

Affected Programs: BadgerCare Plus, Medicaid, SeniorCare, Family Planning Only Services
To: All Providers, HMOs and Other Managed Care Programs

Policy Clarification for Services That Are Prescribed, Referred, or Ordered

Prior authorization requests received on and after July 15, 2013, and claims with dates of service on and after July 15, 2013, for services that are prescribed, referred, or ordered will be returned or denied, respectively, if they do not include the National Provider Identifier of the Medicaid-enrolled provider who prescribed, referred or ordered the service.

Prior authorization (PA) requests received on and after July 15, 2013, and claims with dates of service (DOS) on and after July 15, 2013, for services that are prescribed, referred, or ordered will be returned or denied, respectively, if they do not include the National Provider Identifier (NPI) of the Medicaid-enrolled provider who prescribed, referred, or ordered the service.

This new requirement was first announced in the June 2013 *ForwardHealth Update* (2013-34), titled “New Requirements for Prescribing/Referring/Ordering Providers Due to the Affordable Care Act.”

Previous ForwardHealth policy already required that most PA requests and claims for services prescribed, referred, or ordered include the name and NPI of the provider who prescribed, referred, or ordered the service; however, ForwardHealth is now taking the following additional steps to ensure compliance with the Affordable Care Act (ACA):

- Expanding the requirement to **all** PA requests and claims for services that are prescribed, referred, or ordered.

- Enhancing enforcement of the requirement in its claims processing.
- Ensuring that all prescribing/referring/ordering providers are Medicaid-enrolled.

Note: Providers should **not** include the NPI of a prescribing/referring/ordering provider on claims for services that are not prescribed, referred, or ordered, as those claims may be denied if the provider is not Medicaid-enrolled.

Impacted Programs

The following programs are impacted by information in this *Update*:

- BadgerCare Plus Standard Plan.
- BadgerCare Plus Benchmark Plan.
- BadgerCare Plus Core Plan.
- BadgerCare Plus Basic Plan.
- Wisconsin Medicaid.
- SeniorCare.
- Family Planning Only Services.

Note: The Wisconsin Chronic Disease Program, the Wisconsin Well Woman Program, and the Wisconsin AIDS/HIV Drug Assistance Program are **not** impacted by information in this *Update*. Managed care organizations are **not** affected by information included in this *Update*.

When a Prescribing/Referring/Ordering Provider Is Required

Attachment 1 of this *Update* lists services for which the name and NPI of the prescribing/referring/ordering provider is required on the claim. For the following services, this represents a change in claim requirements:

- Child/Adolescent Day Treatment, HealthCheck "Other Services."
- Community Support Program services.
- Comprehensive Community Services.
- Personal Care services.

Providers may refer to the applicable service area of the Online Handbook on the ForwardHealth Portal at www.forwardhealth.wi.gov/ for updated claim instructions for these services.

Where to Indicate Prescribing/Referring/Ordering Provider Information on Claims

Where providers should indicate the name and NPI of a prescribing/referring/ordering provider on claims is dependent upon the claim type being submitted and the submission method (paper or electronic). Attachment 2 provides a table detailing the fields or elements to complete with this information for each claim type and submission method.

Who Can Be a Prescribing/Referring/Ordering Provider

Not all providers may be prescribing/referring/ordering providers. Providers may only prescribe, refer, or order services within their legal scope of practice. Prior authorization requests and claims for services that are prescribed, referred, or ordered will be reviewed to ensure that it is within the indicated provider's legal scope of practice to prescribe, refer, or order the service.

In addition, only individual providers may be prescribing/referring/ordering providers. Prior authorization requests or claims that have an organization or provider group indicated as the

prescribing/referring/ordering provider may be returned or denied. For services prescribed, referred, or ordered by an intern or resident without his or her own NPI, the supervising physician should be indicated as the prescribing/referring/ordering provider on the PA request or claim.

Providers may refer to the applicable service area in the Online Handbook for provider types that are allowed to prescribe, refer, or order services.

Claims Denials

Claims Responses for Missing or Invalid Prescribing/Referring/Provider Information

Attachment 3 lists some of the possible explanation of benefits codes, Health Insurance Portability and Accountability Act codes, and National Council for Prescription Drug Programs Telecommunication Standard Format Version D.0 codes providers may see for missing or invalid prescribing/referring/ordering provider information on claims.

Contacting Non-Medicaid-Enrolled Prescribing/Referring/Ordering Provider After a Claims Denial

If a claim for services prescribed, referred, or ordered is denied because the prescribing/referring/ordering provider was not Medicaid-enrolled, the rendering provider should contact the prescribing/referring/ordering provider and do the following:

- Communicate that the prescribing/referring/ordering provider is required to be Medicaid-enrolled.
- Inform the prescribing/referring/ordering provider of the limited enrollment available for prescribing/referring/ordering providers.
- Resubmit the claim once the prescribing/referring/ordering provider has enrolled in Wisconsin Medicaid.

Providers May Not Bill Members for Services

Providers are reminded that if a claim is denied because it does not include the name and NPI of the prescribing/referring/ordering provider, or the prescribing/referring/ordering provider is not Medicaid-enrolled, they may not bill the member for the service. (The prescribing/referring/ordering provider not being Medicaid-enrolled is *not* a condition that would qualify the service as a noncovered service.)

Medicaid Enrollment for Prescribing/Referring/Ordering Providers

As a reminder, all physicians and other professionals who prescribe, refer, or order services for ForwardHealth members on and after July 15, 2013, are required to be Medicaid-enrolled, either as a prescribing/referring/ordering provider or as a full Medicaid provider.

Medicaid enrollment specifically for prescribing/referring/ordering providers is available for physicians and other professionals who do not wish to be reimbursed for services provided to ForwardHealth members. The process for enrolling as a prescribing/referring/ordering provider is an abbreviated one, which offers the following benefits:

- Providers do not need to sign a provider agreement.
- There are fewer panels to complete during the enrollment process, as compared to a full enrollment.
- Providers only need to complete basic address information along with additional personal data information for persons with an ownership or controlling interest, managing employees, and agents.

Providers may apply for Medicaid enrollment as a prescribing/referring/ordering provider by completing the Medicaid Prescribing/Referring/Ordering Enrollment Application on the Portal.

Providers who wish to be reimbursed for services as a Medicaid provider are required to apply for full Medicaid

enrollment by completing the Medicaid Provider Enrollment Application on the Portal.

The *ForwardHealth Update* is the first source of program policy and billing information for providers.

Wisconsin Medicaid, BadgerCare Plus, SeniorCare, and Wisconsin Chronic Disease Program are administered by the Division of Health Care Access and Accountability, Wisconsin Department of Health Services (DHS). The Wisconsin AIDS/HIV Drug Assistance Program and the Wisconsin Well Woman Program are administered by the Division of Public Health, Wisconsin DHS.

For questions, call Provider Services at (800) 947-9627 or visit our Web site at www.forwardhealth.wi.gov/.

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ATTACHMENT 1

When a Prescribing/Referring/Ordering Provider Must Be Indicated on a Claim

The table below lists services for which a prescribing/referring/ordering provider is required and must be indicated on the claim.

Services for Which a Prescribing/Referring/Ordering Provider Is Required and Must Be Indicated on the Claim
Ambulance*
Ambulatory Surgery Center
Child/Adolescent Day Treatment, HealthCheck "Other Services"***
Community Support Program**
Comprehensive Community Services**
Durable Medical Equipment
Disposable Medical Supplies
End-Stage Renal Disease
Enteral Nutrition Products
Family Planning Clinic
Hearing*
Home Health
Hospice
In-Home Mental Health, Substance Abuse Treatment Services for Children, HealthCheck "Other Services"
Laboratory/Pathology
Nurses in Independent Practice
Personal Care**
Pharmacy
Radiology
Specialized Medical Vehicle*
Therapies: Physical, Occupational, and Speech and Language Pathology*

* Some services in this category are *not* required to be prescribed, referred, or ordered in order to be reimbursed. Refer to the claim instructions for this service area of the Online Handbook for more information.

** The claim instructions for this service have been revised to reflect this change.

ATTACHMENT 2

Where to Indicate Prescribing/Referring/ Ordering Provider Information on Claims

The table below lists the elements or fields where providers should indicate prescribing/referring/ordering provider information on claims.

Claim Type	Fields or Elements Used to Indicate Prescribing/Referring/Ordering Provider Name and/or National Provider Identifier	Description
Professional Claim		
Submitted on 1500 Health Insurance Claim Form	Element 17	Name of Referring Provider or Other Source
	Element 17b	NPI
Submitted via ASC X12 837 Health Care Claim: Professional	Loop 2310A NM1 segment Loop 2420F NM1 segment	Referring Provider Name
Submitted via Provider Electronic Solutions (PES) software — Professional Claim	Referring Provider Provider ID	
Submitted via Direct Data Entry (DDE) on the Portal	Referring Provider	
Institutional Claim		
Submitted on UB-04 (CMS 1450) Claim Form	Form Locators 78 and 79	Other Provider Names and Identifiers
Submitted via ASC X12 837 Health Care Claim: Institutional	Loop 2310F NM1 segment Loop 2420D NM1 segment	Referring Provider
Submitted via PES software — Institutional Outpatient Claim	Referring Provider Provider ID	
Submitted via DDE on the Portal	Referring Provider	
Compound Drug Claim		
Submitted on the Compound Drug Claim form, F-13073	Element 9	Prescriber Number
Submitted via National Council for Prescription Drug Programs (NCPDP) Telecommunication Standard Format Version D.0	Field #411-DB	Prescriber ID
Submitted via PES software — Pharmacy Claim	Prescriber Number	NPI of the prescriber
Submitted via DDE on the Portal	Prescriber ID	

Claim Type	Fields or Elements Used to Indicate Prescribing/ Referring/Ordering Provider Name and/or National Provider Identifier	Description
Noncompound Drug Claim		
Submitted on Noncompound Drug Claim form, F-13072	Element 9	Prescriber Number
Submitted via NCPDP Telecommunication Standard Format Version D.0	Field #411-DB	Prescriber ID
Submitted via PES software — Pharmacy Claim	Prescriber Number	NPI of the prescriber
Submitted via DDE on the Portal	Prescriber ID	

ATTACHMENT 3

Claims Responses for Missing or Invalid Prescribing/Referring/Ordering Provider Information

The table below lists some of the possible explanation of benefits (EOB) codes, Health Insurance Portability and Accountability Act (HIPAA) codes, and National Council for Prescription Drug Programs (NCPDP) Telecommunication Standard Format Version D.0 codes providers may see for missing or invalid prescribing/referring/ordering provider information on claims.

EOB Code	HIPAA Claim Status Code	HIPAA Claim Adjustment Reason Code	HIPAA Remittance Advice Remark Code	NCPDP D.0 Reject Reason Code
0030 — Prescribing/referring/ordering provider is not currently enrolled.	109 — Entity not eligible.	183 — The referring provider is not eligible to refer the service billed.	N286 — Missing/incomplete/invalid referring provider primary identifier.	71 — Prescriber Is Not Covered.
0091 — A valid Referring/Ordering/Prescribing Provider NPI is required.	48 — Referral/authorization.	207 — National Provider Identifier — Invalid format	N265 — Missing/incomplete/invalid ordering provider primary identifier.	71 — Prescriber Is Not Covered.
1202 — Prescribing ID is required.	21 — Missing or invalid information.	16 — Claim/service lacks information which is needed for adjudication.	N31 — Missing/incomplete/invalid prescribing provider identifier.	71 — Prescriber Is Not Covered.
1285 — The Prescribing ID is invalid.	91 — Entity not eligible/not approved for dates of service.	B7 — This provider was not certified/eligible to be paid for this procedure/service on this date of service.	N31 — Missing/incomplete/invalid prescribing provider identifier.	71 — Prescriber Is Not Covered.