TO: Independent Laboratory, Portable Radiology and Non-Portable Radiology Providers

RE: The Implementation of the Ordering, Prescribing, and Referring (OPR) Claim Edits

As previously communicated in provider bulletin PB 2013-24, the Affordable Care Act (ACA) requires that ordering, prescribing and referring providers who render services to HUSKY clients be enrolled in the Connecticut Medical Assistance Program (CMAP). To support this mandate, the Department of Social Services (DSS) implemented the following claim edits to validate that referring and ordering providers submitted on Professional claims are enrolled in CMAP.

1035 Referring provider not enrolled on date of service

1036 Ordering provider not enrolled on date of service

These edits were initially implemented in a post and pay status. The post and pay status means the edit will be displayed on the claim but the claim will not be denied for that reason.

NEW AND IMPORTANT CHANGES

This bulletin serves to communicate new and important changes to claim payment as a result of the ACA Ordering, Prescribing, and Referring requirements.

EDIT 226
Laboratory and Radiology providers are currently required to enter a referring provider ID on all professional claims or else the claim will deny and post Explanation of Benefits (EOB) 226 "Referring Provider Name/Number is Missing" on the provider's Remittance Advice (RA). The referring provider currently does not need to be enrolled in CMAP. Beginning 11/1/2013, not only must the provider number field be completed, but the physician must be enrolled in CMAP.

EDITS 1035 AND 1036
Non-crossover claims submitted with dates of service on or after 11/1/2013 will begin to deny and post EOB 1035 "Referring provider not enrolled on date of service" and EOB 1036 "Ordering provider not enrolled on date of service" on the provider's RA if the referring or ordering provider submitted on the claim is not an enrolled provider on the date of service.

Effective with claim dates of service 12/1/2013 and forward, *Medicare Part B Crossover claims* will begin to deny and post EOB 1035 "Referring provider not enrolled on date of service" and EOB 1036 "Ordering provider not enrolled on date of service" on the provider's RA if the referring or ordering provider submitted on the claim is not an enrolled provider on the date of service.

NEW EDIT 1038
Effective with claim dates of service 9/1/2013 and forward, Part B Medicare Crossover claims must be submitted with *either* an ordering *or* referring provider on the claim. New EOB 1038 "Ordering/Referring provider missing when required" will be displayed on Part B Medicare Crossover claims in a post and pay status. **The edit will begin denying claims with dates of service on or after 1/1/2014 if there is no ordering or referring provider submitted on the claim.** This initial post and pay period will allow providers time to modify their claim submission process to submit the ordering or referring provider when required.

Questions? Need assistance? Call the HP Provider Assistance Center Mon. – Fri. 8:00 a.m. – 5:00 p.m.
Toll free 1-800-842-8440 or write to HP, PO Box 2991, Hartford, CT 06104
Program information is available at www.ctdssmap.com

HOW TO DETERMINE PROVIDER ENROLLMENT STATUS

To determine whether a provider is fully enrolled, go to http://www.huskyhealthct.org/provider_lookup.html.

To determine whether a provider is enrolled for ordering, prescribing or referring purposes only, go to: http://www.huskyhealthct.org, click on the 'Provider' tab, click on 'View the List of OPR Providers'

To determine whether a behavioral health provider is enrolled, contact Value Options at 1-877-55-CTBHP or 1-877-552-8247.

The NPI of the attending physician supervising the care of the patient should be submitted on the claim if the ordering or referring provider is an unlicensed resident, as unlicensed residents are not permitted to enroll in CMAP.

The supervising attending physician is the physician who is supervising the resident who is providing the *immediate* care of that particular patient.

PROVIDER ID FIELDS ON CLAIM

The table below illustrates where the referring and ordering provider ID is submitted on the various methods of claim submission.

Explanation of Benefit Code	Paper claim location	Web claim location	PES claim location	ASC X12 837 Loop	ID Qual
1035 Referring provider not enrolled on date of service **226** – Referring Provider Name/Number is Missing **1038** – Ordering/Referring provider missing when required	Field 17b	Professional claim panel	Header 2	Header: 2310A Detail: 2420F	DN
1036 - Ordering provider not enrolled on date of service **1038** – Ordering/Referring provider missing when required	Field 17b	Field not present	Field not present	Detail: 2420E	DK