

## AETNA BETTER HEALTH® OF KENTUCKY

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[www.aetnabetterhealth.com/kentucky](http://www.aetnabetterhealth.com/kentucky), go to Provider News

### PROVIDER NEWSFLASH – MAY 19, 2017 – PAGE 1 OF 2

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**To:** Network Providers

**Fax:** <<location fax>>

**In the News:** Ordering, Rendering, Prescribing Requirement Reminder

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#### 1. Ordering Referring Prescribing Requirements effective April 1, 2017

Just a reminder, effective **April 1, 2017**, Aetna Better Health implemented the requirement of the Center of Medicaid Services (CMS) for the Affordable Care Act (ACA), that now requires physicians or other eligible practitioners to enroll in the Medicaid program to order, prescribe, and refer items or services for Medicaid recipients. This requirement applies to those ordering, referring, and prescribing provider who are enrolled with the contracted Medicaid Managed Care Organizations.

This change is designed to ensure that all orders, prescriptions and referrals for items or services for Medicaid beneficiaries originate from appropriately licensed practitioners who have not been excluded from participation in Medicaid. The change requires providers to include the CMS Final Rule mandate that if items or services are ordered, prescribed or referred by a resident or teaching physician, they must be identified on the claim by his or her legal name and National Provider Identifier (NPI), and he or she must be an enrolled Medicaid provider.

The providers that are eligible to be ordering, referring, prescribing or attending providers are:

|                  |                              |
|------------------|------------------------------|
| Provider type 60 | Dentist                      |
| Provider type 64 | Physician                    |
| Provider type 74 | Nurse Anesthetist            |
| Provider type 77 | Optometrist                  |
| Provider type 78 | Certified Nurse Practitioner |
| Provider type 80 | Podiatrist                   |
| Provider type 85 | Chiropractors                |
| Provider type 95 | Physician Assistant          |

The entry of Ordering or Referring Provider is required if the service is ordered or referred. However, from an encounter editing standpoint an ordering **or** referring provider must be entered by the following provider types:

|                  |   |
|------------------|---|
| Provider type 18 | All services billed by a Private Duty Nurse         |
| Provider type 36 | All services billed by an Ambulatory Surgery Center |
| Provider type 37 | All services billed by an Independent Lab           |
| Provider type 50 | All services billed by a Hearing Aid Dealer         |
| Provider type 52 | All services billed by an Optician                  |
| Provider type 54 | All <u>crossover</u> services billed by a Pharmacy  |
| Provider type 70 | All services billed by an Audiologists              |
| Provider type 76 | All services billed by a Multi-therapy Agency       |

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|                  |  |
|------------------|--|
| Provider type 79 | All services billed by a Speech Language Pathologist   |
| Provider type 86 | All services billed by an X-Ray/Miscellaneous Supplier |
| Provider type 87 | All services billed by a Physical Therapist            |
| Provider type 88 | All services billed by an Occupational Therapist       |
| Provider type 90 | All services billed by a DME provider                  |

Provider type 34, Home Health Agencies, (and all other providers submitting on the UB-04) will still be required to submit an Attending Provider on all of their encounters.

This requirement also applies to out-of-state ordering, referring, and or prescribing providers. These providers must also be enrolled in Kentucky Medicaid for services to be paid by Fee for Service (Traditional) Medicaid and with the contracted managed care organizations, should services be provided to impacted Medicaid recipients.

This requirement was implemented beginning **April 1, 2017** and is applicable to all claims with dates of service beginning on that date and going forward. In order to give the affected providers time to comply with the requirement, claims with the date of service between **April 1, 2017** and **July 1, 2017** that do not meet this requirement will continue to be paid and a reminder notice will be provided to the provider of such claims. All claims which are submitted for dates of service beginning and after **July 1, 2017** which do not comply with the requirement will be denied.

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