

Ordering, Referring, and Prescribing Providers Frequently Asked Questions

1) What is the new enrollment requirement for ordering, referring, and prescribing providers?

- Federal regulation 42 CFR 455.410 requires all ordering, referring or prescribing providers to be enrolled as participating providers in Medicaid. This requirement also applies to prescription drugs dispensed at a pharmacy.
- Additionally, federal regulations at 42 CFR 455.440 require claims for payment of items or services that are ordered, referred, or prescribed to contain the National Provider Identifier of the physician or other professional who ordered, referred or prescribed the items or services.
- Starting January 15, 2018, Texas Medicaid Healthcare Partnership (TMHP) and the Vendor Drug Program (VDP) will deny claims for items and services ordered, referred or prescribed for any traditional fee for service (FFS) Medicaid, Children with Special Health Care Needs (CSHCN) Services Program, or Healthy Texas Women (HTW) client when the provider who ordered, referred or prescribed the items or services is not enrolled in Texas Medicaid.
- 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.

2) Does this requirement apply to managed care and traditional FFS?

- HHSC obtained clarification from the Centers for Medicare and Medicaid Services (CMS) regarding 42 CFR 455.410(b) and whether the federal law requires FFS, network, and out of network providers that order or refer for Medicaid clients to each be enrolled as Medicaid providers. CMS has informed HHSC that only FFS and network providers that order, refer, or prescribe for Medicaid clients are subject to 42 CFR 455.410(b) and must be enrolled as Medicaid providers. Based on CMS's instruction, providers who are out of network with managed care organizations and who order, refer, or prescribe only for Texas Medicaid managed care members are not required to enroll with HHSC as Texas Medicaid providers.

3) Does this requirement apply to the Children's Health Insurance Program (CHIP)?

- Yes, a CHIP provider that orders, refers, or prescribes must be enrolled as a participating provider with CHIP. However, an out of network provider that orders, refers, or prescribes for CHIP members is not required to enroll as a participating provider with CHIP.

4) Does this requirement apply to the Healthy Texas Women program?

- Yes, Healthy Texas Women providers must receive their orders, referrals, and prescriptions from Medicaid enrolled providers starting Jan. 15, 2018, for claims paid by TMHP and VDP.

5) Does this requirement apply to the Children with Special Health Care Needs (CSHCN) Services Program?

- Yes, providers who are not currently enrolled in the CSHCN Services Program as a billing or performing provider but who order, refer or prescribe services and supplies for CSHCN Services Program clients must enroll in Texas Medicaid as a participating provider. Although ordering, referring and prescribing providers do not submit claims to TMHP for reimbursement, the ordering and referring provider’s National Provider Identifier (NPI) is required on claims that are submitted by the providers that render the supplies or services. Please refer to Subsection 2.1.1.2 of the CSHCN Services Program Provider Manual for more information.

6) Does this requirement apply to cross-over claims submitted for dual-eligible Medicare-Medicaid clients?

- Yes, the client’s claims would be Medicaid claims, therefore the provider who ordered, referred or prescribed the Medicaid client’s services would be required to be enrolled as a Medicaid participating provider.

7) I am a Physician/Advanced Practice Registered Nurse (APRN)/Physician Assistant (PA) in a group practice enrolled as a performing provider, and my services are billed through my group practice. Do I need to also enroll as an ordering, referring or prescribing provider?

- No, you are already enrolled in Medicaid as required by federal regulations. You will be able to use your existing National Provider Identifier for orders and referrals.

8) I am employed as a Physician/APRN/PA with a Rural Health Clinic, and my services are billed through the clinic but I am not individually enrolled in Texas Medicaid. Do I need to enroll as an ordering, referring or prescribing provider?

- Yes, since you have not been individually enrolled in Medicaid, you will need to enroll for the purposes of ordering, referring, or prescribing services for your patients. It is not appropriate to use the clinic’s National Provider Identifier for orders or referrals. The same is true for providers employed by a Federally Qualified Health Center.

9) Are hospitalists required to enroll as ordering, referring or prescribing providers?

- Yes, hospitalists who write prescriptions, make referrals or orders for a Medicaid, HTW, or CSHCN client must enroll in Medicaid. Medicaid, HTW, or CSHCN clients who receive a prescription written by a hospitalist will not be able to get the prescription filled at a pharmacy if the hospitalist is not enrolled.

10) Are interns or medical residents required to enroll as ordering, referring or prescribing providers?

- Interns and medical residents with only Physician In Training (PIT) permits issued by the Texas Medical Board cannot enroll in Texas Medicaid. For interns and residents who are not enrolled in Texas Medicaid:
 - Their licensed supervising physician must be reported as the ordering, referring, or prescribing provider on claims for services that are ordered, referred and prescribed;
 - The National Provider Identifier (NPI) of the supervising physician must be listed on orders, referrals, or prescriptions written by the interns or medical residents they supervise; and
 - The licensed supervising physician must be enrolled in Texas Medicaid.

11) How will my patients be affected if I don't enroll?

- If your patient receives services through traditional FFS Medicaid, HTW or CSHCN and you write a prescription for that patient, they will not be able to fill the prescription at the pharmacy.
- Providers of other services (i.e. durable medical equipment, medical supplies, lab or radiology services, etc.) will not be reimbursed for services they provide if you aren't enrolled. You might receive calls from these providers asking that you complete the enrollment so that their claim can be paid. This might eventually result in these providers not accepting your orders and your patients not receiving the services you ordered.

12) What if my enrollment application has not completed processing by Jan. 15, 2018?

- HHSC is allowing a three-month grace period from Jan. 15, 2018, to April 16, 2018, during which claims processed by TMHP not meeting these requirements will be initially denied and then reprocessed to allow providers additional time to complete enrollment and minimize client and provider impact.
- During this three month grace period, VDP is allowing pharmacies to submit a submission clarification code to bypass claim rejections when the prescribing provider is not enrolled.

13) Is the ordering or referring provider required to be enrolled in Texas Medicaid when submitting claims for the professional component (lab/radiology/pathology services submitted with 9A modifier)?

- Yes, even though Medicare does not require enrollment of the provider who orders or refers radiology, pathology and laboratory professional components (interpretations), CMS has informed Texas HHSC that States are required to collect this information on claims for these services. The ordering, referring provider must be enrolled in Texas Medicaid.

14) I am not sure if I am currently enrolled in Medicaid. How can I confirm my enrollment status?

- Call the TMHP Contact Center, 800-925-9126.

15) When should I submit my enrollment application to ensure enrollment is completed by Jan. 15, 2018?

- Providers need to submit their enrollment applications as soon as possible.

16) How do I apply for ordering, referring or prescribing enrollment?

- To complete the application electronically, visit <https://secure.tmhp.com/ProviderEnrollment>
- To complete the paper application, visit http://www.tmhp.com/Provider_Forms/Provider%20Enrollment/TexMedProvEnrollApp_referring%20providers.pdf and mail the completed application form to:

Texas Medicaid & Healthcare Partnership
ATTN: Provider Enrollment
P.O. Box 200795
Austin, TX 78720-0795