



Last Updated: 07/13/2022

Changes to the enforcement of requirements related to Ordering, Referring and Prescribing (ORP) provider enrollment and screening

This bulletin addresses, for Local Education Agencies (LEAs) enrolled with the Department of Medical Assistance Services (DMAS), enforcement of the provider enrollment and screening regulations published by the Centers for Medicare and Medicaid Services (CMS). CMS requires all state Medicaid agencies to implement the provider enrollment and screening provisions of the Affordable Care Act (ACA) (42 CFR 455 Subpart E) for all applicable groups of providers. These regulations were published in the Federal Register, Vol. 76, February 2, 2011, and were effective March 25, 2011.

Ordering, Referring, and Prescribing Providers

The Code of Federal Regulations 42 455.410(b) states that State Medicaid agencies must require all providers that order, refer or prescribe covered services under the State plan for medical assistance, or under a waiver of the plan, to be enrolled as ordering, referring or prescribing (ORP) providers.

The purpose of this rule is to ensure that all orders, prescriptions or referrals for items or services for Medicaid beneficiaries originate from appropriately licensed practitioners who have been screened by the State Medicaid agency and determined to have not been excluded from participating in Medicare or Medicaid.

A DMAS-enrolled ORP provider NPI number must be entered on the DMAS billing claim form for school-based services that require an order or referral under that state's Medicaid policies. LEA-employed or contracted provider types specified below that refer students for school-based services must obtain a National Provider Identifier (NPI) number and enroll with DMAS as an ORP provider.

Audiologists	Physicians including Psychiatrists
Clinical Psychologists	Professional Counselors
Clinical Social Workers	Psychiatric Clinical Nurse Specialists
Marriage and Family Therapists	School Psychologists-Limited
Nurse Practitioners	School Psychologists
Occupational Therapists	School Social Workers
Physical Therapists	Speech and Language Pathologists with master's degree

The following LEA provider types may not refer for school-based services and are not required to obtain an NPI number or enroll with DMAS:



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- Registered nurses, licensed practical nurses
- Personal care assistants
- School specialized transportation providers
- Occupational therapy assistants
- Physical therapy assistants
- Bachelors level speech-language pathologists
- Psychological testing technicians

The school may use an NPI of a physician, nurse practitioner or physician’s assistant that is not employed or contracted by the school if that provider has provided a written order for covered services. The NPI Final Rule requires covered health care providers to disclose their NPI numbers to any entities that request them for use in Health Insurance Portability and Accountability Act of 1996 standard transactions. The directory for looking-up NPI numbers is <https://npiregistry.cms.hhs.gov/>. No action is required of providers already enrolled with DMAS as ORP providers.

These requirements for LEA providers will be in effect for claims with dates of service starting July 1, 2021. The ORP provider who’s NPI is reflected on the claim must be enrolled with DMAS at the time the service is rendered.

Consult Chapters II (Provider Participation Requirements) and V (Billing Requirements) of the Local Education Agency Provider Manual for additional information on these requirements. For technical assistance with the registration and enrollment process, providers may contact the provider services helpline at 888-829-5373 or via email at Va.Medicaid.ProviderEnrollment@conduent.com during business hours 8 AM- 5 PM.

Billing Edits

With dates of service starting July 1, 2021 and later, LEA billing claims to DMAS for a school-based service must include an ORP provider NPI number at block 17b on the CMS 1500 paper billing form. If you currently bill through Direct Data Entry (DDE) using the DMAS Web Portal, the ORP NPI number is entered in the “Referring Provider NPI” field. If you bill your claims through Electronic Data Interchange (EDI), the loop/segment is loop 2310A, segment NM109 on the 837P X12 transaction. The NPI number of the ORP provider will ensure the timely processing of the claims.

DMAS has established the following claim edits to ensure compliance with processing requirements for ORP providers.

DMAS Edit/ESC	Description	HIPAA Codes	Resol/Action Effective 07/01/2018	Comments
0191	Provider Referral Required	CO/207/N286	Denial	This edit will validate that the ORP's NPI number is enrolled in DMAS. Refer to the Attachment A for providers required to have referral.
0195	Referring Provider Not on File	CO/207/N286	Denial	This edit will validate the referring NPI number is valid and actively enrolled in DMAS



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0196	Referring Provider Not Eligible on Date of Service	CO/207/N286	Denial	This edit will set if the Referring NPI number is not enrolled and active for t
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PROVIDER CONTACT INFORMATION & RESOURCES	
Virginia Medicaid Web Portal Automated Response System (ARS) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	www.viriniamedicaid.dmas.virginia.gov
Medicall (Audio Response System) Member eligibility, claims status, payment status, service limits, service authorization status, and remittance advice.	1-800-884-9730 or 1-800-772-9996
KEPRO Service authorization information for fee-for-service members.	https://dmas.kepro.com/
Provider Appeals DMAS is launching an appeal portal in late May 2021. You can use this portal to file appeals and track the status of your appeals. Visit the website listed for appeal resources and to register for the portal.	https://www.dmas.virginia.gov/#/appealsresources
Managed Care Programs Medallion 4.0, Commonwealth Coordinated Care Plus (CCC Plus), and Program of All-Inclusive Care for the Elderly (PACE). In order to be reimbursed for services provided to a managed care enrolled individual, providers must follow their respective contract with the managed care plan/PACE provider. The managed care plan may utilize different guidelines than those described for Medicaid fee-for-service individuals.	
Medallion 4.0	http://www.dmas.virginia.gov/#/med4
CCC Plus	http://www.dmas.virginia.gov/#/cccplus
PACE	http://www.dmas.virginia.gov/#/longtermprograms



Department of Medical Assistance Services
600 East Broad Street
Suite 1300
Richmond, VA 23219

<https://dmas.virginia.gov>

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<p>Magellan Behavioral Health Behavioral Health Services Administrator, check eligibility, claim status, service limits, and service authorizations for fee-for- service members.</p>	<p>www.MagellanHealth.com/Provider For credentialing and behavioral health service information, visit: www.magellanofvirginia.com, email: VAProviderQuestions@MagellanHealth.com, or Call: 1-800-424-4046</p>
<p>Provider HELPLINE Monday-Friday 8:00 a.m.-5:00 p.m. For provider use only, have Medicaid Provider ID Number available.</p>	<p>1-804-786-6273 1-800-552-8627</p>
<p>Aetna Better Health of Virginia</p>	<p>www.aetnabetterhealth.com/Virginia 1-800-279-1878</p>
<p>Anthem HealthKeepers Plus</p>	<p>www.anthem.com/vamedicaid 1-800-901-0020</p>
<p>Magellan Complete Care of Virginia</p>	<p>www.MCCofVA.com 1-800-424-4518 (TTY 711) or 1-800-643-2273</p>
<p>Optima Family Care</p>	<p>1-800-881-2166 www.optimahealth.com/medicaid</p>
<p>United Healthcare</p>	<p>www.Uhcommunityplan.com/VA and www.myuhc.com/communityplan 1-844-752-9434, TTY 711</p>
<p>Virginia Premier</p>	<p>1-800-727-7536 (TTY: 711), www.virginiapremier.com</p>