) will be available on the [NCTracks provider portal](#).

NOTE: Any physician or non-physician practitioners who render services or write orders, prescriptions or referrals, must be enrolled in NC Medicaid or NCHC. The term “referring” in the context of “ordering, prescribing and referring” does not affect the current procedures or requirements related to Community Care of North Carolina/ Carolina ACCESS (CCNC/CA) referrals.

DMA will announce an effective date when the edit will change from “Pay to Report” to “Suspension.” Once full editing is turned on, failure of an ordering, prescribing or referring provider to enroll in NC Medicaid or NCHC will result in a 90-day claim suspension. If an attending, rendering, ordering, prescribing or referring provider does not enroll within the 90-day timeframe, the billing provider will receive a denial with an EOB stating that the attending, rendering, or ordering, prescribing or referring provider is not enrolled. Additional details will be provided in future Medicaid bulletins.

Pharmacy claims will continue to pay for prescriptions written by any ordering, prescribing or referring provider with an NPI that DMA has entered onto the “Exemption List” created in 2014. This list included medical and dental residents and state-employed providers. However, beginning **Aug. 1, 2016**, federal regulations will no longer allow DMA to place these providers on the exemption list. Instead, per the [CMS Informational Bulletin dated Dec. 23, 2011](#), interns

and non-licensed residents may use the NPI of the teaching, admitting or supervising physician on the claim for reimbursement. Residents with medical licenses must be enrolled with N.C. Medicaid or NCHC. Hospitalists, specialists and emergency room physicians are required to enroll and are **not** exempt from this requirement.

As a reminder, effective July 1, 2015, all Institutional (UB-04/837-I) claims for Psychiatric Residential Treatment Facility (PRTF) services must include the name and NPI of the beneficiary’s attending psychiatrist and billing provider for reimbursement. If the attending psychiatrist’s NPI is not entered on the claim, the claim will deny with EOB Code 03101, “THE TAXONOMY CODE FOR THE ATTENDING PROVIDER IS MISSING OR INVALID.” For more information, refer to the [April 2015 Medicaid Bulletin](#).

If services are furnished to beneficiaries in another state, the out-of-state providers are required to enroll with N.C. Medicaid or NCHC. Enrollment in another state’s Medicaid program does **not** exempt a rendering, ordering, prescribing or referring provider from enrolling with N.C. Medicaid or NCHC.

DMA will update providers through Special Bulletins on the DMA website, provider alerts and announcements on the NCTracks provider portal. A list of Frequently Asked Questions (FAQ) will be available on the [NCTracks provider portal](#).

Providers with questions about the NCTracks [online enrollment application](#) can contact the CSRA (formerly CSC) Call Center at **1-800-688-6696 (phone); 919-851-4014 (fax) or NCTracksprovider@nctracks.com (email)**.

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