

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services



REVISED products from the Medicare Learning Network® (MLN)

- [“Basic Medicare Information for Providers and Suppliers”](#) Guide (ICN 005933), Downloadable

MLN Matters® Number: SE1413 **Revised**

Related Change Request (CR) #: N/A

Related CR Release Date: February 7, 2014

Effective Date: July 1, 2014

Related CR Transmittal #: N/A

Implementation Date: July 7, 2014

Certifying Physicians and the Phase 2 Ordering and Referring Denial Edits for Home Health Agencies (HHAs)

Note: This article was revised on January 26, 2015, to include a link to article SE1311, which includes important information for physicians and non-physician practitioners who opt out of Medicare and/or elect to order and certify services to Medicare beneficiaries.

Provider Types Affected

This MLN Matters® Special Edition is intended for Home Health Agencies (HHAs) submitting claims to Medicare Administrative Contractors (MACs) for services to Medicare beneficiaries.

What Providers Need to Know

MLN Matters® Special Edition (SE) 1413 alerts HHAs that effective July 1, 2014, the Phase 2 ordering and referring denial edits will apply to the attending physician who signed the patient's plan of care as well as the certifying physician who certifies/re-certifies the patient's eligibility to receive services under the Medicare home health benefit as reported on the HHA claim. Currently, these edits are only applicable to the attending physician.

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The edits will check to ensure the attending and certifying physician, that the billing provider lists on the HHA claim, have valid National Provider Identifiers (NPIs) and are of a specialty type eligible to order and refer the HHA items and services on the claim. **These edits will deny the claim when this information is missing or invalid.** Make sure that your billing staffs are aware of these changes.

Background

Section 10604 of the Affordable Care Act, amended section 6405(b) of the Social Security Act (the Act), and it states as follows:

- Section 1814(a)(2) of the Act specifies, with respect to HH services under Part A, that payment may be made to providers of services if they are eligible and only if a physician enrolled under section 1866(j) of the Act certifies (and recertifies, as required) that the services are or were required in accordance with section 1814(a)(1)(C) of the Act; and
- Section 1835(a)(2) of the Act specifies, with respect to HH services under Part B, that payments may be made to providers of services if they are eligible and only if a physician enrolled under section 1866(j) of the Act certifies (and recertifies, as required) that the services are or were medically required in accordance with section 1835(a)(1)(B) of the Act.
- Section 1128J (e) requires that the physician be identified by his or her NPI in claims for those services. Medicare requires the ordering supplier (the physician) to be identified by legal name and NPI in the claim submitted by the provider of HH services.

HHA Ordering/Referring Edits

Effective July 1, 2014, HHAs are required to report the NPI of the physician who certifies/re-certifies the patient's eligibility (Certifying Physician). This is in addition to reporting the NPI and name of the physician who signs the patient's plan of care (Attending Physicians) when the attending physician is not the same physician who certified/re-certified the patient's eligibility to receive services under the Medicare home health benefit.

Therefore, effective July 1, 2014, for episodes that begin on or after July 1, 2014, the certifying physician and the attending physician must be enrolled in the Provider Enrollment, Chain and Ownership System (PECOS) or have validly opted out as of the date of service reported in the claim.

- If the Certifying and Attending physicians are different, both physicians are subject to the ordering and referring denial edits.
- If the Certifying and Attending physicians are the same, the edits will only be applied to the "Attending" field.

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The denial edits will serve as validation and verification that the attending and/or certifying physician that is ordering/referring services listed on the billing provider claims is eligible and enrolled in Medicare in an approved or opt out status.

If the claim is denied the following codes will be used:

- Group Code – CO
- Claim Adjustment Reason Code 16 – “Claim/service lacks information which is needed for adjudication”, and/or
- Remittance Advice Remark Code N272 – “Missing/incomplete/invalid other payer attending provider identifier.”

Beneficiaries are excluded from submitting claims for HHA ordered and referred covered items and services by an ordering and referring physician or eligible professional.

Note: While these edits apply to the "Attending" and "Referring Provider" fields in the 837I, on the paper claim, the "Other Provider" field will be used to capture the certifying physician.

Additional Information

For the complete list of providers who can order/refer beneficiary services for HHAs see SE 1305 (*Full Implementation of Edits on the Ordering/Referring Providers in Medicare Part B, DME, and Part A Home Health Agency (HHA) Claims (Change Requests 6417, 6421, 6696, and 6856)*) at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/se1305.pdf> on the CMS website.

You may also want to review the “[Medicare Enrollment Guidelines for Ordering/Referring Providers Fact Sheet](#)” for more information on filing claims file claims with ordering/referring providers information and details the enrollment requirements for ordering/referring physicians and other eligible NPPs.

Important information for physicians and non-physician practitioners who opt out of Medicare and/or elect to order and certify services to Medicare beneficiaries is available in MLN Matters® Article SE1311 at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1311.pdf> on the CMS website.

For the official instruction that requires home health agencies (HHAs) to begin reporting the National Provider Identifier (NPI) and the name of both the physician who certifies the patient's eligibility for home health services and the physician who signs the home health plan of care (POC) review the “[Home Health Agency Reporting Requirements for the Certifying Physician and the Physician Who Signs the Plan of Care.](#)”

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