



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Office of Medicaid
www.mass.gov/masshealth

MassHealth
All Provider Bulletin 286
September 2019

TO: All Providers Participating in MassHealth
FROM: Daniel Tsai, Assistant Secretary for MassHealth 
RE: **Start Date for Denials for Claims That Do Not Meet Ordering, Referring, and Prescribing Provider Requirements**

This bulletin supersedes All-Provider Bulletins 259 and 274.

Ordering, Referring, and Prescribing Requirements

Section 6401(b) of the Affordable Care Act includes requirements related to ordering, referring, and prescribing (ORP) providers. If MassHealth requires a service to be ordered, referred, or prescribed, then ACA Section 6401(b) requires that

1. the billing provider include the ORP provider's national provider identifier (NPI) on the claim; and
2. the ORP provider be actively enrolled with MassHealth as a fully participating provider or as a nonbilling provider and be an authorized ORP provider, as described below.

The ORP requirements described in this bulletin apply to all claims submitted by providers for payment by the Executive Office of Health and Human Services, for services for which the MassHealth agency requires an order, referral, or prescription, including claims for secondary coverage, Medicare Crossover claims, and Health Safety Net (HSN) and Children's Medical Security Plan¹ claims. ORP requirements do not apply to claims submitted to managed care entities.

Note: There are other circumstances in which the NPI of a nonbilling provider may be required to be included on claims in order to comply with HIPAA Version 5010 requirements. In such circumstances, those providers (e.g., attending, rendering, supervising, and operating providers) must also be enrolled with MassHealth at least as a nonbilling provider in order for the claim to be payable. Nonbilling providers may be independent providers as well as facility-based-providers.

MassHealth Services That Require an Order, Referral, or Prescription

The following services and supplies require an order, referral, or prescription from a provider in order for the billing provider to receive MassHealth payment, or HSN payment for an otherwise reimbursable health service.

¹ All references to MassHealth include the Children's Medical Security Plan.

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Any service that requires a Primary Care Clinician (PCC) referral	Labs and Diagnostic Tests
Adult Day Health	Medications
Adult Foster Care	Orthotics
Durable Medical Equipment and Supplies (DME)	Oxygen/Respiratory Equipment
Eyeglasses	Prosthetics
Group Adult Foster Care	Psychological Testing
Home Health	Therapy (PT, OT, ST)
Independent Nurse	

In the event that MassHealth imposes the ordering, referring and prescribing requirements on additional types of services, MassHealth will notify providers in advance of implementing ORP edits on claims for such services.

Provider Types Authorized to Order, Refer, or Prescribe

The following types of providers are the only provider types that may be included on a MassHealth or HSN claim as the ordering, referring, or prescribing provider, and are referred to in this bulletin as “authorized ORP providers”. Interns, residents, and other trainees in the provider types listed below who are authorized to order, refer, or prescribe services are also considered authorized ORP providers.

- Certified Nurse Midwife
- Certified Registered Nurse Anesthetist
- Clinical Nurse Specialist
- Dentist
- Licensed Independent Clinical Social Worker
- Certified Nurse Practitioner
- Optometrist
- Pharmacist (if authorized to prescribe)
- Physician
- Physician Assistant
- Podiatrist
- Psychiatric Clinical Nurse Specialist
- Psychologist

MassHealth and HSN providers should consult MassHealth program regulations for details on which provider types may order, refer, or prescribe particular services.

Note that MassHealth program regulations may allow clinicians other than authorized ORP providers to order, refer, or prescribe a particular service. However, claims for the services listed in the preceding section that are ordered, referred, or prescribed by a clinician who is not an authorized ORP provider listed immediately above must include the NPI of an authorized ORP provider (e.g., the clinician’s supervising physician) on the claim. Note that pharmacy claims must include the individual NPI of the actual prescribing provider.

Claims Denials

MassHealth and the HSN have been using informational edits to help providers prepare for the full implementation of the ORP requirement. Using staggered effective dates by provider type, MassHealth and the HSN will begin to deny claims for failure to comply with ORP requirements as follows:

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Phase 1:

- The NPI of the ORP provider is not included on the claim, or
- The NPI of the ORP provider is included on the claim but the ORP provider is not an authorized ORP provider (see list on page 2)

For dates of service on or after 12/15/19, such claims will be denied for the following provider types **(Group 1):**

- | | |
|---|----------------------|
| • Audiologist | • Ocularist |
| • Chiropractor | • Optician |
| • Clinical Nurse Specialist | • Optometrist |
| • Group Practices of the provider types on this chart | • Physician |
| • Hearing Instrument Specialist | • Podiatrist |
| • Nurse Practitioner | • Psychologist |
| | • QMB Only Providers |

For dates of service on or after 2/15/20, such claims will be denied for the following provider types **(Group 2):**

- | | |
|---|---|
| • Abortion/Sterilization Clinic | • Mental Health Center |
| • Acute Inpatient Hospital** | • Pharmacy (for claims processed through MMIS*) |
| • Acute Outpatient Hospital** | • Psychiatric Outpatient Hospital |
| • Certified Independent Laboratory | • Renal Dialysis Center |
| • Community Health Center** | • Substance Use Disorder Outpatient Hospital |
| • Early Intervention | • Volume Purchaser |
| • Family Planning Agency | |
| • Hospital-licensed Health Center** | |
| • Independent Diagnostic Testing Facility | |

* Note that all claims processed by the Pharmacy Online Processing System (POPS) already require that the Prescriber NPI be included on the claims and be eligible to prescribe.

** Both MassHealth and HSN billing providers.

For dates of service on or after 4/15/20, such claims will be denied for the following provider types **(Group 3):**

- | | |
|---------------------------------|--|
| • Adult Day Health | • Independent Nurse |
| • Adult Foster Care | • Orthotics |
| • Chronic Outpatient Hospital | • Oxygen and Respiratory Therapy Equipment |
| • Competitive Bid Only (DMEPOS) | • Prosthetics |
| • Durable Medical Equipment | • Rehabilitation Center |
| • Group Adult Foster Care | • Speech and Hearing Center |
| • Group Practice (Therapist) | • Therapist |
| • Home Health Agency | |

For dates of service on or after 4/15/20, any/all impacted claims will be denied for failure to comply with the ORP requirements of Phase 1.

Phase 2:

- The NPI of the ORP provider is included on the claim but the ORP provider is not actively enrolled with MassHealth.

For dates of service on or after 8/15/20, such claims will be denied for:

- **Group 1** provider types
- **Group 2** provider types
- All claims processed by the Pharmacy Online Processing System (POPS)

For dates of service on or after 11/15/20, such claims will be denied for **Group 3** provider types

For dates of service on or after 11/15/20, any/all impacted claims will be denied if the claim does not meet all three ORP requirements (ORP provider NPI on the claim, ORP provider is an authorized ORP provider type, ORP provider is enrolled with MassHealth).

MassHealth reserves the right to extend these timeframes, and will communicate any extensions through Message Texts and on the MassHealth and HSN websites.

Enrollment of ORP Providers

MassHealth has been reaching out to providers to expedite the enrollment of authorized ORP providers to reduce the potential impact of ORP on billing providers. In addition, state law requires as a condition of licensure, that the types of providers who are authorized ORP providers apply to participate in MassHealth at least as a nonbilling provider. ORP providers who still need to apply to enroll in MassHealth can download the nonbilling provider application and contract at www.mass.gov/how-to/how-to-enroll-to-be-a-masshealth-orp-provider.

Informational Edits on Remittance Advices (RAs)

As referenced above, MassHealth and HSN have been providing informational edits for impacted claims to inform billing providers of claims that do not meet ordering, referring and prescribing requirements. The informational edits currently appear on the POSC version of the MassHealth and HSN PDF remittance advice and the 835 Electronic Remittance Advice HIPAA file. Additionally, pharmacy claims are reporting informational edits in the Pharmacy Online Processing System (POPS) response. See section on denial edits for details.

Billing providers should review any informational edits appearing on their remittance advices and adjust their business processes to ensure that ordering, referring, and prescribing requirements are met.

Denial Edits

The following edits will appear as denial edits once MassHealth and the HSN begin denying claims.

Note that if a billing provider includes an ORP provider's NPI on a claim that does not require one, the claims processing system may still look to see if the ORP provider is known to MassHealth and is authorized to order, refer or prescribe and may deny the claim if such conditions are not met.

ORP edits may result in denial of claims in whole or in part.

1. **The NPI of the ORP provider is not included on the claim:**

POSC and 835 Electronic Remittance Advice messaging (if you receive an 835 RA you can log into the POSC to see the applicable detailed edit from the left hand column in the list below)

POSC Version of the Remittance Advice	HIPAA Claim Adjust Reason Code (CARC)	HIPAA Remark Adjust Reason Code (RARC)
1080 ORDERING PROVIDER REQUIRED	206-National Provider Identifier - missing	N265- Missing/incomplete/invalid ordering provider primary identifier
1081 NPI REQUIRED FOR ORDERING PROVIDER	206-National Provider Identifier - missing	N265- Missing/incomplete/invalid ordering provider primary identifier
1200 REFERRING PROVIDER REQUIRED	206-National Provider Identifier - missing	N286- Missing/incomplete/invalid ordering provider primary identifier
1201 NPI REQUIRED FOR REFERRING PROVIDER – HDR	206-National Provider Identifier - missing	N286 – Missing/incomplete/invalid referring provider primary identifier
1202 NPI REQUIRED FOR REFERRING PROVIDER 2 – HDR*	206-National Provider Identifier - missing	N286 – Missing/incomplete/invalid referring provider primary identifier
1203 NPI REQUIRED FOR REFERRING PROVIDER – DTL	206-National Provider Identifier - missing	N286 – Missing/incomplete/invalid referring provider primary identifier
1204 NPI REQUIRED FOR REFERRING PROVIDER 2 – DTL*	206-National Provider Identifier - missing	N286 – Missing/incomplete/invalid referring provider primary identifier

*According to federal guidance, ordering and referring rules do not require a secondary referring provider identifier on claims. *However, there may be circumstances where the HIPAA V5010 Implementation Guide situationally requires a second referring provider identifier.* In those circumstances, if the second referring provider's NPI is included on the claim, but that provider is not enrolled with MassHealth or is not an authorized ORP provider, relevant edits will be included on the remittance advice.

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2. The ORP provider's NPI is on the claim but is not an authorized ORP provider type:

POSC and 835 Electronic Remittance Advice messaging (if you receive an 835 RA you can log into the POSC to see the applicable detailed edit from the left hand column in the list below)

POSC Version of the Remittance Advice	HIPAA Claim Adjust Reason Code (CARC)	HIPAA Remark Adjust Reason Code (RARC)
1085 ORDERING PROVIDER NOT AUTHORIZED TO ORDER SERVICES	184-The prescribing/ordering provider is not eligible to prescribe/order the service billed.	N574-Our records indicate the ordering/referring provider is of a type/specialty that cannot order or refer. Please verify that the claim ordering/referring provider information is accurate or contact the ordering/referring provider
1217 REFERRING PROVIDER NOT AUTHORIZED TO REFER - HDR	183-The referring provider is not eligible to refer the service billed.	N574-Our records indicate the ordering/referring provider is of a type/specialty that cannot order or refer. Please verify that the claim ordering/referring provider information is accurate or contact the ordering/referring provider
1218 REFERRING PROVIDER 2 NOT AUTHORIZED TO REFER - HDR *	183-The referring provider is not eligible to refer the service billed.	N574-Our records indicate the ordering/referring provider is of a type/specialty that cannot order or refer. Please verify that the claim ordering/referring provider information is accurate or contact the ordering/referring provider
1219 REFERRING PROVIDER NOT AUTHORIZED TO REFER – DTL	183-The referring provider is not eligible to refer the service billed.	N574-Our records indicate the ordering/referring provider is of a type/specialty that cannot order or refer. Please verify that the claim ordering/referring provider information is accurate or contact the ordering/referring provider
1220 REFERRING PROVIDER 2 NOT AUTHORIZED TO REFER - DTL*	183-The referring provider is not eligible to refer the service billed.	N574-Our records indicate the ordering/referring provider is of a type/specialty that cannot order or refer. Please verify that the claim ordering/referring provider information is accurate or contact the ordering/referring provider

*According to federal guidance, ordering and referring rules do not require a secondary referring provider identifier on claims. *However, there may be circumstances where the HIPAA V5010 Implementation Guide situationally requires a second referring provider identifier.* In those circumstances, if the second referring provider's NPI is included on the claim, but that provider is not enrolled with MassHealth or is not an authorized ORP provider, relevant edits will be included on the remittance advice.

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3. The ORP provider on the claim is not actively enrolled with MassHealth

POSC and 835 Electronic Remittance Advice messaging (if you receive an 835 RA you can log into the POSC to see the applicable detailed edit from the left hand column in the list below)

POSC Version of the Remittance Advice	HIPAA Claim Adjust Reason Code (CARC)	HIPAA Remark Adjust Reason Code (RARC)
1 082 ORDERING PROVIDER NPI NOT ON FILE	2 08-National Provider Identifier - Not matched	N265-Missing/incomplete/invalid ordering provider primary identifier
1 084 ORDERING PROVIDER NOT ACTIVELY ENROLLED	184-The prescribing/ordering provider is not eligible to prescribe/order the service billed	N265-Missing/incomplete/invalid ordering provider primary identifier
1 205 REFERRING PROVIDER NPI NOT ON FILE - HDR	2 08-National Provider Identifier - Not matched	N286 – Missing/incomplete/invalid referring provider primary identifier
1 206 REFERRING PROVIDER 2 NPI NOT ON FILE – HDR *	2 08-National Provider Identifier - Not matched	N286 – Missing/incomplete/invalid referring provider primary identifier
1 207 REFERRING PROVIDER NPI NOT ON FILE – DTL	2 08-National Provider Identifier - Not matched	N286 – Missing/incomplete/invalid referring provider primary identifier
1 208 REFERRING PROVIDER 2 NPI NOT ON FILE – DTL *	2 08-National Provider Identifier - Not matched	N286 – Missing/incomplete/invalid referring provider primary identifier
1 213 REFERRING PROVIDER NOT ACTIVELY ENROLLED – HDR	183-The referring provider is not eligible to refer the service billed	N286 – Missing/incomplete/invalid referring provider primary identifier
1 214 REFERRING PROVIDER 2 NOT ACTIVELY ENROLLED - HDR*	183-The referring provider is not eligible to refer the service billed	N286 – Missing/incomplete/invalid referring provider primary identifier
1 215 REFERRING PROVIDER NOT ACTIVELY ENROLLED – DTL	183-The referring provider is not eligible to refer the service billed	N286 – Missing/incomplete/invalid referring provider primary identifier
1 216 REFERRING PROVIDER 2 NOT ACTIVELY ENROLLED - DTL*	183-The referring provider is not eligible to refer the service billed	N286 – Missing/incomplete/invalid referring provider primary identifier

*According to federal guidance, ordering and referring rules do not require a secondary referring provider identifier on claims. *However, there may be circumstances where the HIPAA V5010 Implementation Guide situationally requires a second referring provider identifier.* In those circumstances, if the second referring provider's NPI is included on the claim, but that provider is not enrolled with MassHealth or is not an authorized ORP provider, relevant edits will be included on the remittance advice.

Billing providers that are currently receiving informational edits due to an ordering, referring, or prescribing provider not being actively enrolled in MassHealth are asked to contact that provider and/or the MassHealth CSC to request that he or she enroll in MassHealth to avoid future claims denials.

Prescriber Related Denial and Informational Edits for Claims Submitted to the Pharmacy Online Processing System (POPS)

As required under HIPAA billing rules, providers are to continue to enter the NPI of the individual prescriber on each claim submitted to POPS, and claims submitted to POPS without a prescriber NPI are not accepted. Detailed submission instructions are documented in the POPS Billing Guide, which is available on the MassHealth website. Also, under existing HIPAA rules, if an NPI is submitted, but is not known to POPS, then NCPDP reject code 42 – ‘Plan's Prescriber data base indicates the Prescriber ID Submitted is inactive or expired’ is posted.

To implement the ACA Ordering, Referring, Prescribing requirements, claims submitted to POPS with the NPI of a prescriber who is not enrolled with MassHealth for the “date written” as entered on the pharmacy claim transaction receive an NCPDP reject code of 71 – “Prescriber is not covered” with a corresponding text message ‘PRESCRIBER OF THIS CLAIM IS NOT MASSHEALTH PROGRAM ELIGIBLE. CLAIMS WILL DENY IN FUTURE IF PRESCRIBER DOES NOT ENROLL. PLEASE INFORM MEMBER AND PRESCRIBER OF THAT FACT.’

When MassHealth begins to deny claims due to the prescriber not being enrolled with MassHealth (on a date yet to be determined), the NCPDP reject code will be changed to 662 – “Prescriber has not enrolled”.

Note that POPS will allow payment of claims that include the NPI of an unenrolled prescriber if the claim is processed during a 60 day grace period. The purpose of the grace period is to allow time for the unenrolled prescriber to enroll with MassHealth before pharmacies’ claims containing that prescriber’s NPI will deny. POPS will use the processing date associated with the 1st claim received from the 1st pharmacy on which the unenrolled prescriber’s NPI appears as the start date for the 60 day grace period.

NOTE: The 60 day grace period is not pharmacy-specific. The grace period is a prescriber-specific single 60 day period that will apply across-the-board to all pharmacies.

Billing providers who submit claims during a 60 day grace period will receive a text message within the claim response that says, ‘PRESCRIBER OF THIS CLAIM HAS NOT ENROLLED WITH MASSHEALTH. CLAIMS WILL DENY IN FUTURE IF PRESCRIBER DOES NOT ENROLL BY [DATE]. PLEASE INFORM MEMBER AND PRESCRIBER OF THAT FACT’.

Billing providers who submit claims after the grace period will receive a denial response along with reject code “662 – Prescriber has not enrolled” with a corresponding text message ‘PRESCRIBER OF THIS CLAIM NEEDS TO CONTACT MASSHEALTH PROVIDER ENROLLMENT UNIT TO BE ABLE TO WRITE PRESCRIPTIONS ON BEHALF OF MASSHEALTH MEMBERS’. To assist in this process the MassHealth Customer Service Center is contacting unenrolled prescribers who appear on large numbers of claims to assist them with enrolling into MassHealth.

Claims Submission Instructions Related to the Ordering and Referring Requirements

Enter the ORP provider's NPI in the **Referring Provider field/segment** if the claim

- 1) is for a service that requires a PCC referral; or
- 2) is for a laboratory service or a diagnostic testing service; or
- 3) is submitted on an 837I or UB-04 (such claims only have a Referring Provider field). **Please note that an ORP provider's NPI is only required on an 837I or UB-04 when the ORP provider is different than the Attending provider.**

Enter the ORP provider's NPI in the **Ordering Provider field** for all other impacted claims for the following services:

- Adult Day Health
- Adult Foster Care
- Durable Medical Equipment (DME)
- Eyeglasses
- Group Adult Foster Care
- Home Health
- Independent Nurse
- Orthotics
- Oxygen / Respiratory Equipment
- Prosthetics
- Psychological Testing
- Therapy (PT, OT, ST)

Note that some claims billed on a CMS-1500 or 837P for some services referred for PCC members may require two elements related to orders and referrals. This scenario would happen if the service requires a PCC referral **and** an order. An example is a therapy service that is for a PCC member who was referred by their PCC to the therapist. In that case the claim would require:

- 1) NPI of ORP provider in **Referring Provider field/segment** (since the service requires a PCC referral)
- 2) NPI of ORP provider in **Ordering Provider Field/segment** (since the service requires an order)

Providers who order, refer, or prescribe services for MassHealth members must include their NPI on any written orders, referrals, or prescriptions. PCC referrals made through the POSC capture the referring providers NPI automatically.

HIPAA Batch Claims - Additional Submission Instructions

Professional claims that require a PCC referral or include laboratory or diagnostic testing services should include the ORP Provider's NPI in Loop 2310A. All other impacted Professional claim services should include the ORP Provider's NPI in Loop 2420E.

Institutional claims for all impacted services should include the ORP Provider's NPI in Loop 2310F.

MassHealth and HSN providers must adhere to the ASC X12 837 V5010 Implementation Guides and the MassHealth HIPAA Companion Guides regarding the inclusion of the referring and ordering provider Loops and Segments within the 837 Professional and Institutional claim submissions.

**Provider Online Service Center (POSC) Direct Data Entry (DDE) Transactions
 – Additional Submission Instructions**

Transaction Type	Service	ORP NPI Location
Institutional	Claims for all impacted services	Referring Provider Field on the Billing and Service Tab.* *Note: Referring provider is allowed only at the header level in DDE. If multiple referring providers apply to the claims, services for each referring provider must be billed separately.
Professional	Claims that require a PCC referral Claims for laboratory or diagnostic testing services	Referring Provider Field on the Billing and Service Tab.* *Note referring provider is allowed only at the header level in DDE. If multiple referring providers apply to the claims, services for each referring provider must be billed separately.
Professional	Claims for all other impacted services	Ordering Provider Field on the Procedure Tab.

MassHealth providers must continue to follow the billing requirements described in the ASC X12 V5010 Implementation Guides and the MassHealth Companion Guides when submitting DDE claims via the POSC.

POPS Claiming Instructions

Submitters should follow the instructions outlined in the POPS Billing Guide related to populating Prescriber information.

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Provider Search Tool

MassHealth has developed a Provider Search tool to assist billing providers in determining whether an ORP provider is enrolled with MassHealth. In order to use the Provider Search Function you must be logged into the POSC. The Provider Search Option is in the left navigation list.

Results will return PROVIDER NAME, ADDRESS, NPI, and ACTIVE Y or N. Please note that a response of ACTIVE Y does not definitively confirm that the provider is eligible to be an Ordering, Referring or Prescribing provider. For example, facilities and entities (e.g., hospitals, health centers, and group practices) are not authorized ORP providers, since only an individual may be an ORP provider. Also, individual providers could be in a provider type that is not authorized to Order, Refer or Prescribe.

MassHealth Website

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Questions

If you have any questions about the information in this bulletin, please contact the MassHealth Customer Service Center at (800) 841-2900, email your inquiry to providersupport@mahealth.net, or fax your inquiry to (617) 988-8974.