Update to ‘Providers Submitting Claims for Services That Require an Order or Referral Must Include the NPI of the Ordering/Referring Provider on the Claim’

Information posted June 2, 2017

This is an update to an article titled, "Providers Submitting Claims for Services That Require an Order or Referral Must Include the NPI of the Ordering/Referring Provider on the Claim," which was published on this website on July 15, 2016. Providers were asked to immediately begin reporting the ordering or referring provider’s National Provider Identifier (NPI) on claims for any services requiring an order or referral. TMHP will begin denying claims with dates of service on or after October 1, 2017, for non-compliance.

Federal regulation 42 CFR §455.440 compels state Medicaid agencies to require all claims for items and services which are ordered, referred, or prescribed contain the NPI of the provider who ordered, referred or prescribed the items or services.

Examples of items or services which require an order, referral or prescription include, but are not limited to the following:

- Prescription drugs
- Durable medical equipment (DME) & Supplies
- Home health services (nursing, personal care, and therapy services)
- Nonemergency and Out of State Ambulance services
- Orthotics
- Prosthetics
- Laboratory
- Diagnostic Tests
- Radiology
- Radiation therapy
- Consultations (Physician service)

For institutional outpatient claims, ordering provider NPIs are submitted on the CMS-1450 claim form in field 76 or in loop 2310A on electronic claims.

For professional claims, ordering/referring provider NPIs are submitted on the CMS-1500 claim form in field 17b, or in loop 2310A with modifier DN on electronic claims.

Ordering/Referring Provider Enrollment

Federal regulation 42 CFR §455.410 indicates that a state Medicaid agency must require all ordering, referring or prescribing physicians or other professionals providing services under the state plan or under a waiver of the state plan to be enrolled as participating providers.

For providers whose only relationship with Texas Medicaid is to order or refer services for Texas Medicaid clients, TMHP has developed an abbreviated enrollment application titled “Texas Medicaid Provider Enrollment Application Ordering and Referring Providers Only.” This shortened application allows providers to enroll as an ordering or referring provider without participating as a rendering or billing provider within the state Medicaid program.
Medicaid clients who attempt to obtain prescription drugs using a prescription from a non-enrolled provider will be unable to obtain their prescribed medications.

**Important:** Claims for items or services ordered, referred, or prescribed by interns or residents may include the NPI of a supervising physician.

**Note:** Individual providers enrolled in Medicaid as a rendering or billing provider can use their existing NPI for orders, referrals and prescriptions. Providers do not need to submit the additional abbreviated application. Individual providers employed by a facility, organization, federally qualified health center (FQHC) or rural health clinic (RHC) which is enrolled in Medicaid will need to complete the abbreviated application to order, refer, or prescribe services for their clients.

**Note:** This claims edit is not applicable to Medicare crossover claims. Providers who order, refer, or prescribe Medicare covered services for dual eligible clients will not need to enroll in Medicaid. However, Medicaid only services ordered, referred, or prescribed will require the ordering provider to be enrolled in Medicaid.

An Ordering/Referring Provider Frequently Asked Questions (FAQ) document is being developed and will be available on the TMHP website in the near future.

For more information, call the TMHP Contact Center at 1-800-925-9126 or the TMHP-CSHCN Services Program Contact Center at 1-800-568-2413.