



TO: Home Health and Hospice 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 attending, referring, and rendering providers submitted on Institutional claims are enrolled in the CMAP.

1033 Attending physician not enrolled on date of service

1034 Rendering provider not enrolled on date of service

1035 Referring 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.

PLEASE NOTE: Home Health and Hospice claims must be submitted with the referring provider if and only if the

referring provider is different than the attending provider.

EDIT 381 - New

Effective with claim dates of service 9/1/2013 and forward, Home Health and Hospice claims must be submitted with the attending provider on the claim. Explanation of Benefits (EOB) 381 “Attending provider number is missing” will be posted on the provider’s Remittance Advice (RA) in a post and pay status. **The edit will begin denying claims with dates of service on or after 12/1/2013.** This initial post and pay period will allow providers time to modify their claim submission process to submit the attending provider when required.

EDIT 1033

Home Health and Hospice claims with dates of service on or after 12/1/2013 will begin to deny and post EOB 1033 “Attending physician not enrolled on date of service” on the provider’s RA if the referring provider is not submitted on the claim, and the attending provider is not enrolled in CMAP.

EDIT 1035

Effective with dates of service on or after 12/1/2013, Home Health and Hospice claims will begin to deny and post EOB 1035 “Referring provider not enrolled on date of service” on the provider’s RA if the referring provider is not enrolled in CMAP. Please note that referring provider is only required when different than the attending provider. This edit will only set if there is a provider number in the referring field and the provider is not enrolled on the date of service.



EDIT 1034

Edit 1034 “Rendering provider not enrolled on date of service” will be inactivated and will no longer be displayed on the claim.

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’.

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 attending and referring 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
1033 Attending physician not enrolled on date of service 381 Attending provider number is missing	Field 76	Institutional claim panel	Header 2	Header: 2310A	71
1035 Referring provider not enrolled on date of service	Fields 78 or 79	Institutional claim panel	Field not present	Header: 2310F Detail: 2420D	DN

