Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
All Provider Bulletin 274
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TO: All Providers Participating in MassHealth

FROM: Daniel Tsai, Assistant Secretary for MassHealth

RE: **Continued Implementation of Ordering, Referring, and Prescribing Provider Requirements**

The information in this bulletin is intended to continue to help billing providers prepare their processes and systems for compliance with ordering, referring, and prescribing requirements, and reduce the impact on them once claim denials take effect. MassHealth is preparing for, but has not yet established a date to begin denying claims that do not meet the ordering, referring, and prescribing requirements described below. MassHealth will communicate the start date for claim denials prior to beginning such denials.

Ordering, Referring, and Prescribing Requirements

As specified in All Provider Bulletin 259, 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 actively enrolled with MassHealth as a fully participating provider or as a nonbilling provider and be an authorized ORP provider, as described on page 2 of this bulletin.

Section 6401(b) applies to all claims submitted by providers for payment by the MassHealth agency, including claims for secondary coverage 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 a nonbilling provider 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 in order for the claim to be payable. Nonbilling providers may be independent providers as well as facility-based providers.

Enrollment of ORP Providers

MassHealth has been working to outreach to and enroll authorized ORP providers to reduce the impact on billing providers submitting claims to the MassHealth agency for services that require an order, referral or prescription. In addition, state law requires that the providers listed below as authorized ORP providers apply to participate in MassHealth at least as a nonbilling provider in order to obtain and maintain state licensure. The state law requirement went into effect on November 3, 2017, when MassHealth regulations that define the new nonbilling provider type were promulgated (see 130 CMR 450.212).

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 authorized ORP providers.

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

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 Primary Care Clinician (PCC) referral	Labs and Diagnostic Tests
Adult Day Health	Medications
Adult Foster Care	Orthotics
Durable Medical Equipment and Supplies (DME)	Oxygen/Respiratory Equipment
Eyeglasses	Certain Personal Care Attendant Services[1]
Group Adult Foster Care	Prosthetics
Home Health	Psychological Testing
Independent Living	Therapy (PT, OT, ST)
Independent Nurse	Transitional Living

Future Denial Edits on Remittance Advices (RAs)

MassHealth has been providing informational edits for impacted claims to inform billing providers of claims that do not meet ordering, referring, and prescribing requirements.

Once the ordering, referring, and prescribing project is fully implemented, impacted claims will be denied for these reasons if provider billing processes are not corrected.

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[1] Claims for personal care attendant-related procedure codes listed below when billed by the following provider types: Fiscal Intermediary—T1019; Transitional Living Provider —T1020.

Future Denial Edits on Remittance Advices (RAs) (*cont.*)

The informational edits appear on the POSC version of the MassHealth remittance advice and the 835 Electronic Remittance Advice and will not impact the disposition of claims until MassHealth turns on the denials for such claims. Additionally, pharmacy claims are reporting informational

edits in the Pharmacy Online Processing System (POPS) response. Similarly, those edits will not impact the disposition of claims until MassHealth turns on the denials.

Informational edits are programmed for the majority of claims impacted by the ordering, referring, and prescribing requirements. Diagnostic testing and therapy services billed on an 837I or UB-04 and eyeglasses and ophthalmic materials billed by providers other than Volume Purchaser Eyeglass Supplier will be impacted at a later date. MassHealth will notify providers in advance of informational edits on those claims and any other impacted claims identified in the future.

Informational edits will appear on the remittance advice in the following scenarios:

Scenario 1:   The NPI of the ORP provider is not included on the claim:

835 Electronic Remittance Advice (Log into the POSC to see the applicable detailed edit from the list below.)

HIPAA Claim Adjust Reason Code (CARC)	HIPAA Remark Adjust Reason Code (RARC)
206-National Provider Identifier - missing	N265- Missing/incomplete/invalid ordering provider primary identifier

POSC version of the remittance advice
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 [2]
1204—NPI of Referring Provider Required 2—DTL [2]

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[2] 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 an authorized ORP provider, relevant informational edits will be included on the remittance advice.

Future Denial Edits on Remittance Advices (RAs) (*cont.*)

Scenario 2: The ORP provider on the claim is not actively enrolled with MassHealth, at least as a nonbilling provider.

835 Electronic Remittance Advice (Log into the POSC to see the applicable detailed edit from the list below.)

HIPAA Claim Adjust Reason Code (CARC)	HIPAA Remark Adjust Reason Code (RARC)
206-National Provider Identifier – Not matched	N265- Missing/incomplete/invalid ordering provider primary identifier

POSC version of the remittance advice
1082—Ordering Provider NPI not on file
1083—Mult Sak Prov Locs for Ordering Provider [3]
1084—Ordering Provider not actively enrolled
1205—Referring Provider NPI not on file – HDR
1206—Referring Provider 2 NPI not on file – HDR [2]
1207—Referring Provider NPI not on file – DTL
1208—Referring Provider 2 NPI not on file – DTL [2]
1209—Mult Sak Prov Locs for Referring Provider – HDR [3]
1210—Mult Sak Prov Locs for Referring Provider 2 – HDR [2, 3]
1211—Mult Sak Prov Locs for Referring Provider – DTL [3]
1212—Mult Sak Prov Locs for Referring Provider 2 – DTL [2, 3]
1213—Referring Provider not actively enrolled – HDR
1214—Referring Provider 2 not actively enrolled – HDR [2]
1215—Referring Provider not actively enrolled – DTL
1216—Referring Provider 2 not actively enrolled – DTL [2]

Scenario 3: The ORP provider on the claim is not an authorized ORP provider type:

835 Electronic Remittance Advice (Log into the POSC to see the applicable detailed edit from the list below.)

HIPAA Claim Adjust Reason Code (CARC)	HIPAA Remark Adjust Reason Code (RARC)
183- The referring provider is not eligible to refer the service billed.	N574- Our records indicate the ordering/referring provider is of a type/specialty that cannot order or refer. Please verify that the claim ordering/ referring provider information is accurate or contact the ordering/ referring provider.

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[3] This informational edit indicates that there is more than one Provider ID/Service Location listed in the MassHealth MMIS 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.

Future Denial Edits on Remittance Advices (RAs) (*cont.*)

HIPAA Claim Adjust Reason Code (CARC)	HIPAA Remark Adjust Reason Code (RARC)
184- The prescribing/ordering provider is not eligible to prescribe/order the service billed.	N574- Our records indicate the ordering/referring provider is of a type/specialty that cannot order or refer. Please verify that the claim ordering/referring provider information is accurate or contact the ordering/referring provider.

POSC version of the remittance advice
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 [2]
1219—Referring Provider Not Authorized to Refer - DTL
1220—Referring Provider 2 Not Authorized to Refer – DTL [2]

Billing providers should review any informational edits appearing on their remittance advices and adjust their business processes to ensure that ordering and referring requirements are met.

Certain types of billing providers are currently receiving significant numbers of informational edits, particularly those noting that the NPI of the ORP provider is not on the claim. Such provider types include Acute Outpatient Hospital, Adult Day Health, Adult Foster Care, Certified Independent Laboratories, Chiropractors, Chronic Outpatient Hospitals, Community Health Centers, Durable Medical Equipment, Early Intervention, Fiscal Intermediaries in the Personal Care Attendant Program, Group Adult Foster Care, Group Practice Organizations, Home Care, Home Health Agencies, Hospital Licensed Health Centers, Pharmacies, Special Programs and Volume Purchaser (eyeglasses). Billing providers receiving these informational edits should update their billing procedures to avoid future claims denials.

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

Prescribing Related Denial and Informational Edits for Claims Submitted to the Pharmacy Online Processing System (POPS)

As required under HIPAA billing rules, pharmacies are to continue to enter the NPI of the individual prescriber on each claim submitted to POPS. Claims submitted to POPS without a prescribing NPI are not accepted. Detailed submission instructions are documented in the POPS Billing Guide, which is available on the MassHealth website. Also, under existing HIPAA rules, if an NPI is submitted, but is not known to POPS, then NCPDP reject code 42 – 'Plan's Prescriber data base indicates the Prescriber ID Submitted is inactive or expired' is posted.

Prescribing Related Denial and Informational Edits for Claims Submitted to the Pharmacy Online Processing System (POPS) (*cont.*)

To implement the ACA Ordering, Referring, Prescribing requirements, claims submitted to POPS with the NPI of a prescriber who is not enrolled with MassHealth for the date written on the claim receive an NCPDP reject code of 71 – Prescriber is not covered with the following corresponding text message:

> PRESCRIBER OF THIS CLAIM IS NOT MASSHEALTH PROGRAM ELIGIBLE. CLAIMS WILL DENY IN FUTURE IF PRESCRIBER DOES NOT ENROLL. PLEASE INFORM MEMBER AND/OR PRESCRIBER OF THAT FACT. SEE ALL PROVIDER BULLETIN 259 FOR MORE INFO.

When MassHealth begins to deny claims due to the prescriber not being enrolled with MassHealth, the NCPDP reject code will be changed to 662 – Prescriber has not enrolled.

Claims Submission Instructions Related to the Ordering and Referring Requirements

Enter the NPI in the Referring Provider field if the claim
1) is for a service that requires a PCC referral (such claims will also continue to require the PCC referral number); or
2) is for a laboratory service or a diagnostic testing service; or
3) is submitted on an 837I or UB-04 (such claims only have a Referring Provider field).

Enter the NPI in the Ordering Provider field for all other impacted claims for the following services:

Adult Day Health	Orthotics
Adult Foster Care	Oxygen/Respiratory Equipment
Durable Medical Equipment (DME)	Certain Personal Care Attendant Services[2]
Eyeglasses	Prosthetics
Group Adult Foster Care	Psychological Testing
Home Health	Therapy (PT, OT, ST)
Independent Living	Transitional Living
Independent Nurse	

Note that some claims billed on a CMS-1500 or 837P for some services referred for PCC members may require three elements related to orders and referrals. This scenario would happen if the service requires a PCC referral **and** an order. An example is a therapy service that is for a PCC member who was referred by their PCC to the therapist. In that case the claim would require:
1) PCC referral number;
2) NPI of ORP provider in Referring Provider field (since the service requires a PCC referral); and
3) NPI of ORP provider in Ordering Provider Field (since the service requires an order).

Batch Claims - Additional Submission Instructions

Report the Referring Provider in Loop 2310A for Professional claims or Loop 2310F for Institutional claims and the Ordering Provider in Loop 2420E. 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, if the HIPAA 5010 Implementation Guide requires a second referring provider identifier, include that on the claim.

Provider Online Service Center (POSC) Direct Data Entry (DDE) Transactions – Additional Submission instructions

Transaction Type	Service	ORP NPI Location
Institutional (837I)	• Claims for all impacted services	Referring Provider field on the Billing and Service tab.[4]
Professional (837P)	• Claims that require a PCC referral • Claims for laboratory or diagnostic testing services	Referring Provider field on the Billing and Service tab.[4]
Professional (837P)	• Claims for all other impacted services	Ordering Provider field on the Procedure tab.

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.

Providers who have an approved electronic claim submission waiver must submit the claim form designated by MassHealth according to its administrative and billing instructions.

Please go to the MassHealth website for paper claims billing instructions.

POPS Claiming Instructions

Submitters should follow the instructions outlined in the POPS Billing Guide related to populating Prescriber information.

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[4] 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.

Questions

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