



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.

§ 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

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

Professional paper claims (CMS-1500)

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/95

1. MEDICARE (Medicare #) <input type="checkbox"/> MEDICAID (Medicaid #) <input type="checkbox"/> TRICARE (Sponsor's SSN) <input type="checkbox"/> CHAMPVA (Member ID) <input type="checkbox"/> GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/> FECA (SSN or ID) <input type="checkbox"/> OTHER (ID) <input type="checkbox"/>		14. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
3. PATIENT'S BIRTH DATE MM / DD / YY SEX M <input type="checkbox"/> F <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street)	
5. PATIENT'S ADDRESS (No., Street)		8. INSURED'S DATE OF BIRTH MM / DD / YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
6. PATIENT RELATIONSHIP TO INSURED Set <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		9. EMPLOYER'S NAME OR SCHOOL NAME	
7. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>		10. INSURANCE PLAN NAME OR PROGRAM NAME	
8. EMPLOYER'S NAME OR SCHOOL NAME		11. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, return to and complete with 2 a-f	
9. INSURANCE PLAN NAME OR PROGRAM NAME		12. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.	
10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/> b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> d. PLACE (State)		13. ORDERING OR REFERRING PROVIDER SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described herein.	
11. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.		14. DATE OF CURRENT: MM / DD / YY	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.		15. IF PATIENT HAS PREVIOUS OR SIMILAR ILLNESS, GIVE FIRST DATE: MM / DD / YY	
13. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM / DD / YY TO MM / DD / YY	
14. RESERVED FOR LOCAL USE		17. REGISTRATION DATES RELATED TO CURRENT SERVICES FROM MM / DD / YY TO MM / DD / YY	
15. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Release Items 1,2,3 or 4 to Item 24E by Line)		18. OUTSIDE LAB? YES <input type="checkbox"/> NO <input type="checkbox"/>	
1. _____ 2. _____ 3. _____		19. MEDICARE RESUBMISSION CODE ORIGINAL REF. NO.	
20. PRIOR AUTHORIZATION NUMBER		21. CHARGES	
22. A. DATES OF SERVICE From MM / DD / YY To MM / DD / YY B. PLACE OF SERVICE (Specify) C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS PORTION F. G. H. I. J. RENDERING PROVIDER ID #		23. TOTAL CHARGE	
24. A. DATES OF SERVICE From MM / DD / YY To MM / DD / YY B. PLACE OF SERVICE (Specify) C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS PORTION F. G. H. I. J. RENDERING PROVIDER ID #		25. AMOUNT PAID	
25. FEDERAL TAX ID NUMBER SSN EIN		26. BALANCE DUE	
26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES <input type="checkbox"/> NO <input type="checkbox"/>	
27. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DESIGNS OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		28. BILLING PROVIDER INFO & PH # ()	
28. SERVICE FACILITY LOCATION INFORMATION		29. BILLING PROVIDER INFO & PH # ()	
30. NPI		31. NPI	

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

Institutional claims (CMS-1450 or UB-04)

The form is a standard CMS-1450 (UB-04) institutional claim form. It is divided into several sections: Patient Information (1-10), Insurance Information (11-20), Service Information (21-30), and Billing Information (31-40). It includes fields for patient name, address, birth date, sex, admission date, condition codes, occurrence dates, value codes, and charges. The bottom section contains provider information, including the referring provider's name, NPI, and taxonomy.

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

Institutional paper claims (CMS-1450 or UB-04)

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

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).
 - **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).
 - **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>

Anthem Blue Cross and Blue Shield Medicaid is the trade name of Anthem Kentucky Managed Care Plan, Inc., independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

AKYPEC-1199-17 April 2017