



TO: All Providers
RE: Billing Procedures for Services Ordered by Residents and Interns

The purpose of this provider bulletin is to clarify billing procedures for services that are ordered or prescribed by residents and interns in the hospital setting. For the purposes of this bulletin, the term “resident” includes both residents and interns. This guidance is issued in accordance with Ordering, Prescribing, and Referring (OPR) requirements. The following steps should be taken with respect to billing for services that are ordered or referred by residents.

Hospital Claims: On claims for services that the resident ordered or referred in the hospital setting, which are performed by hospital staff and billed on behalf of the hospital, either the attending or supervising physician’s National Provider Identifier (NPI) may be listed on the claim.

Non-Hospital Claims: Every claim for services based on an order or referral from a physician or other professional must contain the NPI of the ordering practitioner.

Pharmacy Claims must include the NPI of the physician or other practitioner who actually wrote the prescription, including a resident or attending physician, as appropriate. If the resident is unable to enroll as a Connecticut Medical Assistance Program (CMAP) provider because the resident is a foreign national who has not yet obtained a Social Security Number, the name and NPI of the resident’s attending or supervising physician should be listed on prescriptions and claims for pharmacy services prescribed by that resident, until the resident is able to enroll in CMAP.

Claims for services that a resident ordered or referred in the hospital setting, but which are provided and billed by providers **other than hospitals or pharmacies**, for example, an independent radiology provider or an independent laboratory), **either** the resident’s NPI **or** the appropriate attending or supervising physician’s

NPI may be listed as the ordering/referring provider.

As required by federal law and as described in previous provider bulletins, the provider listed as the ordering or referring provider on the claim must be enrolled individually as a CMAP provider. Additionally, in order to facilitate compliance with the federal OPR requirements, and in accordance with Provider Bulletin 2014-48 “Enrollment Requirements for Residents,” the Department continues to require residents to enroll in CMAP.

Background

The Department has issued multiple provider bulletins regarding the steps necessary to comply with the federal OPR requirements pursuant to section 6401 of the Affordable Care Act (codified at 42 U.S.C. § 1396a(kk) and in federal regulations at 42 C.F.R. §§ 455.410(b) and 455.440). Please see Provider Bulletins 2014-48 and 2014-67, among others. That section of federal law requires two steps: (1) all ordering, prescribing or referring (OPR) physicians and other professionals must be enrolled in Medicaid or the Children’s Health Insurance Program (CMAP in Connecticut, and (2) the ordering or referring physician or other professional’s NPI must be listed on every claim for services based on that provider’s order or referral.

Residents are authorized to issue orders and referrals within the context of their training program. This is generally based upon the issuance of a permit by the Department of Public Health that allows residents to participate in the residency program (see section 20-11a of the Connecticut General Statutes for medical residents, section 20-12h for resident physician assistants, section 20-54 for podiatric residents, and section 20-126b for dental residents). However, because residents are in training under

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the supervision of attending and/or supervising physicians, all of the orders/referrals issued by a resident are issued by or under the auspices of the attending and/or supervising physicians (or for residents other than medical residents, the appropriate supervising practitioner).

Documentation: In all situations, the hospital and attending/supervising physicians are responsible for maintaining adequate records to document all orders and referrals, including those issued by residents and documentation confirming which attending/supervising physicians were ultimately responsible for the orders or referrals. As described above, residents who order or refer services are required to enroll in CMAP. However, if in accordance with this bulletin the NPI of the attending/supervising physician is listed on the claim, the medical records must document and contain the signature of the attending/supervising physician who was responsible for the resident's order or referral. If the documentation contains the above-referenced elements the claim will not be subject to denial or audit adjustment solely based upon the resident not being enrolled in CMAP.

If you have any questions regarding this bulletin, please contact the HP Provider Assistance Center at 1-800-842-8440.

