



TO: Nursing Home, ICF/MR and State Institution 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 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.

EDITS 1033 AND 1034

Edits 1033 and 1034 will be inactivated and will no longer be displayed on the claim.

EDIT 1035

Nursing Home and State Institution claims with dates of service on or after 11/1/2013 will begin to deny and post Explanation of Benefit (EOB) edit 1035 “Referring provider not enrolled on date of service” on the provider’s Remittance Advice (RA).

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.

HOW TO DETERMINE PROVIDER ENROLLMENT STATUS

To determine whether a provider is fully enrolled, go to

<http://www.huskyhealthct.org/providerlookup.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’

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 FIELD ON CLAIM

The attending and referring provider ID's are entered on the Institutional claim in the following locations:

Provider ID	Paper claim location	Web claim location	PES claim location	ASC X12 837 Loop	ID Qual
Attending Provider	Field 76	Institutional claim panel	Header 2	Header: 2310A	71
Referring Provider	Fields 78 or 79	Institutional claim panel	Field not present	Header: 2310F Detail: 2420D	DN

