Helpful Hints: Ordering, Referring, Prescribing and Attending (ORPA) Edits

Presented by

Anthem Blue Cross and Blue Shield Medicaid (Anthem)

Operations Department

Introduction to speakers

- Jeremy Randall, Director of Operations
- Bebee English, Business Analyst, Operations

New edits

In compliance with the Patient Protection and Affordable Care Act, CMS requires all Ordering, Referring, Prescribing and Attending providers to be enrolled in the Kentucky Medicaid program (§ 455.410 enrollment and screening of providers).

All claims submitted with dates of service on or after **April 1, 2017**, will be validated for Ordering, Referring, Prescribing and Attending providers against enrollment in the Kentucky Medicaid program.

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§ 455.410 enrollment and screening of providers

a) The State Medicaid agency must require all enrolled providers to be screened under to this subpart.

b) The State Medicaid agency must require all ordering or referring physicians or other professionals providing services under the State plan or under a waiver of the plan to be enrolled as participating providers.

c) The State Medicaid agency may rely on the results of the provider screening performed by any of the following:
   1) Medicare contractors.
   2) Medicaid agencies or Children's Health Insurance Programs of other States.

What does this mean for providers?

- All providers who are **referring** a patient for services **must have** an active Department for Medicaid Services (DMS) provider identification number.

- All providers who are **ordering** services **must have** an active DMS provider identification number.

- All providers who are **prescribing** medicines or equipment **must have** an active DMS provider identification number.

- All providers who are **attending** to patients **must have** an active DMS provider identification number.

- This includes all **out-of-state providers** who are referring, ordering, prescribing and attending. All out-of-state providers **must** be enrolled with DMS.

Side note

DMS assigns a provider type and Medicaid provider identification number to the provider during the Kentucky Medicaid application process.

The provider's NPI/taxonomy combination identifies the provider's Medicaid ID number and provider type within the DMS system.

Ordering and Referring edits

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Ordering and/or Referring provider is **required** for the following billing provider types

Claim type:

- Institutional (*CMS-1450/UB-04*) format (Referring only required)

- Professional (*CMS-1500*) format (Ordering and Referring required)

Billing provider type	Billing provider type descriptions
18	Private duty nursing
36	Ambulatory surgery center
37	Independent lab
50	Hearing aid dealer
52	Optician
54	Pharmacy: all crossover services billed
70	Audiologist
76	Multi-therapy agency
79	Speech language pathologist
86	X-ray/miscellaneous supplier
87	Physical therapy
88	Occupational therapist
90	Durable medical equipment (DME)

Only these provider types are allowed to be an Ordering or Referring provider

Provider type	Provider type descriptions
60	Dentist
64	Physician, individual
74	Certified registered nurse anesthetist
77	Optometrist
78	Certified nurse practitioner
80	Podiatrist
85	Chiropractor
95	Physician assistant

Below are the fields where the Ordering or Referring provider information should be placed. The edits will verify the provider's NPI/taxonomy combination against the DMS provider master file.

Field #17: Ordering or Referring provider name

Field #17A: Ordering or Referring provider taxonomy

Field #17B: Ordering or Referring provider NPI

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Below are the fields where the Referring provider information should be placed. The edits will verify the provider's NPI/taxonomy combination to the DMS provider master file.

Field #78 or 79: Referring provider last/first name

Field #78 or 79: Referring provider NPI

Field #78 or 79: Referring provider taxonomy

Attending edits

Only these provider types are allowed to be an Attending provider

Provider type	Provider type descriptions
60	Dentist
64	Physician
74	Certified registered nurse anesthetist
77	Optometrist
78	Certified nurse practitioner
80	Podiatrist
85	Chiropractor
95	Physician assistant

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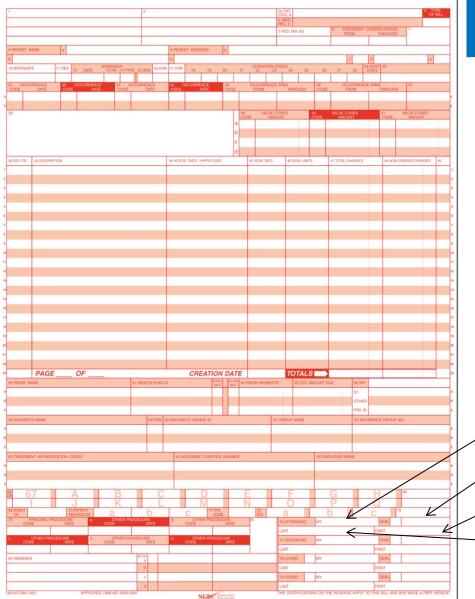Below are the fields where the Attending provider information should be placed. The edits will verify the provider's NPI/taxonomy combination to the DMS provider master file.

Please note: Attending provider information is required on all institutional claims.

Field #76: Attending provider NPI

Field #76: Attending provider taxonomy

Field #76: Attending provider first name

Field #76: Attending provider last name

Claim form field specifications

Claim form	Attending provider	Ordering provider	Referring provider	Prescribing provider
CMS-1500	Not applicable	**Paper claim:** Box 17*: name Box 17A*: taxonomy Box 17B*: NPI *If multiple providers, then enter using the following order: 1. Referring provider 2. Ordering provider **Electronic claim:** Loop: 2420E Segment: NM1 Use qualifier: DK — ordering	**Paper claim:** Box 17*: name Box 17A*: taxonomy Box 17B*: NPI *If multiple providers, then enter using the following order: 1. Referring provider 2. Ordering provider **Electronic claim:** Loop: 2310A Segment: NM1 Use qualifier: DN — referring	Only for pharmacy claims
UB-04/ CMS-1450	**Paper claim:** Box 76: name/NPI/taxonomy **Electronic claim:** Loop: 2310A Segment: NM1 Use qualifier: 71 — attending **Taxonomy:** Loop: 2310A Segment: PRV	Not applicable	**Paper claim:** Box 78 or 79: name/NPI/ taxonomy **Electronic claim:** Loop: 2310F Segment: NM1 Use qualifier: DN — referring	Only for pharmacy claims

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Sample scenarios

- Billing provider NPI/taxonomy combination indicates the provider type is 90 (DME). The claim lists a Referring provider with a provider type of 80 (podiatrist).
  - **The claim will be accepted.**

- Billing provider NPI/taxonomy combination indicates the provider type is 87 (physical therapy). The claim lists an Ordering provider with a provider type of 63 (applied behavior analyst).
  - **The claim will not be accepted.**

Sample scenarios (cont.)

- Billing provider NPI/taxonomy combination indicates the provider type is 65 (physician group). The claim lists a Referring provider with a provider type of 80 (podiatrist).
  - *If the Referring provider information is on the claim, Anthem will edit the data even if the Referring provider is not required for billing provider type 65.*
    - **The claim will be accepted.**

- Billing provider NPI/taxonomy combination indicates the provider type is 35 (rural health clinic). The claim lists a Referring provider with a provider type of 52 (optician).
  - *If the Referring provider information is on the claim, Anthem will edit the data even if the Referring provider is not required for billing provider type 35.*
    - **The claim will not be accepted.**

Sample scenarios (cont.)

- An institutional claim (*CMS-1450* or *UB-04*) is submitted with the Attending practitioner provider type of 95 (physician assistant).

  o **The claim will be accepted.**

- An institutional claim (*CMS-1450* or *UB-04*) is submitted with the Attending practitioner provider type of 89 (licensed psychologist).

  o **The claim will not be accepted.**

Questions and answers

For additional help

If you have specific questions or need additional guidance, please contact your Provider Relations representative or send an email to **kyproviderrelationsmedicaid@anthem.com**.

Reference

https://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol4/pdf/CFR-2011-title42-vol4-sec455-410.pdf

https://mediproviders.anthem.com/ky

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