North Carolina
Medicaid Special Bulletin

An Information Service of the
Division of Medical Assistance

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May 2016

**Attention:
All Providers**

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

Notice: This N.C. Medicaid Special Bulletin is an update to the [January Special Bulletin](#) titled *Federal Reg 42 CFR 455.410 Attending, Rendering, Ordering, Prescribing or Referring Providers.*

Beginning with date of service **Feb. 1, 2016**, the presence of the National Provider Identifier (NPI) of a non-enrolled ordering, prescribing or referring provider on a N.C. Medicaid or N.C. Health Choice (NCHC) has resulted in a "pay and report edit" appearing on the Remittance Advice (RA). Currently the Explanation of Benefits (EOB) language does not identify which NPI (attending, rendering, ordering, prescribing or referring provider) is not currently enrolled in N.C. Medicaid and/or NCHC.

Beginning with checkwrite May 10, 2016, the Explanation of Benefits (EOB) will remain an informational "pay and report" EOB, but the EOB language will change.

EOB language will change from:

> "Per 42 CFR 455.410, all medical professionals who provide services to NC Medicaid and/or NC Health Choice recipients must enroll in those programs. Please review the January 2016 Medicaid Special Bulletin for more information as your claim payment could be impacted in the future."

To:

> "(*Insert attending, rendering, ordering, prescribing or referring*) provider invalid or not active on dates of service. Please review the May 2016 Medicaid Special Bulletin for more information as your claim payment could be impacted in the future."

N.C. Division of Medical Assistance (DMA) will implement this requirement in phases before claims suspend. 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 indicates that provider is not enrolled in the NC Medicaid or NCHC program.

DMA will notify providers when the edit disposition will change from a "pay and report" status to "suspend" status. When the edit is changed to suspend claims, 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, ordering, prescribing or referring provider is not enrolled." This will permit the billing provider to notify the attending, rendering, ordering, prescribing or referring provider to begin the enrollment process on NCTracks.

Targeted for an August 1, 2016, implementation, will be the requirement of the provider's NPI as a data element on the claim for the following programs. All providers should note that **any** NPI entered on a claim will be validated, even if it is not required for that service/claim type.

Claim Type	Ordering Provider NPI	Referring Provider NPI	Service Facility NPI	Operating NPI
Local Education Agencies			X	
Home Infusion Therapy	X	X	X	
Specialized Therapies (Independent Practitioners)		X	X	
FQHC / RHC			X	
Personal Care Services			X	
Independent Diagnostic Treatment Facilities / Portable X-rays	X		X	
Health Departments			X	
Nursing Facility			X	
Hospice		X	X	
Home Health		X	X	
Inpatient Hospital			X	
Private Duty Nursing	X	X	X	
Independent Labs / X-rays*	X		X	
Outpatient Hospital Clinics - Dialysis Facilities		X	X	
Professional - Community Alternatives Program Services	X	X	X	
Mental Health - Psychiatric Residential Treatment Facilities and Non-State Owned Psychiatric Hospitals		X	X	

Claim Type	Ordering Provider NPI	Referring Provider NPI	Service Facility NPI	Operating NPI
Children's Development Services Agencies	X		X	

Professional - all claims except for:
    Ambulatory Surgical Center
 	
    CABHA
 	
    Community Intervention Services Agencies
 	
    Optometrists
			X	

Outpatient Hospital Clinic with surgical procedure code				X

*Note: DMA will bypass the ordering provider edit when a radiologist is billing for professional services only (billed with modifier 26). For example, a radiology practice may contract with a hospital to "read" procedures done in the hospital outpatient setting. Claims for these services will be submitted to DMA with the procedure code and modifier 26.

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.

Providers with questions about the NCTracks online enrollment application can contact the CSRA (formerly CSC) Call Center at 1-800-688-6696 (phone); 1-855-710-1965 (fax) or NCTracksprovider@nctracks.com (email).

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