



# Bureau of TennCare Policy Manual

**FINAL--4/04/2008**

<b>Policy No: BTC-Pol-Enc-200611-003</b>	
<b>Subject: Referring Provider Usage</b>	
<b>Approval: Encounter Data Policy Workgroup</b>	<b>Date: 04/04/2008</b>

**PURPOSE OF POLICY STATEMENT:** To clarify TennCare's position regarding claim encounters that must be submitted with referring provider identifiers.

## **POLICY:**

TennCare requires referring provider number identifiers to be billed in accordance with Medicare guidelines for applicable Medicaid services. TennCare requires the NPI for the referring provider's identifier. Omissions are subject to the rejection of the claim.

TennCare does not recognize a group as a referring provider. Only individual practitioners may refer. TennCare will not update this policy each time Medicare updates their claims processing manual. It is the responsibility of the MCCs to ensure they are following current Medicare claims processing guidelines.

Medicare Claims Processing Manual (version as of 1-25-08)

Chapter 25 – Completing and Processing the Form CMS-145 (UB) Data Set; FL78 & FL79

Chapter 26 - Completing and Processing Form CMS-1500 Data Set; 10.4 – Item 17

## **REFERENCE DOCUMENTS:**

TennCare HIPAA EDI Companion Guides

CMS Medicare Claims Processing Manuals

**OFFICES OF PRIMARY RESPONSIBILITY:**

- TennCare IS Division—to ensure that encounters are submitted to TennCare in the approved format
- Information Systems Management Contractor – to process encounters through the TCMIS system
- MCCs - to follow transaction requirements

**Medicare Claims Processing Manual**  
**Chapter 25 - Completing and Processing the Form**  
**CMS-1450 Data Set**  
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*(Rev. 1395, 12-14-07)*

Website: <http://www.cms.hhs.gov/manuals/downloads/clm104c25.pdf>

**FLs 78 and 79 - Other Provider Name and Identifiers (including NPI)**

**Situational.** The name and ID number of the individual corresponding to the qualifier category indicated in this section of the claim.

Provider Type Qualifier Codes/Definition/Situational Usage Notes:

DN - Referring Provider. The provider who sends the patient to another provider for services. Required on an outpatient claim when the Referring Provider is different than the Attending Physician. If not required, do not send.

ZZ - Other Operating Physician. An individual performing a secondary surgical procedure or assisting the Operating Physician. Required when another Operating Physician is involved. If not required, do not send.

82 - Rendering Provider. The health care professional who delivers or completes a particular medical service or non-surgical procedure. Report when state or federal regulatory requirements call for a combined claim, i.e., a claim that includes both facility and professional fee components (e.g., a Medicaid clinic bill or Critical Access Hospital claim). If not required, do not send.

Secondary Identifier Qualifiers:

0B - State License Number

1G - Provider UPIN Number

G2 - Provider Commercial Number

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*(Rev. 1420, 01-25-08)*

Website: <http://www.cms.hhs.gov/manuals/downloads/clm104c26.pdf>

**10.4 - Items 14-33 - Provider of Service or Supplier Information**

**(Rev. 1393; Issued: 12-14-07; Effective: 01-01-08; Implementation: 01-07-08)**

**Item 17** - Enter the name of the referring or ordering physician if the service or item was ordered or referred by a physician.

The term "physician" when used within the meaning of §1861(r) of the Act and used in connection with performing any function or action refers to:

1. A doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which he/she performs such function or action;

2. A doctor of dental surgery or dental medicine who is legally authorized to practice dentistry by the State in which he/she performs such functions and who is acting within the scope of his/her license when performing such functions;
3. A doctor of podiatric medicine for purposes of §§(k), (m), (p)(1), and (s) and §§1814(a), 1832(a)(2)(F)(ii), and 1835 of the Act, but only with respect to functions which he/she is legally authorized to perform as such by the State in which he/she performs them;
4. A doctor of optometry, but only with respect to the provision of items or services described in §1861(s) of the Act which he/she is legally authorized to perform as a doctor of optometry by the State in which he/she performs them; or
5. A chiropractor who is licensed as such by a State (or in a State which does not license chiropractors as such), and is legally authorized to perform the services of a chiropractor in the jurisdiction in which he/she performs such services, and who meets uniform minimum standards specified by the Secretary, but only for purposes of §§1861(s)(1) and 1861(s)(2)(A) of the Act, and only with respect to treatment by means of manual manipulation of the spine (to correct a subluxation). For the purposes of §1862(a)(4) of the Act and subject to the limitations and conditions provided above, chiropractor includes a doctor of one of the arts specified in the statute and legally authorized to practice such art in the country in which the inpatient hospital services (referred to in §1862(a)(4) of the Act) are furnished.

**Referring physician** - is a physician who requests an item or service for the beneficiary for which payment may be made under the Medicare program.

**Ordering physician** - is a physician or, when appropriate, a non-physician practitioner who orders non-physician services for the patient. See Pub 100-02, Medicare Benefit Policy Manual, chapter 15 for non-physician practitioner rules. Examples of services that might be ordered include diagnostic laboratory tests, clinical laboratory tests, pharmaceutical services, durable medical equipment, and services incident to that physician's or non-physician practitioner's service.

The ordering/referring requirement became effective January 1, 1992, and is required by §1833(q) of the Act. **All claims** for Medicare covered services and items that are the result of a physician's order or referral shall include the ordering/referring physician's name. See Items 17a and 17b below for further guidance on reporting the referring/ordering provider's UPIN and/or NPI. The following services/situations require

the submission of the referring/ordering provider information:

- Medicare covered services and items that are the result of a physician's order or referral;
- Parenteral and enteral nutrition;
- Immunosuppressive drug claims;
- Hepatitis B claims;
- Diagnostic laboratory services;
- Diagnostic radiology services;
- Portable x-ray services;

- Consultative services;
- Durable medical equipment;
- When the ordering physician is also the performing physician (as often is the case with in-office clinical laboratory tests);
- When a service is incident to the service of a physician or non-physician practitioner, the name of the physician or non-physician practitioner who performs the initial service and orders the non-physician service must appear in item 17;
- When a physician extender or other limited licensed practitioner refers a patient for consultative service, submit the name of the physician who is supervising the limited licensed practitioner;

**Item 17a** – Enter the ID qualifier 1G, followed by the CMS assigned UPIN of the referring/ordering physician listed in item 17. The UPIN may be reported on the Form CMS-1500 until May 22, 2007, and MUST be reported if an NPI is not available.

**NOTE:** Field 17a and/or 17b is required when a service was ordered or referred by a physician. Effective May 23, 2007, and later, 17a is not to be reported but 17b MUST be reported when a service was ordered or referred by a physician.

When a claim involves multiple referring and/or ordering physicians, a separate Form CMS-1500 shall be used for each ordering/referring physician. All physicians who order or refer Medicare beneficiaries or services must report either an NPI or UPIN or both prior to May 23, 2007. After that date, an NPI (but not a UPIN) must be reported even though they may never bill Medicare directly. A physician who has not been assigned a UPIN shall contact the Medicare carrier. Refer to Pub. 100-08, chapter 14, section 14.6 for additional information regarding UPINs.

**Item 17b Form CMS-1500 (08-05)** – Enter the NPI of the referring/ordering physician listed in item 17 as soon as it is available. The NPI may be reported on the Form CMS-1500 (08-05) as early as January 1, 2007.

**NOTE:** Field 17a and/or 17b is required when a service was ordered or referred by a physician. Effective May 23, 2007, and later, 17a is not to be reported but 17b MUST be reported when a service was ordered or referred by a physician.