

### Ordering/Referring Provider - Update

MEDTRON Software Intelligence (MSI) accommodates CMS 1500 Hard Copy (HC) Claim completion of Qualifiers DK (Ordering) and DN (Referring). *Supervising providers are only handled on EMC claims.*

Source: [Novitas Solutions: How to Avoid Top Claim Errors Webinar \(06/28/19\)](#)

## Item 17

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY	15. OTHER DATE QUAL. MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	20. OUTSIDE LAB? YES NO	\$ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS (Type A-L to service line below (24E) ICD Ind.)		
<div style="border: 2px solid blue; border-radius: 50%; padding: 10px; display: inline-block;"> <p><b>Item 17 - Conditional</b> Enter the name of the referring or ordering physician if the service or item was ordered or referred by a physician. If Medicare policy requires you to report a supervising physician, enter supervising physician name.</p> <p>Enter one of the following qualifiers: DN = Referring provider DK = Ordering provider DQ = Supervising provider</p> </div>		
<div style="border: 2px solid blue; border-radius: 50%; padding: 10px; display: inline-block;"> <p><b>Electronic:</b></p> <p>2310A or 2420F NM101 DN = Referring provider</p> <p>2420E NM101 DK = Ordering provider</p> <p>2310D or 2420D NM101 DQ = Supervising provider</p> <p>NM103 First name NM104 Last name NM105 Middle name</p> </div>		
24. A. DATE(S) OF SERVICE From MM DD YY	DIA PC	25. FEDERAL TAX I.D. NUMBER SSN EIN
26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For print claims, one task) YES NO	28. TOTAL CHARGE \$
29. AMOUNT PAID \$	30. Rcvd for NUCC Use	31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
SIGNED	DATE	32. SERVICE FACILITY LOCATION INFORMATION
a. NPI	b. NPI	33. BILLING PROVIDER INFO & PH # ( )

**To Enter an Ordering Provider:**  
At Front Desk Charge Entry screen →

#### FRONT DESK CHARGE ENTRY

Date: MM/DD/CCYY  
Time: 07:45:35  
User: ANGELA

Patient #/Name: 6966 AARON, ESTHER      MDS

Ticket #/Date: 135381 10/10/2017      1st 4 Dx Ptrs go to Claim

A H900 CONDUCTIVE HEA	B Z822 FAM HX DEAFNES	C (F4)
D (F4)	E (F4)	F (F4)
G (F4)	H (F4)	I (F4)
J (F4)	K (F4)	L (F4)

TrnCd	TrnDate	Description	Qty	ChgAmt	Method
92551	10/10/2017	HEARING SCREEN PURE TONE	1	5500	Standard

Dx Ptrs: A B      Prv: RWR REAGAN      Ast: (F4)

CPT/Mds: 92551      RfSc: MILLER, RAN (F4)

PriAuth: (F4)      Ins: Y    A/A: Y Y    H/S: N

FinCls: T2 ACLA/LACARE (MGD)      POS: OF MEDTRON ME      LOC: 01 CO

Clm Ref: (F4)

Adl Prv: Y (Y/N)

Allow Amt: 3.60      Co-Pay Information      Prev Bal ----->

Eft Date: 1/01/2017      Type ---> Other      Today's Chgs -->

Exp Date:      Value -      Today's Adjs -->

0/R ---->      Today's Pmts -->

COPAY IMPACT: MULTI INS      BALANCE ----->

F3=Exit    F12=Prior Screen  
F8=Hist/Demo    F9=Upd Pat Info    F24=more keys  
DE403C-01

ADDITIONAL PROVIDER INFO

Ordering Prv ----> SMITH, CA (F4)

Supervising Prv -> (F4)

Surgeon ----> (F4)

**Example:**  
On CMS 1500 HC CLAIM field (box) 17:  
(DK) Smith (Ordering) **overrides**  
(DN) Miller (Referring).  
Both Additional Providers (Adl Prv) are sent via EMC.

If charge was already processed via Patient History:

At **Line Item Information** screen →

i.e., when working the denial

1 - Select charge

**F17** - Addl Info

At Ordering Prv field:

**F4** to search and select 'Ordering Prv'

Once updated, refile claim(s)

Ordering Provider presents:

On CMS 1500 HC claim field (box) 17: (DK) Smith (Ordering) and on EMC equivalent loop/segment 2420E

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CHARGE MDS                               LINE ITEM INFORMATION          Date: MM/DD/CCYY@ 07:57:23
Patient # ----> 20924 AARON, JESSICA      Stmt Dte/Cnt ->
Date of Svc --> 5/19/17 To Date ----> 5/19/17 Time Frm/To -->
Process Date -> 5/20/17 CPT Code --> 92551 (F4) Mod(s) ----->
Charge Code --> 92551 HEARING SCREEN PURE TONE Ticket # ----> 135798
A H900 H90.0-CONDUCTI B Z822 Z82.2-FAM HX D C (F4)
D (F4) E (F4) F (F4)
G (F4) H (F4) I (F4)
J (F4) K (F4) L (F4)
F/C --> 7T Pl Svc -> 0F Status ---> Y Ref Src -->
Loc --> 01 Pri AA -> Y Qty(Units)-> 001 Pri Auth ->
Prv --> RWR Sec AA -> Y File Ins -> P Clm#/Typ -> 000 /
Asst -> Hld Stm-> N Global ---> Charge Amount ---> 208.00

Additional Information:
Clm Info Ref No. -> (F4) Purch Svc Code --> (F4)
Ordering Prv ----> SMITH,CY (F4) Purch Svc Amt ---->
Supervising Prv --> (F4) Co-Pay Amt ----->
Surgeon -----> (F4) Co-Pay Bal ----->
NDC -----> Transfer Resp ----> 4

F3=Exit F12=Prior Screen F19=Lot #
DI420C-A
    
```

If the **Ordering** Provider was entered at Charge Entry, i.e., via Additional Provider (Adl Prv): Y or added via Patient History via **F17**, the ordering provider will print on CMS 1500 Hard Copy (HC) Claim field (box) 17 with qualifier DK and EMC equivalent instead of Ref Src for any Insurance Type.

NOTE: If user adds/selects Chiropractor or Audiologist as an **Ordering** Provider at Charge Entry or via Patient History **F17**, **MEDPM will send** as 'Ordering Prv' on HC claims and EMC; however LA Medicaid does not recognize these providers as valid Ordering Provider (CARC denial code: 183 REF PROV CAN'T REFER).

### Medicaid Providers

MEDPM system **defaults** for **HC claims** and **EMC** as listed below:

**Fields** completed at Charge entry or via Patient History using **F17** (Ordering Prv):

'Rend Prv' Rendering Provider Box 24J or EMC equivalent	'RfSc' Referral Source Referring Provider Box 17 or EMC equivalent	'Order Prv' Ordering Provider EMC Only	MEDPM will Default for: Medicaid Insurance Type 'W' (any state) which includes LA MCO-BHP By Defaulting and Sending:
YES	NO	NO	'Rend Prv' as the Ordering (when 'Rend Prv' is not a Chiropractor/Audiologist) EMC and HC claims
YES	YES	NO <sup>②</sup>	'RfSc' as the Ordering and Referring (when 'RfSc' is not a Chiropractor/Audiologist) EMC only claims (as HC uses a <i>shared</i> field)
NO <sup>①</sup>	NO	NO	
NO <sup>①</sup>	YES	NO	'RfSc' as the Ordering and Referring (when 'RfSc' is not a Chiropractor/Audiologist) EMC only claims

① At **Location/Provider Number Maintenance** screen or **Insurance Company Master NPI** Criteria screen:

If 'Rendering NPI to use' field is set to '9', which indicates 'No Rendering Provider', i.e., do not print/send rendering physician information on CMS 1500 field (box) #24J or EMC equivalent

MEDPM will not be able to accommodate ORDERING PROVIDER MSI defaults that rely on having a 'Rend Prv' NOR will MEDPM be able to use the Rendering provider as the Referring Provider when the Referral Source is left blank on non-Medicaid and non-Workers' Compensation type claims.

NOTE: ② **Medicare** EMC will use Referral Source as Ordering Provider if no Ordering provider captured at charge entry or via Patient History, box 17, i.e., CMS 1500 hard copy complete field (box) 17 (DN) and EMC equivalent loop/segment 2420F.

## LA Medicaid Providers

Effective 04/01/2017, LA Medicaid (Traditional/Fee for Service) introduced a policy indicating that an Ordering Provider must be on the claim for certain services; however, LDH (Louisiana Department of Health) could not provide a list; the attached alludes to the providers that all Radiology Codes would require an Ordering Provider, however as of published date, we do not see that these are required for all 70000 CPT codes.

**MEDDATA Service Bureau** has identified the following CPT codes as receiving the below **DENIALS**:

71010	92551	93010	93970	94727	96372
73030	92552	93015	93971	95024	97530
73130	92555	93298	94060	95115	99173
73502	92556	93299	94640	95117	
73630	92567	93306	94664	95165	
92508	93000	93455	94727	95251	

If the Ordering Provider is invalid, Medicaid will issue RA Standard Paper Format (SPF) and ANSI DENIAL codes:

SPF: 47 INVALID OR MISSING ORDERING PROVIDER


CARC: 16 CLAIM/SVC LACKS INFO+

RARC: N265 INVLD ORDERING PRIM ID

*NOTE: MEDDATA Service Bureau, on occasion, has seen these denials used when an **invalid** Ordering/Rendering provider is used,*

*i.e., CPT code(s) that do not necessarily need an Ordering Prv but an **invalid** one was used.*

*i.e., ASA code(s) with a non-enrolled Medicaid provider*

Other carrier RARC DENIAL that may be corrected with proper  - via Patient History completion of Ordering Provider.

RARC: N264 INVLD ORDERING PROV NAME

RARC: N265 INVLD ORDERING PRIM ID

RARC: N266 INVLD ORDERING PROV ADDR

RARC: N267 INVLD ORD PROV SECOND ID

RARC: N268 INVLD ORDERING PROV CONTA

NOTE: Contents of this News Blast and associated updates will be maintained in [User Guide: Claim Information Reference Number](#).

Contact Software Support for assistance or any questions via:


From **MEDPM** or **MEDEHR** Sign On screens, double click on 'support@medtronsoftware.com' to compose an email to MSI Support Depts.

-OR-


Phone: (985) 234-0599 (local), (800) 978-0599 (toll free)

-OR-

Fax: (985) 234-0609



LOUISIANA  
DEPARTMENT OF  
HEALTH



MOLINA<sup>®</sup>  
Medicaid Solutions

**Attention Professional Services Providers:**

**ACA Requirement to Enter Ordering Provider on Medicaid Claims**

Effective for claims with dates of services on or after April 1, 2017, the NPI of the ordering provider must be entered in the appropriate location on Professional claims submitted to Louisiana Medicaid, and that provider must be enrolled with Louisiana Medicaid. Claim records where the ordering provider NPI is missing; is inaccurate; is not enrolled; or is not on file as of the date of service will **deny**. If a referring provider NPI is submitted on a claim, they also must be enrolled with Louisiana Medicaid or the claim will deny.

The NPI of the billing provider and the ordering provider may not be the same NPI, except in cases where an independently practicing professional provider (physician, APRN, optometrist, podiatrist, etc.) is the billing provider and the ordering provider.

Claims editing related to the above changes will be reflected as educational on RA's prior to the April 1, 2017 implementation date.