



## New Requirement for Ordering/Referring Information on Ambulatory Surgical Center (ASC) Claims for Diagnostic Services – JA6129

**Note:** MLN Matters article MM6129 was revised to change the reference to data loop 2310B. That reference was incorrect and should have been 2310A.

Related CR Release Date : August 8, 2008 **Revised**

Date Job Aid Revised: September 26, 2008

Effective Date: January 1, 2009

Implementation Date: January 5, 2009

### Key Words

MM6129, CR6129, R1572CP, Ordering, Referring, Ambulatory, Surgical, ASC

### Contractors Affected

- Medicare Administrative Contractors (A/B MACs)
- Medicare Carriers

### Provider Types Affected

ASCs who submit claims to A/B MACs or carriers for services provided to Medicare beneficiaries



- Beginning January 1, 2009, the ordering/referring physician must be reported on claims for diagnostic radiology services submitted by ASCs, as it is for other Part B claims for diagnostic services (modifier TC).
- The name of the ordering/referring physician must be present in block 17 and the National Provider Identifier (NPI) of the physician must be present in block 17B of the CMS-1500 (or in Data Element Loops 2420E and 2310A of the 837P).

### Provider Needs to Know...

- Effective for dates of service on or after January 1, 2009, for allowed ASC claims with the TC modifier:
  - The ordering/referring physician name needs to be included in block 17 and ordering/physician NPI in block 17B of the CMS-1500 for paper claims for allowed ASC claims;
  - The ordering physician name and NPI needs to be present in Loop 2420E NM1 (NM101=DK, NM102=1, NM103=*provider's last name*, NM104=*provider's first name*, NM108=XX, NM109=*provider's NPI*); and
  - The referring physician name and NPI needs to be present in Loop 2310A/2420F

NM1 (NM101=DN, NM102=1, NM103=*provider's last name*, NM104=*provider's first name*, NM108=XX, NM109=*provider's NPI*).

- Claims will be returned as unprocessable (using Claim Adjustment Reason Code 16- "Claim/service lacks information which is needed for adjudication") for the above services without the ordering/referring physician name or NPI on the claim.
- When returning claims as unprocessable, the Medicare Carrier or A/B MAC will use Remittance Advice Remark codes:
  - N264 - Missing/incomplete/invalid ordering provider name;
  - N265 - Missing/incomplete/invalid ordering provider primary identifier;
  - N285 - Missing/incomplete/invalid referring provider name; or
  - N286- Missing/incomplete/invalid referring provider primary identifier.
- If the NPI of the ordering/referring provider cannot be obtained by the billing provider, and it cannot be found on the NPI Registry, the billing provider (in X12N 837 transactions) or the service provider (in National Council for Prescription Drug Programs 5.1 transactions) may be used in the ordering/referring field on a temporary basis. Such use is subject to post-payment review.

**Background**

- Prior to January 1, 2008, ASCs could not be paid for diagnostic radiology services since these services were not included on the list of ASC-approved procedures.
- Effective for services on or after January 1, 2008, several radiology codes were added to the list of payable ASC procedures.
- Since ASCs can now bill for these services with the TC modifier, claims from ASCs for these services must be in compliance with Section 1883 (q) of the Social Security Act, which requires that physician ordering/referring information be included on all claims for payable services when there had been a referral by a referring physician.

Operational Impact      N/A

**Reference Materials**

The related MLN Matters article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6129.pdf> on the CMS website.  
 The official instruction (CR6129) regarding this change may be viewed at <http://www.cms.hhs.gov/Transmittals/downloads/R1572CP.pdf> on the CMS website.