

Ohio Medicaid Pay and Post Period for Ordering, Referring, and Prescribing Provider Requirements

On July 1, 2014 the Ohio Department of Medicaid began a six month "pay and post" period for claims subject to the federal program integrity requirements regarding the ordering, referring, and prescribing of Medicaid covered services. This federal regulation was implemented under Section 6401 of the Patient Protection and Affordable Care Act of 2010 (ACA), which, in regards to this requirement, specifies the following:

The State requires—

“(A) all ordering or referring physicians or other professionals to be enrolled under the State plan or under a waiver of the plan as a participating provider; and “(B) the national provider identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional.

In order to give Ohio Medicaid providers time to comply with this provision of the ACA the department will not deny claims based upon the billing provider's failure to comply with the ordering, referring, and prescribing requirements during the six month pay and post period.

Ohio Medicaid billing providers subject to the federal Ordering, Referring, and Prescribing (ORP) requirements include:

- Hospitals (inpatient and outpatient)
- Outpatient Health Facilities
- Other Accredited Home Health Agencies
- Non-agency Personal Care Aide
- Medicaid School Programs
- Private Duty Nurses
- Hospice providers
- Wavier Services Organizations
- Wavier Services Individuals
- Clinics
- Mental Health Clinics
- Medicare Certified Home Health Agencies
- Clinical Nurse Specialists
- Pharmacies
- Nurse Practitioners
- Home and Community-Based Assistive Living providers
- Durable Medical Equipment Suppliers
- Imaging/Testing Facilities

Independent Laboratories
Portable X-Ray Suppliers
Nursing Facilities

ORP requirements are:

- 1) The ordering physician/non-physician practitioner must be actively enrolled in the Ohio Medicaid program.
- 2) The ordering National Provider Identifier (NPI) must be for an individual physician/non-physician practitioner (not the NPI of an organizational provider).
- 3) The physician/non-physician practitioner must be of a specialty type that is eligible to order Medicaid covered services.

Practitioners who are of a specialty type eligible to order Medicaid covered services in accordance with their scope of practice are:

- Physicians (including MDs/DOs, interns, residents, and fellows)
- Advance Practice Nurses
- Physical, Occupational, Speech Language, and Audiology therapists
- Physician Assistants
- Psychologists

Claims submission for ORP on and after July 1, 2014

As of July 1, 2014 the department began posting informational messages on the claims of providers subject to the ORP requirements. These messages are the HIPAA Claims Adjustment Reason Codes and Remark Codes that are designed to alert billing providers that the identification of the ordering/referring provider is missing, incomplete, or invalid, or that the ordering/referring provider is not eligible to order or refer. The informational messages used are identified below:

HIPAA Claim Adjustment Reason Codes:

16 Claim/service lacks information which is needed for adjudication. (one of the following Remark Codes is required to accompany this CARC on the remittance advice)

HIPAA Remark Codes:

N264 Missing/incomplete/invalid ordering provider name

N265 Missing/incomplete/invalid ordering provider primary identifier

N272 Missing/incomplete/invalid other payer attending provider identifier

N544 Alert: Although this was paid, you have billed with referring/ordering provider that does not match our system record. Unless, corrected, this will not be paid in the future.

Ohio Department of Medicaid Explanation of Benefits codes (EOBs)

When providers view their remittance advices in MITS they will be able to see the EOBs associated with the above mentioned Claims Adjustment Reason Codes and Remark Codes.

These EOBs are as follows:

1121 ORP ORDERING PROVIDER NPI MISSING

1122 ORP ORDERING PROVIDER NAME INVALID

1123 ORP ORDERING PROVIDER NOT ACTIVE

1124 ORP ORDERING PROVIDER WRONG TYPE TO ORDER/REFER

381 ORP ATTENDING PHYSICIAN NPI MISSING

1125 ORP ATTENDING PROVIDER NAME INVALID

1126 ORP ATTENDING PROVIDER NOT ACTIVE

1127 ORP ATTENDING PROVIDER WRONG TYPE TO ORDER/REFER

3028 ORP PROVIDER MISMATCH FOR CLAIM AND PA

Examples of claim types affected by ORP

Below are examples of some of the types of claims where the remittance advice would show the informational messages if the claim does not comply with the ORP requirements:

- Claims from laboratories for ordered tests;
- Claims from providers who render therapy services;
- Claims from providers who render waiver services;
- Claims from imaging centers for ordered imaging procedures; and
- Claims from suppliers of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) for ordered DMEPOS.

Further notification regarding ORP

As stated previously the department will continue to pay and post the appropriate HIPAA codes on claims that are submitted throughout the phase-in period in order that providers have ample time to comply with the ORP requirements. Providers will be notified in advance of the date that claims will begin to be denied for failure to comply with the ORP requirements.

ORP Information and frequently asked questions (FAQs) are located on the Ohio Department of Medicaid website at:

<http://medicaid.ohio.gov/PROVIDERS/EnrollmentandSupport/ProviderEnrollment/ORP.aspx>

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