



**MassHealth
 All Provider Bulletin 259
 February 2016**

TO: All Providers Participating in MassHealth
FROM: Daniel Tsai, Assistant Secretary for MassHealth *D. Tsai*
RE: Ordering, Referring, and Prescribing Provider Requirements

Background

Section 6401(b) of the Affordable Care Act includes requirements related to ordering, referring, and prescribing (ORP) providers. If MassHealth requires a service to be ordered, referred, or prescribed, then ACA Section 6401(b) requires that

1. the billing provider include the ORP provider’s NPI on the claim; and
2. the ORP provider be enrolled with MassHealth as a fully participating provider or as a nonbilling provider.

This requirement applies to MassHealth Fee for Service (including Primary Care Clinician), Third Party Liability, and Medicare Crossover claims. It does not apply to claims submitted to managed care entities.

Note: There are other circumstances in which the NPI of nonbilling providers may be required to be included on claims in order to comply with HIPAA Version 5010 requirements. In those instances, MassHealth requires that those providers (e.g., attending, rendering, supervising, and operating providers) also be enrolled with MassHealth at least as a nonbilling provider. Nonbilling providers may be independent providers as well as facility-based providers.

MassHealth Services That Require an Order, Referral, or Prescription

The following services and supplies require an order, referral, or prescription from a provider in order for the billing provider to receive MassHealth payment.

Any service that requires a PCC referral	Labs and Diagnostic Tests
Adult Day Health	Medications
Adult Foster Care	Orthotics
DME	Oxygen/Respiratory Equipment
Eyeglasses	Personal Care Attendant
Group Adult Foster Care	Prosthetics
Home Health	Psychological Testing
Independent Living	Therapy (PT, OT, ST)
Independent Nurse	Transitional Living

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Provider Types Authorized to Order, Refer, or Prescribe

The following types of providers are the only provider types that may be listed on a claim as the ordering, referring, or prescribing provider and are referred to in this bulletin as authorized ORP providers. Interns, residents, and other trainees in the provider types listed below who are authorized to order, refer, or prescribe services are also considered ORP providers.

Certified Nurse Midwife	Pharmacist (if authorized to prescribe)
Certified Registered Nurse Anesthetist	Physician
Clinical Nurse Specialist	Physician Assistant
Dentist	Podiatrist
Licensed Independent Clinical Social Worker	Psychiatric Clinical Nurse Specialist
Nurse Practitioner	Psychologist
Optometrist	

Please consult program regulations for details on which provider types may order, refer, or prescribe certain services.

Note that MassHealth program regulations may allow other provider types to order, refer, or prescribe services. Claims for the services listed on Page 1 that are ordered, referred, or prescribed by a clinician who is not an authorized ORP provider type listed above must include the NPI of the clinician's supervising physician (or other authorized ORP provider) on the claim. In that situation, the authorized ORP provider must also be enrolled in MassHealth as a fully participating provider or as a nonbilling provider in order for the billing provider's claim to be payable. Note that pharmacy claims must include the individual NPI of the actual prescribing provider.

Providers (both fully participating and nonbilling) who order, refer, or prescribe services for MassHealth members must include their NPI on any written orders, referrals, or prescriptions. PCC referrals made through the Provider Online Service Center (POSC) capture the referring provider's NPI automatically. MassHealth is in the process of updating our systems to include the ORP provider's NPI on the PCC referral letter. MassHealth is also in the process of determining procedures for entity PCCs to enter an authorized ORP provider as the referring provider when entering a PCC referral in the POSC.

Enrollment for ORP Providers

Federal law requires that when MassHealth requires an order, referral, or prescription for services, the providers who order, refer, or prescribe the services must be enrolled with MassHealth as either a fully participating provider or as a nonbilling provider. If they are not enrolled, then claims for the services they ordered, referred, or prescribed will not be paid to the billing provider. Please note that state law also requires that the providers listed above apply to participate in MassHealth at least as a nonbilling provider in order to obtain and maintain state licensure. This licensure requirement will become effective once MassHealth promulgates the implementing regulations.

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Enrollment for ORP Providers *(cont.)*

ORP providers in provider types that can bill MassHealth can choose to enroll with MassHealth as fully participating providers or as nonbilling providers enrolling for the purpose of ordering, referring, and prescribing. Providers in provider types that currently *cannot* bill MassHealth may enroll only as nonbilling providers.

Providers who wish to enroll as nonbilling providers must fill out and return the Nonbilling Provider Application and Contract. These documents can be downloaded from the MassHealth website at <http://www.mass.gov/eohhs/provider/insurance/masshealth/aca/aca-section-6401enrollment-information.html>. Providers can contact the MassHealth Customer Service Center (CSC) at **1-800-841-2900** with any questions or to request a fully participating Provider Application. Note that pharmacists who are eligible to prescribe will fill out a Nonbilling Provider Application designed just for them. Eligible pharmacists should call CSC to request the Nonbilling Pharmacist Application.

Claims Impact

MassHealth is implementing ORP requirements in phases.

Phase 1 (Informational Messaging)

Effective for certain claims (see below) with dates of service on or after **March 7, 2016** (Phase 1A) and at a later date TBD (Phase 1B), until further notice, claims that do not meet the ORP requirements below will be payable, but will also include applicable informational messages to allow providers time to understand the scenarios in which an authorized ORP provider's NPI is required. Note that a prescribing provider is the same as an ordering provider in the informational messages below.

- 1.** The NPI of the ORP provider must be included on the claim (see claims submission instructions on page 6). Informational messages for this scenario follow.

1080—Ordering Provider Required
1081—NPI required for Ordering Provider
1200—Referring Provider Required
1201—NPI of Provider Required—HDR
1202—NPI of Referring Provider Required 2—HDR *
1204—NPI of Referring Provider Required 2—DTL *

- 2.** The ORP provider must be actively enrolled with MassHealth, at least as a nonbilling provider. Informational messages for this scenario follow.

1082—Ordering Provider NPI not on file
1083—Mult Sak Prov Locs for Ordering Provider +
1084—Ordering Provider not actively enrolled
1205—Referring Provider NPI not on file – HDR
1206—Referring Provider 2 NPI not on file – HDR *
1207—Referring Provider NPI not on file – DTL
1208—Referring Provider 2 NPI not on file – DTL *
1209—Mult Sak Prov Locs for Referring Provider – HDR +

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Phase 1 (Informational Messaging)(cont.)

1210—Mult Sak Prov Locs for Referring Provider 2 – HDR * +
1211—Mult Sak Prov Locs for Referring Provider – DTL +
1212—Mult Sak Prov Locs for Referring Provider 2 – DTL * +
1213—Referring Provider not actively enrolled – HDR
1214—Referring Provider 2 not actively enrolled – HDR *
1215—Referring Provider not actively enrolled – DTL
1216—Referring Provider 2 not actively enrolled – DTL *

3. The ORP provider must be in one of the eligible ORP provider types listed on page two. Informational messages for this scenario follow.

1085—Ordering Provider Not Authorized to Order Services
1217—Referring Provider Not Authorized to Refer - HDR
1218—Referring Provider 2 Not Authorized to Refer – HDR *
1219—Referring Provider Not Authorized to Refer - DTL
1220—Referring Provider 2 Not Authorized to Refer – DTL *

*According to federal guidance, Ordering and Referring rules do not require a secondary referring provider identifier on claims. *However, there may be circumstances where the HIPAA V5010 Implementation Guide situationally requires a second referring provider identifier.* In those circumstances, if the second referring provider's NPI is included on the claim, but that provider is not enrolled with MassHealth or is not authorized to order, refer or prescribe, relevant informational messages will be included on the remittance advice.

+This informational message indicates that there are more than one Provider ID/Service Locations listed in the MassHealth MMIS system for the NPI of the ORP provider. As a result, the MMIS is unable to confirm enrollment of the ORP provider. If you receive this message, please contact the MassHealth Customer Service Center for assistance.

Billing providers should review claims remittance advices. The informational messages will appear on the remittance advice with the ICN and will not impact the disposition of the claim until further notice. Providers are encouraged to use Phase 1 to become familiar with claims messages and adjust business processes to ensure that ORP requirements are met.

Note that if a billing provider includes an ORP provider on a claim that doesn't require one, the system will still look to see if the ORP provider is actively enrolled with MassHealth and will return an applicable informational message if the ORP provider is not actively enrolled or is not authorized to order, refer or prescribe.

See page 6 for claims-submission instructions.

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Claims Impacted in Phase 1A (Informational Messaging)

1. All claims (see exceptions in the list noted below) that are billed by the following provider types on the 837P or the CMS 1500

Adult Day Health	Independent Nurse
Adult Foster Care Therapist	Orthotic
Certified Independent Lab	Oxygen and Respiratory
Diagnostic Testing Facility	Pharmacy (DME claims only)
DME	Prosthetic
Eyeglass Supplier	Psychologist
Group Adult Foster Care	Therapist

2. All claims for the following services that are billed on the 837P or the CMS 1500, regardless of billing provider type

Home Health
Psychological Testing
Therapies (OT, PT, ST)

Claims Impacted in Phase 1B (Informational Messaging)

1. All claims billed on the 837P, 837I, CMS 1500 or UB-04 from any billing provider that require a PCC referral

MassHealth will notify providers in advance before entering Phase 1B. Providers are encouraged to use Phase 1A and Phase 1B to become familiar with claims messages and adjust business processes to ensure that ORP requirements are met.

Phase 2 (Claims Denials)

In Phase 2, the types of claims impacted in Phase 1A and Phase 1B will deny when they do not meet the ORP requirements.

In addition, in Phase 2 all claims from any billing provider that are processed by the Pharmacy Online Processing System (POPS) that do not meet the ORP requirements will deny.

MassHealth will notify providers in advance before entering Phase 2. Providers are encouraged to use Phase 1 to become familiar with claims messages and adjust business processes to ensure that ORP requirements are met.

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Phase 3 (will be preceded by an Informational Messaging phase)

In Phase 3, the following types of claims that do not meet the ORP requirements will deny.

1. All claims billed on the 837I and UB-04 from institutional and facility providers for the services listed on the first page of this bulletin
2. All claims for the MassHealth personal care attendant-related procedure codes listed below billed by the following
 - Fiscal Intermediary—T1019
 - Independent Living—T2022, 99456
 - PCM Agency—T1020, T2022, 99456
3. All claims for labs and diagnostic testing codes (such claims were included in Phase 1 only when billed by Labs and Diagnostic Testing Facilities)

MassHealth will notify providers in advance before entering Phase 3. Providers are encouraged to use these phases to become familiar with claims messages and adjust business processes to ensure that ORP requirements are met.

Claims Submission Instructions

837 TRANSACTIONS

Enter the NPI in the Referring NPI field if the claim

- 1) is for a service that requires a PCC referral; or
- 2) is from a diagnostic testing facility or from a certified independent lab.

Enter the NPI in the Ordering NPI field for all other impacted claims requiring orders or prescriptions in Phase 1.

Please adhere to ASCX12 HIPAA V5010 Implementation Guide regarding the inclusion of the referring and ordering provider Loops and Segments. Please note that Ordering and Referring requirements do not require a second referring provider identifier on claims; however, the HIPAA 5010 Implementation Guide may require a second referring provider identifier.

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Direct Data Entry (DDE) Transactions

TRANSACTION TYPE	TYPE OF PROVIDER	LOCATION
Institutional (837I)	Referring	Referring Provider Field on the Billing and Service Tab.* *Note: Referring provider is allowed only at the header level in DDE. If multiple referring providers apply to the claims, services for each referring provider must be billed separately.
Professional (837P)	Referring	Referring Provider Field on the Billing and Service Tab.* *Note referring provider is allowed only at the header level in DDE. If multiple referring providers apply to the claims, services for each referring provider must be billed separately.
Professional (837P)	Ordering/Prescribing	Ordering Provider Field on the Procedure Tab.

Additional Information

Providers that order, refer, or prescribe services for MassHealth members must include their NPI on written orders, referrals, and prescriptions.

PCC referral letters currently include the name and address, but not the NPI, of the referring provider. Provider NPIs can be found at the NPI Registry at <https://npiregistry.cms.hhs.gov/>.

MassHealth is in the process of updating our systems to include the referring provider's NPI on the PCC referral letter. MassHealth is also in the process of updating our systems to create a searchable database of MassHealth enrolled providers.

MassHealth providers must continue to follow the billing requirements described in the HIPAA Version 5010 Implementation Guide and the MassHealth Companion Guide.

All claims submitted to the MassHealth agency for payment must be submitted electronically, unless the provider has been approved for an electronic claim submission waiver.

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Additional Information (*cont.*)

Providers who have an approved electronic claim-submission waiver must submit the claim form designated by the MassHealth agency according to its administrative and billing instructions. Please go to the MassHealth website for the paper-claims billing instructions (see <http://www.mass.gov/eohhs/gov/newsroom/masshealth/providers/mmis-posc/training/updated-billing-guides-companion-guides-and.html>)

Questions

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Service Center by e-mail at providersupport@mahealth.net, by fax at 617-988-8974, or by phone at 1-800-841-2900.