

# UPDATED MEDI-CAL REQUIREMENTS FOR ORDERING/REFERRING/PRESCRIBING PROVIDERS FORMS AND PROCEDURES

In accordance with the Centers for Medicare and Medicaid Services (CMS), the Department of Health Care Services (DHCS) is updating existing requirements for the enrollment of ordering, referring, or prescribing only providers in the Medi-Cal program in accordance with 42 Code of Federal Regulations (CFR) Section 455.410 and 42 CFR Section 455.440. These requirements are necessary to comply with the February 2, 2011 Final Rule published by CMS in the Federal Register (42 CFR Parts 405, 424, 447 et al., 76 Fed. Reg. 5862-5971 (Feb. 2, 2011)) which implements provisions of the Affordable Care Act (ACA) of 2010.

Based upon the authority granted to the director of DHCS in the Welfare and Institutions (W&I) Code, Section 14043.75(b), the director has authorized the following forms and established the procedures and criteria governing their use. These procedures are regulations implementing W&I Code, Section 14043.26(a) and have the full force and effect of law. The Medi-Cal Ordering/Referring/Prescribing Provider Application/Agreement/Disclosure Statement for Physician and Non-physician Practitioners (DHCS 6219), as well as the procedures governing their use, are effective on January 1, 2013.

Effective July 23, 2026, DHCS has updated this bulletin to clarify that providers enrolled in Medicare must also separately enroll in Medi-Cal and providers can enroll using the Department's electronic enrollment system.

## Background and Overview of the New Requirements

Traditionally, most providers have enrolled in the Medi-Cal program to furnish covered services to Medi-Cal members. However, with the implementation of the ACA, providers who only order, refer, or prescribe services to Medi-Cal members will need to enroll in the Medi-Cal program. These providers do not send direct claims to Medi-Cal for the services they furnish.

Additionally, ordering, referring, or prescribing only provider enrollment does not allow the Medi-Cal program to reimburse the ordering, referring, or prescribing only provider for services provided directly to Medi-Cal members.

Federal Medicaid Regulations at 42 CFR 455.410(b) provides that the State Medicaid agency must require all ordering or referring physicians or other professionals providing services under the State plan or under a waiver of the plan to be enrolled as participating providers. 42 CFR 455.410(c) provides that the State Medicaid agency

may rely on the results of the provider screening performed by any of the following: (1) Medicare contractors, (2) Medicaid agencies or (3) Children's Health Insurance Programs of other States. While federal regulations allow states to rely on Medicare screening for enrollment purposes, both state and federal law require all ORP providers to be enrolled as Medi-Cal providers. **Enrollment in Medicare alone does *not* meet this requirement for participation in California's Medi-Cal program.**

Lastly, 42 CFR 455.440 provides that the State Medicaid agency must require all claims for the payment for items and services that were ordered or referred to contain the National Provider Identifier (NPI) of the physician or other professional who ordered or referred such items or services.

Effective January 1, 2013, W&I Code Section 14043.26(a) requires the enrollment of ordering, referring, or prescribing providers as participating providers in the Medi-Cal program. W&I Section 14043.15(b)(3) provides that the NPI of the ordering, referring, or prescribing provider must be listed on the claims for reimbursement.

## Requirements

There are three basic requirements for ordering, referring, or prescribing for Medi-Cal members:

1. The Physician or non-physician practitioner must be enrolled in Medi-Cal.
2. The ordering, referring or prescribing provider NPI must be for an individual physician or non-physician practitioner (not an organizational NPI).
3. The physician or non-physician practitioner must be of a specialty type that is eligible to order, refer or prescribe in accordance with law and the physician and non-physician practitioner's Practice Act.

## Procedures for Enrollment of Ordering/Referring/Prescribing Only Providers

Unless otherwise provided, if the provider is already enrolled in Medi-Cal as an individual with their Type 1 NPI, they are not required to enroll in Medi-Cal for the sole purpose of ordering, referring or prescribing.

If the provider is not currently enrolled in Medi-Cal as an individual with their Type 1 NPI, and they wish only to be able to order, refer or prescribe items or services for Medi-Cal members and not seek reimbursement for services provided directly to Medi-Cal members, they must enroll as an ordering, referring or prescribing only provider. In order to enroll in the Medi-Cal program for the sole purpose of ordering, referring or prescribing providers must submit an electronic application through the online provider enrollment application system, along with all supporting documentation.

## **Failure to Enroll**

If the ordering, referring, or prescribing provider's name or NPI on the claim of the billing provider is not enrolled in the Medi-Cal program, the claim will not be paid.

## **Review Timeframes**

DHCS has 90 days to review Medi-Cal ordering, referring, or prescribing provider applications from Physicians/Osteopathic Physicians pursuant to W&I Section 14043.26(g) and notify the applicant of the action DHCS will take.

DHCS has 180 days to review Medi-Cal ordering, referring, or prescribing provider applications from non-physician practitioners pursuant to W&I Section 14043.26(f) and notify the applicant of the action DHCS will take.