

North Carolina Medicaid Special Bulletin

An Information Service of the
Division of Medical Assistance

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September 2016

This is the first article in a two-part series of Special Bulletin articles to announce the upcoming changes effective Nov. 1, 2016.

**Attention:
All Providers**

Update

**Federal Regulations: 42 CFR 455.410
Attending, Rendering, Ordering, Prescribing or Referring
Providers
and
42 CFR 455.440 National Provider Identifier**

Health care practitioners who order, prescribe, refer or render services to N.C. Medicaid or N.C. Health Choice (NCHC) beneficiaries must be enrolled in those programs. **Prior to Nov. 1, 2016**, providers received a “pay and report” edit on their Remittance Advice (RA) if they submitted National Provider Identifiers (NPI) on their claim but the NPI was not enrolled in either program. **Effective with dates of service on or after Nov. 1, 2016**, the edit will change from “pay and report” to “suspend.” This change will have a number of impacts on providers. These impacts, as well as required data elements and edit disposition changes are described in this bulletin.

*Providers are responsible for informing their billing agency of information in this bulletin.
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Note: This supersedes all Medicaid bulletin articles before September 2016.

Beginning with date of service Feb. 1, 2016, DHHS implemented an interim action for any claim from a provider who has a National Provider Identifier (NPI) but is not enrolled in N.C. Medicaid or N.C. Health Choice (NCHC). This action resulted in a “pay and report edit” appearing on the Remittance Advice (RA). The Explanation of Benefits (EOB) language identifies which NPI is not currently enrolled in N.C. Medicaid and/or NCHC. Providers are presently receiving 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 N.C. Medicaid or NCHC program.

According to Federal Regulation 42 CFR 455.410, any physician or other practitioner who orders, prescribes, refers or renders services to N.C. Medicaid or Children’s Health Insurance Program (CHIP) beneficiaries must be enrolled in those programs. In North Carolina, the CHIP program is called N.C. Health Choice (NCHC). 42 CFR 455.440 requires the NPI of any ordering or referring physician or other professional to be specified on any claim for payment. Effective Nov. 1, 2016, DMA will implement new editing in NCTracks to be compliant with the Federal guidelines.

Therefore, for NCTracks to reimburse for services or medical supplies resulting from a practitioner's order, prescription, or referral, the ordering, prescribing, or referring provider must be enrolled in N.C. Medicaid or NCHC.

Effective with dates of service Nov. 1, 2016, the following changes will be in effect:

1. When the claim is billed with non-enrolled providers, the edit disposition will change from a “pay and report” status to “**suspend**” status. This change will have the following claim impact:
 - a. The claim will suspend for **90 days** to allow the attending, rendering, ordering, prescribing, or referring provider(s) to enroll in the NC Medicaid or NCHC program.
 - b. The EOB language reported on the RA when the claim suspends will remain the same for this edit.
 - c. If, after 90 days from the date of suspension, the attending, rendering, ordering, prescribing, or referring provider **is not enrolled**, the claim **will deny** with the EOB: “the attending, rendering, ordering, prescribing or referring provider is not enrolled.”

Providers are encouraged to begin submitting enrollment applications now to NCTracks for all attending, rendering, ordering, prescribing or referring providers in Medicaid or NCHC. This will ensure that claims are not suspended on Nov. 1, 2016 when the provider is not enrolled in Medicaid or NCHC.

Note: A streamlined application for Ordering, Rendering and Referring (OPR) providers will be available through NCTracks in the early months of 2017. In the interim, OPR providers may enroll using the existing full Medicaid enrollment application.

2. The provider's NPI will be required as a data element on the claim for claim types listed in the tables below. 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. DMA will accept the Supervising Physician's NPI on the claim for any Resident or Intern in a Graduate Dental and Medical Education (GME) program.
3. In accordance with 42 CFR 415.208, DMA covers the services of moonlighting residents which are defined as "services that licensed residents perform that are outside the scope of an approved GME program." For example, the physician may work at an Emergency Department that is not part of the approved GME program. The resident must be fully licensed to practice medicine, osteopathy, dentistry, or podiatry by the State in which the services are performed and enrolled with NC DMA. These services are considered to have been furnished by the individual as a physician, dentist or podiatrist and not as a resident.
4. DMA will continue to utilize the NPI Exemption List in NCTracks which allows residents and interns enrolled in Graduate Dental and Medical Programs and Area Health Education Centers to be exempt from the provider enrollment requirement through June 2017. The exemption from the provider enrollment requirement does not include an exemption from the DEA registration requirement for controlled substances.
5. Please note that the information contained in this special bulletin does not pertain to the Community Care of North Carolina/Carolina Access (CCNC/CA) referral authorization requirements and processes. A separate special bulletin will address CCNC/CA.

Required Data Elements

NCTracks will require an ordering provider NPI to be submitted for the following types of claims:

- Home Infusion Therapy
- Independent Diagnostic Treatment Facilities/Portable X-ray
- Private Duty Nursing
- Independent Labs/X-ray
- Professional – Community Alternatives Program Services, Pharmacies (Immunization Procedures) and Radiology Procedures
- Durable Medical Equipment (DME)
- Children’s Development Services Agencies – with the exceptions for the following codes when billed by a CDSA:

Code	Mod	Description
H0031		MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN
H0036		COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT, FACE-TO-FACE, PER 15 MINUTES
H0036	HI	COMMUNITY BASED SERVICES EARLY CHILDREN INTERVENTION PROFESSION IND 15 MINS
H0036	HM	COMMUNITY BASED SERVICES PARAPROFESSIONAL INDIVIDUAL 15 MINUTES
H0036	HQ	COMMUNITY BASED SERVICES PROFESSIONAL GROUP 2 CLIENTS 15 MINUTES
H0036	TL	COMMUNITY BASED SERVICES - PROFESSIONAL 2 CLIENTS 15 MINUTES
T1017	HI	TARGET CASE MANAGEMENT - EARLY INTERVENTION
T1023		SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL

NCTracks will require a referring provider NPI to be submitted for the following types of claims:

- Home Infusion Therapy
- Specialized Therapies (Independent Practitioners)
- Hospice

- Home Health
- Private Duty Nursing
- Outpatient Hospital Clinics – Dialysis Facilities
- Professional – Community Alternatives Program Services

NCTracks will require an operating provider NPI to be submitted on Outpatient Hospital Clinic claims when the service billed is a surgical procedure

NCTracks will require a service facility NPI to be submitted for the following types of claims:

- Local Education Agencies
- Home Infusion Therapy
- Specialized Therapies (Independent Practitioners)
- FQHC/RHC
- Personal Care Services
- Independent Diagnostic Treatment Facility/Portable X-ray
- Health Departments
- Nursing Facility
- Hospice
- Home Health
- Inpatient Hospital
- Private Duty Nursing
- Independent Labs/X-ray
- Outpatient Hospital Clinics
- Professional – all claims except for:
 - Ambulatory Surgical Center
 - CABHA
 - Community Intervention Service Agencies
 - Optometrists
- Mental Health – Psychiatric Residential Treatment
- Children’s Developmental Service Agencies

NCTracks will deny a claim if the ordering provider NPI and/or referring provider NPI submitted on a claim is an organization.

***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.

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.

Billing providers should verify the enrollment of the ordering, prescribing or referring practitioner before services are provided. As of May 1, 2016 the "Enrolled Practitioner Search Function" was made available on NCTracks provider portal. This feature allows NCTracks providers to inquire about other providers enrolled in N.C. Medicaid and N.C. Health Choice (NCHC). The Enrolled Practitioner Search provides the capability to validate provider information for billing, attending, referring, rendering, ordering, and prescribing providers.

Search criteria include the NPI, license number, and name of the provider. The response includes the NPI, provider name, health plan(s), address, taxonomy code(s), and license number. Multiple rows are returned for providers with more than one health plan, address, or taxonomy code. At the request from providers at the stakeholder meeting, DMA is exploring the batch upload search function to check the enrollment of multiple practitioners. More information will be made available in future Medicaid bulletins and announcements on NCTracks.

Note: The response to the Enrolled Practitioner Search only includes individual providers who are actively enrolled in N.C. Medicaid or NCHC on the date of inquiry. Information contained in the database is maintained by the individual provider and is subject to change daily.

To access this feature, click on the Enrolled Practitioner Search button on the lower left side of the NCTracks Provider Portal home page. There is a Job Aid to assist providers under Quick Links on the Enrolled Practitioner Search page.

Also please review DMA's Frequently Asked Questions (FAQs) regarding OPR Requirements by clicking on the link below.

<https://www.nctracks.nc.gov/content/public/providers/faq-main-page/faqs-for-OPR-providers.html>

Edit Disposition Changes

Edit	Effective Date	EOB	Disposition
Edit 02420 – ordering provider invalid or not active	11/01/2016	02420 – ORDERING PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE. THIS CLAIM \ LINE WILL PEND FOR 90 DAYS IN ORDER TO GIVE THE PROVIDER TIME TO ENROLL WITH MEDICAID. AFTER 90 DAYS THE CLAIM \ LINE WILL DENY.	Pend
Edit 02421 – ordering provider invalid or not active (Q class)	11/01/2016	02421 – ORDERING PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE. THIS CLAIM \ LINE WILL PEND FOR 90 DAYS IN ORDER TO GIVE THE PROVIDER TIME TO ENROLL WITH MEDICAID. AFTER 90 DAYS THE CLAIM \ LINE WILL DENY.	Pend
Edit 02422 – referring provider invalid or not active	11/01/2016	02422 – REFERRING PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE. THIS CLAIM \ LINE WILL PEND FOR 90 DAYS IN ORDER TO GIVE THE PROVIDER TIME TO ENROLL WITH MEDICAID. AFTER 90 DAYS THE CLAIM \ LINE WILL DENY.	Pend

Edit	Effective Date	EOB	Disposition
Edit 02423 – referring provider invalid or not active (Q class)	11/01/2016	02423 – REFERRING PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE. THIS CLAIM \ LINE WILL PEND FOR 90 DAYS IN ORDER TO GIVE THE PROVIDER TIME TO ENROLL WITH MEDICAID. AFTER 90 DAYS THE CLAIM \ LINE WILL DENY.	Pend
Edit 02437 – service facility provider invalid or not active	11/01/2016	02437 – SERVICE FACILITY PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE. THIS CLAIM \ LINE WILL PEND FOR 90 DAYS IN ORDER TO GIVE THE PROVIDER TIME TO ENROLL WITH MEDICAID. AFTER 90 DAYS THE CLAIM \ LINE WILL DENY.	Pend
Edit 02425 – service facility provider invalid or not active (Q class)	11/01/2016	02425 – SERVICE FACILITY PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE. THIS CLAIM \ LINE WILL PEND FOR 90 DAYS IN ORDER TO GIVE THE PROVIDER TIME TO ENROLL WITH MEDICAID. AFTER 90 DAYS THE CLAIM \ LINE WILL DENY.	Pend
Edit 02426 – supervising provider invalid or not active	11/01/2016	02426 – SUPERVISING PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE. THIS CLAIM \ LINE WILL PEND FOR 90 DAYS IN ORDER TO GIVE THE PROVIDER TIME TO ENROLL WITH MEDICAID. AFTER 90 DAYS THE CLAIM \ LINE WILL DENY.	Pend

Edit	Effective Date	EOB	Disposition
Edit 02427 – supervising provider invalid or not active (Q class)	11/01/2016	02427 – SUPERVISING PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE. THIS CLAIM \ LINE WILL PEND FOR 90 DAYS IN ORDER TO GIVE THE PROVIDER TIME TO ENROLL WITH MEDICAID. AFTER 90 DAYS THE CLAIM \ LINE WILL DENY.	Pend
Edit 02428 – operating provider invalid or not active	11/01/2016	02428 – OPERATING PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE. THIS CLAIM \ LINE WILL PEND FOR 90 DAYS IN ORDER TO GIVE THE PROVIDER TIME TO ENROLL WITH MEDICAID. AFTER 90 DAYS THE CLAIM \ LINE WILL DENY.	Pend
Edit 02429 – operating provider invalid or not active (Q class)	11/01/2016	02429 – OPERATING PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE. THIS CLAIM \ LINE WILL PEND FOR 90 DAYS IN ORDER TO GIVE THE PROVIDER TIME TO ENROLL WITH MEDICAID. AFTER 90 DAYS THE CLAIM \ LINE WILL DENY.	Pend
Edit 02430 – other operating provider invalid or not active	11/01/2016	02430 – OTHER OPERATING PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE. THIS CLAIM \ LINE WILL PEND FOR 90 DAYS IN ORDER TO GIVE THE PROVIDER TIME TO ENROLL WITH MEDICAID. AFTER 90 DAYS THE CLAIM \ LINE WILL DENY.	Pend

Edit	Effective Date	EOB	Disposition
Edit 02431 – other operating provider invalid or not active (Q class)	11/01/2016	02431 – OTHER OPERATING PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE. THIS CLAIM \ LINE WILL PEND FOR 90 DAYS IN ORDER TO GIVE THE PROVIDER TIME TO ENROLL WITH MEDICAID. AFTER 90 DAYS THE CLAIM \ LINE WILL DENY.	Pend
Edit 02432 – asst. surgeon provider invalid or not active	11/01/2016	02432 – ASSISTANT SURGEON PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE. THIS CLAIM \ LINE WILL PEND FOR 90 DAYS IN ORDER TO GIVE THE PROVIDER TIME TO ENROLL WITH MEDICAID. AFTER 90 DAYS THE CLAIM \ LINE WILL DENY.	Pend
Edit 02433 – asst. surgeon provider invalid or not active (Q class)	11/01/2016	02433 – ASSISTANT SURGEON PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE. THIS CLAIM \ LINE WILL PEND FOR 90 DAYS IN ORDER TO GIVE THE PROVIDER TIME TO ENROLL WITH MEDICAID. AFTER 90 DAYS THE CLAIM \ LINE WILL DENY.	Pend
Edit 02434 – attending provider invalid or not active	11/01/2016	02434 – ATTENDING PROVIDER MISSING, INVALID, OR NOT ACTIVE ON DATES OF SERVICE. THIS CLAIM \ LINE WILL PEND FOR 90 DAYS IN ORDER TO GIVE THE PROVIDER TIME TO ENROLL WITH MEDICAID. AFTER 90 DAYS THE CLAIM \ LINE WILL DENY.	Pend

Edit	Effective Date	EOB	Disposition
Edit 02435 – attending provider invalid or not active (Q class)	11/01/2016	02435 – ATTENDING PROVIDER MISSING, INVALID, OR NOT ACTIVE ON DATES OF SERVICE. THIS CLAIM \ LINE WILL PEND FOR 90 DAYS IN ORDER TO GIVE THE PROVIDER TIME TO ENROLL WITH MEDICAID. AFTER 90 DAYS THE CLAIM \ LINE WILL DENY.	Pend
Edit 02436 – PRTF requires attending provider w. psych specialty	02/01/2016	02436 – PRTF HOSPITAL STAY REQUIRES ATTENDING PROVIDER TO BILL PSYCHIATRIC SPECIALTY	Pend
Edit 07013 – attending provider taxonomy code is missing or not active	11/01/2016	03101 – THE TAXONOMY CODE FOR THE ATTENDING PROVIDER IS MISSING OR INVALID	Deny
Edit 04531 – billing provider taxonomy code is missing or not active	11/01/2016	04531– BILLING PROVIDER TAXONOMY IS INVALID FOR SERVICE LOCATION	Deny
Edit 04532 – rendering provider taxonomy code is missing or not active	11/01/2016	04532– RENDERING PROVIDER TAXONOMY IS INVALID FOR SERVICE LOCATION	Deny
Edit 02438 – ordering provider required	11/01/2016	02438 – ORDERING PROVIDER IS REQUIRED FOR THIS SERVICE	Deny
Edit 02439 – ordering provider required	11/01/2016	02439 – ORDERING PROVIDER IS REQUIRED FOR THIS SERVICE	Deny
Edit 02440 – referring provider required	11/01/2016	02440 – REFERRING PROVIDER IS REQUIRED FOR THIS SERVICE	Deny
Edit 02441 – referring provider must be an individual	11/01/2016	02441 – REFERRING PROVIDER NPI MUST BE ENROLLED AS INDIVIDUAL PROVIDER	Deny

Edit	Effective Date	EOB	Disposition
Edit 02442 – operating provider required	11/01/2016	02442 – OPERATING PROVIDER IS REQUIRED FOR THIS SERVICE	Deny
Edit 02443 – service facility required	11/01/2016	02443 – SERVICE FACILITY NPI IS REQUIRED FOR THIS SERVICE	Deny
Modification to Edit 00605 – attending provider required – bypass Residential Treatment Facility	11/01/2016	03605 – ATTENDING /RENDERING NPI IS REQUIRED FOR THIS SERVICE	Deny

All providers are encouraged to attend webinars to address the changes in this article. The Division of Medical Assistance (DMA) will host webinars on:

1. Wednesday, Oct. 5, 2016, 9 a.m. – 10:30 a.m.
Presenters: Tiffany Ferguson-Cline/Melanie Whitener
Register at: <https://attendee.gototraining.com/r/1498193821852652289>
Webinar Link and Call in Information:
<https://global.gototraining.com/join/training/1498193821852652289/107407964>
Toll: 1-510-365-3332
Access Code: 515-388-593

2. Tuesday, Oct. 11, 2016, 2 p.m. – 3:30 p.m.
Presenters: Chandra Lockley/LaRhonda Cain
Register at: <https://attendee.gototraining.com/r/5609927505083815169>
Webinar Link and Call in Information:
<https://global.gototraining.com/join/training/5609927505083815169/107114936>
Toll: 1-510-365-3231
Access Code: 457-344-103

3. Thursday, Oct. 13, 2016, 10 a.m. – 11:30 a.m.
Presenters: Melanie Whitener/Rosemary Long
Register at: <https://attendee.gototraining.com/r/6394182761029409281>
Webinar Link and Call in Information:
<https://global.gototraining.com/join/training/6394182761029409281/107837075>
Toll: 1-510-365-3231
Access Code: 323-576-093

4. Wednesday, Oct. 19, 2016, 6 p.m. – 7:30 p.m.
Presenters: Rosemary Long/Tiffany Ferguson-Cline
Register at: <https://attendee.gototraining.com/r/705924225784322817>
Webinar Link and Call in Information:

<https://global.gototraining.com/join/training/705924225784322817/107800689>

Toll: 1-510-365-3332

Access Code: 276-239-571

5. Wednesday, Oct. 26, 2016, 3:00 p.m. – 4:30 p.m.

Presenters: LaRhonda Cain/Chandra Lockley

Register at: <https://attendee.gototraining.com/r/9088700931506412545>

Webinar Link and Call in Information:

<https://global.gototraining.com/join/training/9088700931506412545/107841455>

Toll: 1-510-365-3331

Access Code: 423-400-831

DMA is committed to its' core values, one of which is communication. It is important for providers to be aware of the Nov. 1, 2016 changes, including CCNC/CA payment authorizations, to avoid disruptions in claim reimbursements. Questions about this Special Medicaid Bulletin can be directed to the CSRA Call Center at 1-800-688-6696.

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