



TO: All Providers

**RE: 1) Full Activation of Pharmacy and Non-Pharmacy OPR Edits
2) Rescheduling of Hydrocodone Combination Products**

Full Activation of OPR Edits: Resident Temporary Deferment Ending

Previously, the Department of Social Services (DSS) implemented a series of claim edits to comply with Affordable Care Act requirements pertaining to enrollment of providers who order, prescribe, or refer Medicaid services, also known as the “Ordering, Prescribing, and Referring (OPR) mandate.” At the time of OPR implementation, a temporary deferment of these requirements for unlicensed residents was put in place. This deferment applied specifically to residents whose National Provider Identifier (NPI) is associated in the National Plan and Provider Enumeration System (NPES) to the primary taxonomy of 390200000X (Student/Resident). During the deferment period, claims with the above information in terms of ordering, referring, or prescribing practitioner fields did not deny for failing OPR edits. In the meantime, over the course of the last several months, residents have been enrolled as Connecticut Medical Assistance Program (CMAP) providers pursuant to Provider Bulletin 2014-48.

The primary purpose of this bulletin is to announce that the resident deferment is ending. Effective October 1, 2014, OPR edits will set if the ordering, referring, or prescribing is not enrolled in CMAP; submission of a Student/Resident taxonomy will no longer enable claims to bypass OPR requirements unless the resident is enrolled in CMAP.

As a reminder, all information regarding OPR requirements, including provider enrollment and claim editing, may be accessed via

www.ctdssmap.com by clicking on the Important Message entitled **‘The Implementation of the Ordering, Prescribing, and Referring (OPR) Affordable Care Act (ACA) Mandates Related to Provider Enrollment and Claim Editing’** to access previous provider bulletins, FAQs, and other pertinent information.

Full Activation of Pharmacy OPR Edits

Effective October 1, 2014, pharmacy and compound claims received without the NPI of an enrolled hospital resident or physician will deny and post Explanations of Benefit (EOB) 0207 “Prescribing provider not enrolled”.

If EOB 0237 “Submit with supervising NPI or enroll if licensed” posts to a denied claim with a date of service **prior to** October 1, 2014, it is not the cause of the denial. Providers should address the remaining errors that caused the claim to deny and resubmit the claim.

Full Activation of Non-Pharmacy Edits

Effective for dates of service October 1, 2014 and forward:

Professional, Professional Crossover, Dental, Home Health, Long Term Care, Inpatient, Inpatient Crossover, Outpatient, and Outpatient Crossover claims will deny with EOB 1035 “Referring provider not enrolled on date of service” on the provider’s Remittance Advice (RA), if the referring provider is not enrolled in CMAP, including unenrolled residents.

Home Health, Outpatient and Outpatient Crossover claims will deny with EOB 1042



“Resident not allowed as Attending Provider” on the provider’s RA if submitted with an enrolled resident.

Professional and Professional Crossover claims will deny with EOB 1036 “Ordering provider is not enrolled on date of service” if the ordering provider is not enrolled in CMAP, including unenrolled residents.

EOB 1033 “Attending physician not enrolled on date of service” will begin to deny for Outpatient claims, including Outpatient Crossover claims, and display on the provider’s RA, if the attending physician is a resident or other practitioner who is not enrolled and the referring provider is not submitted on the claim, and the claim contains a Revenue Center Code in Attachment A found under the provider manual chapter 8 “Hospitals”. Provider Manuals are located on the Web site, www.ctdssmap.com, by selecting “Information”, then “Publications”, and scrolling to the Provider Manual section. From the Chapter 8 drop down box, choose “Hospitals”.

Home Health and Hospice claims will deny and post EOB 1033 “Attending physician not enrolled on date of service” on the provider’s RA if the attending physician is a resident or physician who is not enrolled in CMAP.

EOB 1040 “Ordering/Referring/Attending provider is not enrolled on date of service” will continue to post to claims with dates of service prior to October 1, 2014 when the ordering, attending, or referring provider is an unlicensed Student/Resident who is not enrolled in CMAP.

Rescheduling of Hydrocodone Combination Products

The U. S. Drug Enforcement Administration (DEA) has published in the Federal Register the Final Rule moving hydrocodone combination products (HCPs) from Schedule

III to the more restrictive Schedule II, as recommended by the Assistant Secretary for Health of the U.S. Department of Health and Human Services and as supported by the DEA’s own evaluation of relevant data.

Based on Federal DEA guidance, DSS will allow for refills on certain Schedule II claims that were previously classified as Schedule III (HCPs) between October 6, 2014 and April 7, 2015 as long as the prescription was written prior to October 6, 2014.

Prescriptions issued before October 6, 2014: Refills will be honored for the current 6 month period. Any prescriptions for HCPs that are issued before October 6, 2014, and authorized for refilling, may be dispensed in accordance with 21 CFR 1306.22-1306.23, 1306.25, and 1306.27, before April 8, 2015.

Prescriptions issued on or after October 6, 2014: No HCPs prescription issued on or after October 6, 2014 shall be refilled. Any pharmacy/compound claim submitted for HCPs for a prescription authorized on or after October 6, 2014, with a refill quantity value other than 0 (original fill), will set edit 3300 - *Exceeds the maximum refills allowed*, and deny.

Please Note: A hardcopy prescription is required for all C-II medications.