

Federal Regulation 42 CFR 455.410
Attending, Rendering, Ordering, Prescribing or Referring Providers
Frequently Asked Questions

Q – Are attending, rendering, ordering, prescribing or referring providers required to be enrolled in NCTracks?

A – Beginning with date of service February 1, 2016, attending, rendering, ordering, prescribing or referring providers are required to be enrolled in Medicaid or NC Health Choice (NCHC) if they are included on a claim billed to NCTracks. This requirement also applies to operating, other operating, service facility NPI, assistant surgeon and supervising providers.

Q – What will happen if the attending, rendering, ordering, prescribing or referring provider included on the claim is not enrolled?

A - If the attending, rendering, ordering, prescribing or referring provider included on the claim is not enrolled in Medicaid or NC Health Choice, the claim will "pay and report." Also, the enrollment of the provider must match the health plan (Medicaid or NC Health Choice) of the beneficiary. For example, if the provider billed on the claim is enrolled in Medicaid, but the beneficiary is enrolled in Health Choice, the claim will deny.

Q – How will I know if my claims "pay and report" due to the enrollment of the attending, rendering, ordering, prescribing or referring provider included on the claim?

A – An Informational Edit will post on the claim with the disposition set to "pay and report," which means the EOB will still appear on the paper Remittance Advice (RA), but the edit will not cause the claim to deny. The EOB will indicate the attending, rendering, ordering, prescribing or referring provider included on the claim is not enrolled. (This does not guarantee payment. The claim could deny for another reason.) The RA posts after every checkwrite to the Message Center Inbox of the secure NCTracks Provider Portal.

Q – If my claims "pay and report" because the attending, rendering, ordering, prescribing or referring provider included on the claim is not enrolled, what should I do?

A – You will need to notify the provider to complete an enrollment application on NCTracks.

Q – What if I made a mistake in keying the provider NPI or taxonomy code that causes the claim to "pay and report"? (In other words, there was an error in the NPI or taxonomy code submitted on the claim, but the provider is enrolled.)

A – No action is required. However, subsequent claims should be submitted with the correct NPI and taxonomy code.

Q – Will the requirement for attending, rendering, ordering, prescribing or referring providers to be included on claims always be "pay and report"?

A – At some point in the future, the State may elect to change the edit disposition from "pay and report" to "deny." Providers will be notified in advance of any change in edit disposition. In the meantime, all attending, rendering, ordering, prescribing or referring providers who serve Medicaid or NC Health Choice patients are encouraged to enroll. For more information on enrollment, see the [Provider Enrollment webpage](#) on the NCTracks provider portal.

Federal Regulation 42 CFR 455.410
Attending, Rendering, Ordering, Prescribing or Referring Providers
Frequently Asked Questions

Q – Are attending, rendering, ordering, prescribing or referring providers required to be included on claims?

A – Beginning with date of service February 1, 2016, the attending provider is required on all institutional claims except ambulance. If the attending provider NPI and taxonomy code is missing or invalid, the claim will “pay and report.” The other provider types should be included on the claim based on who rendered the service.

Q – Does this enrollment requirement for referring providers affect the current procedures or requirements related to Carolina ACCESS referral/authorization?

A – No.

Q – How do these new enrollment rules apply to prescribing providers?

A – The prescribing provider NPI on the claim will be validated against the health plan (Medicaid or NC Health Choice) of the recipient, as of the date the prescription was written.

Q – Are there any changes related to billing or rendering providers?

A – Yes. As of February 1, 2016, the billing and rendering provider taxonomy code must be valid for the service location billed on the claim. (In the past, the service location simply had to be valid for at least one taxonomy code on the provider record.)

Q – How are psychiatric residential treatment facility (PRTF) claims affected?

A - Effective July 1, 2015, all institutional claims for PRTF services must include the name and NPI of the recipient’s attending psychiatrist and billing provider for reimbursement. If the attending psychiatrist’s NPI is not entered on the claim, the claim will deny. The attending provider must also submit a psychiatric taxonomy. For more information, refer to the [April 2015 Medicaid Bulletin](#).

Q – What is the effective date of these new enrollment requirements?

A – The new enrollment requirements are effective for dates of service February 1, 2016, and forward.

Q – Why are these new enrollment requirements being implemented?

A – Federal regulation [42 CFR 455.410](#) requires that all ordering, prescribing or referring physicians – as well as other professionals providing services under NC Medicaid, NCHC or their respective waiver programs – be enrolled as participating providers. This includes anyone who orders, prescribes or refers services or items (such as pharmaceuticals) to NC Medicaid and NCHC recipients and seeks reimbursement.

Q – Where can I find more information about the enrollment requirements?

A – For the latest information, see the [May 2016 Medicaid Bulletin](#).