PROVIDER BULLETIN

Ordering, Prescribing and Referring Provider Requirements

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Current state and federal regulations (13 CSR 65-2 and 42 CFR 455.410) require Ordering, Prescribing or Referring (OPR) physicians or other professionals providing services under the state plan or under a waiver of the plan to be enrolled as participating providers with the state Medicaid agency. Federal regulation 42 CFR 455.440 requires all Medicaid claims for payment of items and services that were ordered, prescribed or referred to contain the National Provider Identifier (NPI) of the physician or other professional who ordered, prescribed, or referred the item or service.

To comply with the above requirements, the MO HealthNet Division (MHD) has developed changes in the claims processing system to deny all claims that require an order, prescription or referral from a physician or other licensed health care professional unless that physician or provider has an active enrollment record on file.

Partial system changes were implemented in November 2017, causing claims for Durable Medical Equipment (DME), Home Health, Independent Laboratories, and Radiology (Imaging) providers to deny if the OPR provider's National Provider Identifier (NPI) was not listed on the claim, and the OPR provider was not actively enrolled with MO HealthNet.

Effective October 14, 2018, the MHD will implement the following additional changes:

- Drug claims will deny if the prescriber's NPI is not listed on the claim and if the prescriber is not actively enrolled with MO HealthNet. A bulletin pertaining to drug claims and OPR requirements titled "Providers Billing Drug Claims – Prescribing Provider NPI" was published on September 21, 2018.
- DME providers must now indicate the NPI of the OPR provider in either the **referring** or **ordering** provider field. The OPR provider still must be actively enrolled with the MHD.
- Home Health providers must now indicate the NPI of the OPR provider in either the **referring** or **attendin**g provider field. The OPR provider still must be actively enrolled with MO HealthNet.

- Hospital, Mental Hospital, State Institution Long Term Care (LTC), Nursing Home, Private Home-ICF/MF, Rural Health Clinic, and Hospice provider claims will receive a warning message if the attending provider is not listed on the claim or if the attending provider is not actively enrolled with the MHD. At the end of the warning phase, claims will be denied if the attending provider is not listed on the claim or if the attending provider is not actively enrolled with MO HealthNet. It is estimated the warning phase will end and claims will be denied on or about December 31, 2018.

- Other claims from providers that do not currently require the NPI of the OPR provider for submission will receive a warning message if the OPR provider is listed on the claim but is not actively enrolled with the MHD. At the end of the warning phase, claims will be denied if the OPR provider is not actively enrolled with the MHD. It is estimated the warning phase will end and claims will be denied on or about December 31, 2018.

The Missouri Medicaid Audit and Compliance Unit (MMAC) provides an OPR Application that can be downloaded or utilized as a fillable [PDF form](). MMAC's provider enrollment personnel will expedite all OPR applications received. Please fax completed applications to (573) 634-3105.

Provider Bulletins are available on the MO HealthNet Division (MHD) Web site at http://dss.mo.gov/mhd/providers/pages/bulletins.htm. Bulletins will remain on the Provider Bulletins page only until incorporated into the provider manuals as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD Web site at http://dss.mo.gov/mhd/ to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the MO HealthNet ID card.

Provider Communications Hotline
573-751-2896