

Update to ordering/prescribing/referring claim submissions

Summary: Per federal regulations under *42 CFR §455.440*, the ordering, prescribing or referring (OPR) provider's NPI is **required** on claims for certain services, and the provider must be enrolled in the state Medicaid program. To comply with this federal regulation, we're updating OPR requirements for claims with dates of service beginning January 1, 2018.

What is the impact of this change?

OPR claim updates include but are not limited to the following:

- Prescription drugs
- Durable medical equipment and supplies
- Home health, including nursing services, personal care and other home services
- Physical, occupational and speech therapy
- Nonemergency and out-of-state ambulance
- Orthotics and prosthetics
- Laboratory
- Radiology and radiation therapy
- Diagnostic testing
- Physician consults

If a provider's only relationship in Texas Medicaid is to order, prescribe or refer, Texas Medicaid & Healthcare Partnership (TMHP) has an abbreviated application to enroll as an OPR provider **only**. The [Texas Medicaid Provider Enrollment Application Ordering and Referring Providers Only application](#) is located on the TMHP website at www.tmhp.com > Providers > Forms > Provider Enrollment – Applications.

Effective January 1, 2018, we'll validate the NPI is attested in Texas as a Medicaid or OPR provider. We'll reject claims with NPIs that are blank, invalid or not otherwise attested as required. This is applicable to all claim form submissions (electronic, paper and web).

What do I need to know about submitting claims?

On *CMS-1500* forms or equivalent:

- All claims with a referring provider (Box 17 on the *CMS-1500*) are validated against the *State Master File*.
- Box 17B is required. If Box 17B is not populated, the claim will reject.
- Electronic claims values are located in Loop 2310 with provider type qualifier code DN.*
- Paper submission values should be entered in Box 17(b).

On *UB-04/CMS-1450* forms:

- All claims with a referring provider (Box 76 on the *CMS-1450*) are validated against the *State Master File*.
- Box 76 is required. If Box 76 is not populated with an NPI found on the *State Master File*, the claim will reject.

The information in this update may be an update or change to your provider manual. Find the most current manual at:
<https://providers.amerigroup.com>

- Electronic claims values are located in NM101 in Loop 2310F with provider type qualifier code DN.*
- Paper submission values should be entered in Form Locator (FL) fields FL78 and FL79.

** Provider type qualifier code DN is defined as the provider who sends the member to another provider for services.*

Is there any additional guidance on claims submission?

Per the *Texas Provider Procedures Manual* (Section 4.2.14), laboratory services billed by a hospital must have the name and provider identifier of the performing laboratory in Block 80 of the *UB-04/CMS-1450* paper claim form and the performing laboratory's provider identifier next to the service provided by the performing laboratory.

Amerigroup reserves the right to conduct audits on physician orders. If we determine the order was incomplete or missing, the entire claim may be subject to recovery or recoupment.

For Early Childhood Intervention (ECI) providers: If a parent self-refers to an ECI provider for evaluation or re-evaluation, providers can enter the ECI facility's information in the claim as the ordering/referring provider. For members referred to an ECI provider by a physician or other practitioner, the referring provider information must be in the claim.

Amerigroup reviews all claim payments. If we determine a payment was made in error, Amerigroup reserves the right to offset the payment.

Does this apply to Medicare-Medicaid Plans?

Providers who order, prescribe or refer Medicare-covered services for dual-eligible patients, also known as Qualified Medicare Beneficiaries, do not need to enroll in Medicaid; however, to order, prescribe or refer Medicaid-only services, the OPR provider must be enrolled in Medicaid.

If Medicare is the primary payer and Medicaid pays cost-sharing amounts, the provider isn't required to enroll in Medicaid. If Medicaid is the primary payer, the OPR requirement applies; pharmacy claims will deny if the prescriber isn't enrolled.

How does this affect federally qualified health centers (FQHCs) and rural health clinics (RHCs)?

The actual brick-and-mortar FQHC or RHC is already enrolled in Texas Medicaid and won't need to re-enroll. However, individual practitioners servicing inside the FQHC or RHC must enroll as an OPR provider using the abbreviated TMHP application. The FQHC cannot submit their NPI in Box 17 on the *CMS-1500*, and the RHC cannot submit their NPI in Box 76 on the *UB-04/CMS-1450*.

Are hospitalists required to enroll?

Yes, hospitalists are also required to enroll.

What if I need assistance?

Additional information and FAQ are on the TMHP website at www.tmhp.com. To confirm you're enrolled in Medicaid, call the TMHP Contact Center at 1-800-925-9126. If you have questions about this communication, received this in error or need assistance with any other item, contact your local Provider Relations representative or call Provider Services at 1-800-454-3730.