



TO: Acquired Brain Injury, Advance Practice Registered Nurse (APRN), Audiologist, Behavioral Health Clinician, Chiropractor, Clinic, Department of Developmental Services, Department of Mental Health and Addiction Services, Inpatient and Outpatient Drug and Alcohol Abuse Center, Medical Equipment Devices and Supplies (MEDS), Mental Health Waiver, Naturopath, Nurse Midwife, Optometrist, Optician, Personal Care Services, Physician, Podiatrist, State Institution Behavioral Health Clinic, Therapist, and Transportation providers

RE: The Implementation of New Claim Billing Requirements and 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 submission and claim payment as a result of the ACA Ordering, Prescribing, and Referring requirements.

EDIT 1035 and 1036

Professional claims submitted with dates of service on or after **11/1/2013**, will begin to deny and post Explanation of Benefit (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 Remittance Advice (RA). The edit will only set if there is a provider number in the referring or ordering field and that referring or ordering provider is not enrolled 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.”

EDIT 1038 – new

The following providers will be required to include an ordering or referring provider on all claims:

- Rehabilitation Clinics
- Free-standing Renal Dialysis Clinics
- DME/Hearing Aid Dealers
- DME/Medical & Surgical Supplies
- DME/Medical Supply Dealers
- DME/Orthotic and Prosthetic Devices



- Physical, Occupational, and Speech Therapy Groups
- Audiologist Groups

Effective with claim dates of service 9/1/2013 and forward, **Professional and Part B Medicare Crossover** claims must be submitted with either an ordering or referring provider on the claim. A new EOB 1038 “Ordering/Referring provider missing when required” will be displayed on provider’s RA in a post and pay status. **The edit will begin denying claims with dates of service on or after 1/1/2014.** 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.

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 to the particular patient.

PROVIDER ID CLAIM LOCATION

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	Field 17b	Professional claim panel	Header 2	Header: 2310A Detail: 2420F	DN
1036 Ordering provider not enrolled on date of service	Field 17b	Field not present	Field not present	Detail: 2420E	DK

