



Ordering, Referring and Prescribing Requirements

Presented by- Alison Kirchgasser,
Director of Federal Implementation

Ordering, Referring & Prescribing (ORP) Requirements



Background

- ACA Section 6401 (b)
- States must require:
 - All ordering or referring physicians and other professionals be enrolled under the State [Medicaid] Plan...as a participating provider; and
 - The NPI of any ordering or referring physician or other professional...be specified on any claim for payment that is based on an order or referral of the physician or other professional.
- These requirements were effective March 25, 2011. Final Rule (42 CFR 455.410(b) and 42 CDR 455.440) was published in the Federal Register on Feb. 2, 2011. Subregulatory guidance was given to states on December 23, 2011.
- MassHealth is continuing its implementation efforts. In March 2016 and August 2017 we began providing informational messaging on certain impacted claims.



ORP Requirements

Provider Types (including interns and residents in those provider types) authorized to be included on a claim as the ordering, referring or prescribing provider and who must enroll as at least a nonbilling provider

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

Fillable nonbilling provider applications and contracts are available on the MassHealth website:

<http://www.mass.gov/eohhs/provider/insurance/masshealth/aca/aca-section-6401enrollment-information.html>



ORP Requirements

- State law (Chapter 118 of the Acts of 2012 and Chapter 10 of the Acts of 2015) requires that these provider types must apply to enroll with MassHealth for at least the purposes of ORP (i.e., at least as a nonbilling provider) in order to obtain and maintain state licensure, regardless of practice location (private practice, hospital, CHC, CMHC, etc.) The legislation applies to physician interns and residents but not other types of interns and residents.
- This law went into effect on November 3, 2017 upon promulgation of MassHealth regulations on ORP enrollment and claims. These regulations:
 - Define a new provider type – nonbilling providers
 - Clarify that for Group Practices, only those providers that see MassHealth patients must fill out a fully participating application. Providers in Group Practices that do not see MassHealth patients may choose to fill out either a fully participating application or a nonbilling application.
 - Authorize MassHealth to deny claims that do not meet the ORP requirements.
 - Specify requirements for making referrals in order to facilitate claims submission by billing providers.



ORP Requirements

The services below must be ordered, referred or prescribed. O&R requirements apply to fee for service, crossover (where Medicare requires O&R) and third party liability claims but not to claims submitted to MassHealth contracted managed care entities.

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

* T1019 billed by Fiscal Intermediary and T1020 billed by Transitional Living



ORP Requirements

- On 2/26/16 MassHealth posted Provider Bulletin 259 for billing providers regarding the ordering, referring and prescribing provider requirements and the implementation phases.
- MassHealth is providing informational edits on most types of claims impacted by the ORP requirements. Impacted claims that do not meet all of the requirements listed below receive informational edits. These are the claims that will deny once MassHealth begins to deny claims that do not meet the requirements.
 - The ORP provider's NPI must be included on the claim.
 - The ORP provider must be enrolled with MassHealth, at least as a nonbilling provider.
 - The ORP provider must be one of the provider types listed on slide 4.



ORP Requirements

- Informational messages if 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)
206 – National Provider Identified – missing

HIPAA Remark Adjust Reason Code (RARC)
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 *
 - 1204—NPI of Referring Provider Required 2—DTL *

* According to federal guidance, Ordering and Referring rules do not require a secondary referring provider identifier on claims. *situationally requires a NPI is included on the relevant informational*

However, there may be circumstances where the HIPAA V5010 Implementation Guide second referring provider identifier. In those circumstances, if the second referring provider's claim, but that provider is not enrolled with MassHealth or is not an authorized ORP provider, edits will be included on the remittance advice.



ORP Requirements

- Informational messages if 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)
208 – National Provider Identified –
Not matched.

HIPAA Remark Adjust Reason Code (RARC)
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 +
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 +
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 *

+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.



ORP Requirements

- Informational messages if the ORP provider on the claim is not an eligible 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)

183 – The referring provider is not eligible to refer the service billed . type/specialty that

order or refer. Please verify that the claim

184 – The prescribing/ordering provider is not eligible to prescribe/order the service billed.

184 – The prescribing/ordering provider is not eligible to prescribe/order the service billed.

ordering/referring provider information is accurate

HIPAA Remark Adjust Reason Code (RARC)

N574 – Our records indicate the ordering/ referring provider is of a

cannot

ordering/referring provider information is accurate or contact the order/referring provider.

N265 – Missing/incomplete/invalid ordering provider primary identifier

N574 – Our records indicate the ordering/ referring provider is of a type/specialty that cannot order or refer. Please verify that the claim

or contact the order/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 *
- 1219—Referring Provider Not Authorized to Refer - DTL
- 1220—Referring Provider 2 Not Authorized to Refer – DTL *



ORP Requirements

Prescribing related denial and informational edits for claims submitted to the Pharmacy Online Processing System (POPS)

- ❑ Under HIPAA billing rules, pharmacies are to continue to enter the NPI of the individual prescriber on each claim submitted to POPS and claims submitted to POPS without a prescribing NPI are not accepted.
- ❑ Under 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.
- ❑ To implement the ORP requirements, claims submitted to POPS with the NPI of a prescriber who is not enrolled with MassHealth receive an NCPDP reject code:
 - ❑ 71 – Prescriber is not covered with a 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.



ORP Requirements

- 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.
- 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
- Volume Purchaser (eyeglasses)

Billing providers receiving these informational denial edits should update their billing procedures to avoid future claims denials.



ORP Requirements

- Billing Instructions:
 - Enter the ORP NPI in the Referring Provider field if the claim
 - is for a service that requires a PCC referral (such claims will also continue to require the PCC referral number); or
 - is for a laboratory service or a diagnostic testing service; or
 - is submitted on an 837I or UB-04 (such claims only have a Referring Provider field)
 - Enter the ORP NPI in the Ordering Provider field for all other impacted claims for services listed on slide 5
 - Batch Claims – 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.
 - POPS – Submitters should follow the instructions in the POPS Billing Guide related to populating prescriber information



ORP Requirements

- Direct Data Entry (DDE)
 - Institutional (837I)
 - ORP NPI location is Referring Provider field on the Billing and Service Tab. 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)
 - PCC Referral/Labs/Tests
 - ORP NPI location is Referring Provider field on the Billing and Service Tab. 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.
 - All other impacted services
 - ORP NPI location is Ordering Provider Field on the Procedure Tab.



ORP Requirements

- POSC Provider Search Function
 - In response to provider requests, Mass Health developed a provider search tool
 - In order to use the Provider Search Function you must be logged into the POSC. The Provider Search Option is in the left navigation list.

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ORP Requirements

- POSC Provider Search Function
 - You can search using a combination of criteria.

The screenshot shows a web browser window with the URL <https://uat-posc.ehs.state.ma.us/EHSProviderPortal/providerSearch/ProviderSearch/providerSearch.jsf>. On the left is a navigation menu with the following items: Home, **Provider Search**, Manage Service Authorizations, Pharmacy Prior Authorization, Manage Correspondence and Reporting, Manage Members, Manage Claims and Payments, Manage Provider Information, Administer Account, Reference Publications, EHR Incentive Program, News & Updates, and Related Links. The main content area is titled "Enter one or more criteria to search for active MassHealth providers." and contains the following search criteria fields: Business Name (text input with "mass general"), Last Name (text input), First Name (text input), Gender (dropdown menu), City (text input), ZIP Code (text input), Provider ID or NPI (text input with a note "Enter 9 digits for the Provider ID or 10 digits for the NPI."), Specialty (dropdown menu), Info Specialty (dropdown menu), and Provider Type (dropdown menu). At the bottom of the form are "Clear" and "Search" buttons.



ORP Requirements

- POSC Provider Search Function
 - Results will return PROVIDER NAME, ADDRESS, NPI and ACTIVE Y or N
 - Please note that a response of ACTIVE Y does not definitively confirm that the provider is eligible to be an Ordering, Referring or Prescribing provider. For example, facilities and entities (e.g., hospitals, health centers, group practices) are not authorized ORP providers. Also, individual providers could be in a provider type that is not authorized to Order, Refer or Prescribe