



**PROVIDER REIMBURSEMENT GUIDANCE**

**Referring Provider NPI (National Provider Identifiers)**

<b>Original Date Approved</b>	<b>Effective Date SCO/ICO</b>	<b>Effective Date MAPD*</b>	<b>Revision Date</b>
02/10/2022	04/01/2022	04/01/2022	02/01/2022
<b>Scope:</b> Commonwealth Care Alliance (CCA) Product Lines			
<input checked="" type="checkbox"/> Senior Care Options (MA) <input checked="" type="checkbox"/> One Care (MA) <input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) MA* <input checked="" type="checkbox"/> CCA Medicare Value - (PPO) MA*		<input checked="" type="checkbox"/> CCA Medicare Preferred – (PPO) RI* <input checked="" type="checkbox"/> CCA Medicare Value - (PPO) RI* <input checked="" type="checkbox"/> Medicare Maximum – (HMO DNSP) RI*	

**Policy Summary**

The following policy states Commonwealth Care Alliance’s (CCA) guidelines for submission of claims for services which require the inclusion of National Provider Identifiers (NPIs) for the referring provider.

**Requirement Guidelines:**

In accordance with the Centers for Medicare & Medicaid Services (CMS) and MassHealth guidelines, all claims for the referred service types including but not limited to those listed below must include the NPI of the provider who ordered or referred the service(s).

Any Service that requires a Primary Care referral	Medications
Adult Day Health	Orthotics
Adult Foster Care	Oxygen/Respiratory Equipment
Durable Medical Equipment and Supplies (DME)	Prosthetics
Eyeglasses	Psychological Testing
Group Adult Foster Care	Therapy (PT, OT, ST)
Home Health	Lab and Diagnostic Tests
Independent Nurse	

**Base requirements:**

- All submitted claims must include the NPI of the ordering or referring provider
  - o The NPI should be included in box 17b on the 1500 claim form or box 78 or 79 of the UB 04 claim form.
- Claim submissions from providers who are ineligible to order or refer may result in a claim resubmission or denial
- The NPI included must be for an individual practitioner and not an organizational NPI number

## **Audit and Disclaimer Information**

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As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies and procedures and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

## **References**

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[CCA Website](#)

[CMS Website](#)

[Sample 1500 claim form](#)

National Physician Fee Schedule Relative Value File

Clinical Laboratory Fee Schedule

Payment Policies:

[Massachusetts](#) / [Rhode Island](#)

Provider Manuals:

[Massachusetts](#) / [Rhode Island](#)

Prior Authorization Forms:

[Massachusetts](#) / [Rhode Island](#)

## **Policy Timeline Details**

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1. Drafted: November 2021
2. Approved: November 2021
3. Implemented: December 2021