

MEDICAID PROVIDER BULLETIN

December 2017

Frequently asked questions on Ordering, Referring, Prescribing and Attending edits

- Q: What are Ordering, Referring, Prescribing and Attending (ORPA) edits?**
A: 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 against Anthem Blue Cross and Blue Shield Medicaid (Anthem) ORPA edits.

The billing provider types below are required to have an ORPA provider on their claims:

| 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 the provider types below can be an individual ORPA 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 |

The information in this bulletin may be an update or change to your provider manual. Find the most current manual at:

<https://mediproviders.anthem.com/ky>

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Q: Are these edits for Kentucky Medicaid only?

A: Yes, as required by the Kentucky Department for Medicaid Services (DMS), the ORPA edits are only in place for Medicaid health plans.

Q: Do ORPA providers have to be participating with Anthem?

A: No, the provider will only have to be enrolled with DMS.

Q: Will Medicare crossover claims be affected by the ORPA edits?

A: Yes, Medicare crossover claims will be edited against the ORPA edits and will deny if the billing provider is one of those billing provider types requiring an ORPA provider listed on their claim.

Q: If the primary payer does not require the ORPA information on the claim, are we still required to add it when submitting our claim to Anthem as the secondary payer?

A: Yes, if you are one of the billing provider types that require an ORPA provider on your claim, you will need to make sure the data is listed. If not, your claim will deny.

Q: Will Anthem be looking back at all claims since April 1, 2017, or will you just be looking at claims starting June 1, 2017?

A: Effective June 1, 2017, Anthem implemented the ORPA edits. The ORPA edits will be applied to all newly submitted and reprocessed claims that have a date of service on or after April 1, 2017.

Q: Will the claims reject or deny if the required documentation is not listed on the claims?

A: The edits will deny the claims. The applicable denial codes are as follows:

- Z29 — Attending provider type invalid
- Z30 — Attending provider cannot be a group
- Z52 — Ordering/Referring NPI missing/invalid
- Z53 — Ordering/Referring provider type invalid
- Z54 — Ordering/Referring provider cannot be a group

Q: Is the taxonomy required in field #17a for the ORPA provider on the CMS-1500 professional claim format?

A: Yes, the taxonomy is required for all ORPA providers on the *CMS-1500* professional claim format.

Q: How will the Rendering provider know the NPI and taxonomy of the ORPA provider?

A: It is the Rendering provider's responsibility to obtain and place the ORPA provider information on their claims. It is also the responsibility of the Rendering provider to make sure the ORPA provider is enrolled with DMS.

Q: What happens if the physician is showing with an active Medicaid provider number, and then the next week, they terminate? What will happen to the claim?

A: If the ORPA provider is not active with DMS at the time your claim is processed by Anthem, your claims will deny. Anthem receives a daily provider eligibility file from DMS. If the provider is showing as terminated on the file, Anthem will deny your claim.

Q: What about federally qualified health centers (FQHCs) or rural health clinics (RHCs)?

A: Billing provider types 31 and 35 are not required to include an Ordering/Referring provider on their professional claims. However, if the patient was referred, it is recommended that the information be included on your claim.

Q: What if an FQHC was instructed by DMS to already put something in the #17 field?

A: Even though FQHCs/RHCs are not one of the required billing provider types, if data is included in the fields, Anthem will edit against it.

Q: Are you using proprietary denial codes or standard denial codes?

A: The codes are proprietary and specific to Anthem.

Q: What are the remittance codes on the 835?

A: Remittance codes are as follows:

| Denial codes | Remit descriptions | Claims adjustment reason code (CARC) | Remittance advice remark code (RARC) |
|--------------|---|--------------------------------------|--------------------------------------|
| Z29 | Attending provider type invalid | 8 | N95 |
| Z30 | Attending provider cannot be a group | 96 | N55 |
| Z52 | Ordering/Referring NPI missing/invalid | 206 | N286, N265 |
| Z53 | Ordering/Referring provider type invalid | 183 | N574 |
| Z54 | Ordering/Referring provider cannot be a group | 183 | N574 |

Q: Do out-of-state providers have to be enrolled into the DMS provider database?

A: Yes, all providers will need to be enrolled with DMS. Providers must have an active Medicaid provider number at the time services are rendered.

Q: If the Referring practitioner is a resident, will they still have to be listed as the ORPA provider?

A: Yes, the resident provider must have an active Medicaid provider number with DMS.

Q: Behavioral health hospitals bill on a UB-04 (CMS-1450); most of our Attending providers are psychologists. How are we supposed to list them as an Attending provider when their provider type is not listed?

A: According to DMS guidelines, if the provider is enrolled with DMS as provider type 89 with DMS specialty 112, the provider cannot be listed as an Attending provider.

Q: We are a PCP (provider type 65). We sometimes have an ORPA and sometimes, we don't. Are we required to enter data when the patient has not been referred to us?

A: Provider type 65 is not one of the required billing provider types that are required to have an ORPA provider listed. Therefore, if the data is not included, the claim will pass through.

Q: It doesn't appear that there is a place for the Referring provider's taxonomy code on electronic 837 claims per our Epic Claims TS review and our review of the American National Standards Institute Standards manual

A: As a point of clarification, the Ordering and Referring provider of the front end claim edit will only validate the NPI against the DMS provider eligibility file. For Attending providers, if Attending taxonomy is present, Anthem will match Attending NPI and taxonomy to the DMS provider eligibility file. If Attending taxonomy is missing or does not match the DMS provider eligibility file, Anthem will match Attending NPI to the DMS provider eligibility file NPI.

Q: As an occupational therapy group, are we required to have the Ordering provider's name, NPI and taxonomy code?

A: Provider type 88 (occupational therapy group) is required to have an Ordering and/or Referring provider on their claims. The Ordering/Referring information must include the provider's name, NPI and taxonomy.

Q: Where does provider type go? Is it on the CMS-1500 form?

A: The DMS provider type is not required on the claim submissions. DMS assigns a provider type and Medicaid provider number to the provider during the Kentucky Medicaid application process. The provider's NPI/taxonomy combination identifies the provider's Medicaid provider number and provider type within the DMS system.

Q: Is it possible for you to email the ORPA presentation so that I can share with my coworkers?

A: The presentation is posted on our website at https://mediproviders.anthem.com/Documents/KYKY_CAID_ORPAPresentation.pdf.

Q: Who should I contact if I have questions regarding enrollment in the Kentucky Medicaid program?

A: For all Medicaid provider enrollment issues, you can contact the Kentucky Medicaid Provider Enrollment Department at **1-877-838-5085, option 2**, Monday through Friday from 8 a.m. to 4:30 p.m. ET.

For all Anthem claims or edit questions, please contact your Provider Relations representative or submit an e-mail to kyproviderrelationsmedicaid@anthem.com.