



**TO: Hospital 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 attending, referring, and rendering providers submitted on Institutional claims are enrolled in the CMAP.

1033 Attending physician not enrolled on date of service

1034 Rendering provider not enrolled on date of service

1035 Referring 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.

**PLEASE NOTE: Hospital claims must be submitted with the referring provider if the referring provider is different than the attending provider.**

### **EDIT 1033**

Important: *Outpatient* claims, including *Outpatient Crossover* claims, with dates of service on or after 12/1/2013 will begin to deny and display Explanation of Benefits (EOB) 1033 “Attending physician not enrolled on date of service” on the provider’s Remittance Advice (RA), if the referring provider is not submitted on the claim, the claim contains a Revenue Center Code in *Attachment A* found below, and the attending provider is not enrolled in CMAP.

As of 10/1/2013, edit 1033 will be inactivated for Inpatient, Inpatient Crossover, Long Term Care and Long Term Care Crossover claims and will no longer be displayed on the claim.

### **EDIT 1035**

Effective with dates of service on or after 11/1/2013, *Inpatient* and *Outpatient* claims will begin to deny and display EOB edit 1035 “Referring provider not enrolled on date of service” on the provider’s RA, if the referring provider is not enrolled in CMAP.

Effective with claim dates of service 9/1/2013, *Medicare Crossover claims* began to post and pay EOB 1035 “Referring provider not enrolled on date of service”. **This edit will be set to deny claims with dates of service on or after 12/1/2013.**

PLEASE NOTE: Referring provider is only required when different than the attending provider. This edit will only set if there is a provider number in the referring field and the provider is not enrolled on the date of service.



**EDIT 1034**

Edit 1034 “Rendering provider not enrolled on date of service” will be inactivated and will no longer be displayed on the claim.

**HOW TO DETERMINE PROVIDER ENROLLMENT STATUS**

To determine whether a provider is fully enrolled, go to:  
[http://www.huskyhealthct.org/provider\\_lookup.html](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.

To determine whether a dental provider is enrolled, contact the Connecticut Dental

Health Partnership at 1-855-CT-DENTAL or 1-855-283-3682.

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 attending and referring 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
1033 Attending physician not enrolled on date of service	Field 76	Institutional claim panel	Header 2	Header: 2310A	71
1035 Referring provider not enrolled on date of service	Fields 78 or 79	Institutional claim panel	Field not present	Header: 2310F Detail: 2420D	DN



## Attachment A

**0250 Pharmacy**

0251 Generic drugs  
 0252 Nongeneric drugs  
 0253 Take home drugs  
 0254 Incident to other diagnostic services  
 0255 Incident to Radiology  
 0256 Experimental drugs  
 0257 Nonprescription  
 0258 IV solutions  
 0259 Other

**0260 IV Therapy**

0261 Infusion pump  
 0262 IV Therapy, pharm services  
 0263 IV Therapy/drug/supp/delivery  
 0264 IV Therapy, supplies  
 0269 Other IV therapy

**0270 Medical/Surgical Supplies**

0271 Nonsterile supplies  
 0272 Sterile supplies  
 0273 Take home supplies  
 0274 Prosthetic/Orthotic devices  
 0275 Pacemaker  
 0276 Intraocular Lens  
 0277 Oxygen - take home  
 0278 Other implants  
 0279 Other supplies/devices

**0280 Oncology**

0289 Other oncology

**0290 Durable Medical Equipment**

0291 Rental  
 0292 Purchase-new equipment  
 0293 Purchase-used equipment  
 0294 Supp/drugs for DME  
 0299 Other equipment

**0350 CT Scan**

0351 Head  
 0352 Body  
 0359 Other CT Scans

**0360 Operating Room Services**

0361 Minor surgery  
 0362 Organ transplant, not kidney

**0300 Laboratory-Clinical Diagnostic**

0301 Chemistry  
 0302 Immunology  
 0303 Renal patient (home)  
 0304 Nonroutine dialysis  
 0305 Hematology  
 0306 Bacteriology/Microbiology  
 0307 Urology  
 0309 Other laboratory

**0310 Laboratory - Pathology**

0311 Cytology  
 0312 Histology  
 0314 Biopsy  
 0319 Other

**0320 Radiology - Diagnostic**

0321 Angiocardiology  
 0322 Arthrography  
 0323 Arteriography  
 0324 Chest X-Ray  
 0329 Other

**0330 Radiology - Therapeutic**

0331 Chemotherapy - injected  
 0332 Chemotherapy - oral  
 0333 Radiation therapy  
 0335 Chemotherapy - IV  
 0339 Other

**0340 Nuclear Medicine**

0341 Diagnostic  
 0342 Therapeutic  
 0343 Diagnostic Radiopharmaceuticals  
 0344 Therapeutic Radiopharmaceuticals  
 0349 Other

**0420 Physical Therapy**

0421 Visit charge  
 0422 Hourly charge  
 0423 Group rate  
 0424 Evaluation/re-evaluation  
 0429 Other physical therapy

**0430 Occupational Therapy**

0367 Kidney transplant  
0369 Other operating room services

### **0370 Anesthesia**

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0371 Incident to radiology  
0372 Incident to other diag services  
0374 Acupuncture  
0379 Other anesthesia

### **0380 Blood**

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0381 Packed red cells  
0382 Whole blood  
0383 Plasma  
0384 Platelets  
0385 Leukocytes  
0386 Other components  
0387 Other derivatives  
0389 Other blood

### **0390 Blood Storage/Processing**

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0391 Blood administration (e.g. transfusion)  
0399 Other processing & storage

### **0400 Other Imaging Services**

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0401 Diagnostic mammography  
0402 Ultrasound  
0403 Screening mammography  
0404 PET scan  
0409 Other imaging services

### **0410 Respiratory Services**

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0412 Inhalation services  
0413 Hyperbaric oxygen therapy  
0419 Other respiratory services

### **0610 Magnetic Resonance Tech. (MRT)**

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0611 Brain (incl. brainstem)  
0612 Spinal cord (incl. spine)  
0614 MRI - Other  
0615 MRA - Head and Neck  
0616 MRA - Lower Ext  
0619 Other MRT

### **062X Med-Surg. Supplies Ext. of 270**

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0621 Incident to radiology  
0622 Incident to other diag  
0623 Surgical Dressings  
0624 Investigational Device (IDE)

0431 Visit charge  
0432 Hourly charge  
0433 Group rate  
0434 Evaluation/re-evaluation  
0439 Other occupational therapy

### **0440 Speech-Language Pathology**

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0441 Visit charge  
0442 Hourly charge  
0443 Group rate  
0444 Evaluation/re-evaluation  
0449 Other speech language pathology

### **0460 Pulmonary Function**

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0469 Other

### **0470 Audiology**

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0471 Diagnostic  
0472 Treatment  
0479 Other audiology

### **0480 Cardiology**

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0481 Cardiac catheter lab  
0482 Stress test  
0483 Echocardiology  
0489 Other cardiology

### **0490 Ambulatory Surgery**

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0499 Other ambulatory surgical care

### **0760 Treatment/Observation Room**

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0761 Treatment room  
0762 Observation room  
0769 Other treatment room

### **0790 Extra-corporeal shock wave therapy (ESWT)**

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### **0820 Hemo OPD/Home**

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0821 Hemodialysis comp or other rate  
0822 Home supplies  
0823 Home equipment  
0824 Maintenance 100%  
0829 Other HEMO outpatient

### **0830 Peritoneal OPD/Home**

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0831 Peritoneal comp or other rate  
0832 Home supplies  
0833 Home Equipment

**063X Drugs Require Specific ID**

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0631 Single source drug  
0632 Multiple source drug  
0633 Restrictive prescription  
0634 EPO under 10,000 units  
0635 EPO 10,000 or more units  
0636 Drugs requiring detail coding  
0637 Self admin drugs (insulin admin in emergency-diabetic coma)

**0700 Cast Room**

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**0710 Recover Room**

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**0730 EKG/ECG**

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0731 Holter monitor  
0732 Telemetry  
0739 Other EKG/ECG

**0740 EEG**

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**0750 Gastro-Intestinal Services**

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**0880 Miscellaneous Dialysis**

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0881 Ultrafiltration  
0882 Home dialysis aid visit  
0889 Other misc. dialysis

**0920 Other Diagnostic Services**

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0921 Peripheral vascular lab  
0922 Electromyelogram  
0923 Pap smear  
0924 Allergy test  
0925 Pregnancy test  
0929 Other diagnostic services

**0940 Other Therapeutic Services**

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0941 Recreation RX  
0942 Educ/training  
0943 Cardiac rehab  
0944 Drug rehab  
0945 Alcohol rehab  
0946 Rtn complex Med  
0947 Complex Med Equip - Anc  
0949 Additional RX SVS

0834 Maintenance 100%  
0835 Support services  
0839 Other peritoneal dialysis

**0840 CAPD OPD/Home**

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0841 CAPD comp or other rate  
0842 Home supplies  
  
0843 Home equipment  
0844 Maintenance 100%  
0845 Support services  
0849 Other CAPD dialysis

**0850 CCPD OPD/Home**

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0851 CCPD comp or other rate  
0842 Home supplies  
0843 Home equipment  
0844 Maintenance 100%  
0845 Support services  
0849 Other misc. dialysis

