Ordering/Referring Physician Checklist for Home Health Agencies

To receive Medicare reimbursement for home health services, the physician that ordered/referred the patient for home health care must be enrolled in the Medicare program, and have an enrollment record in the Provider Enrollment, Chain, and Ownership System (PECOS). Fiscal Intermediary Standard System (FISS) edits are in place to ensure that the attending and certifying physician information reported on a home health claim meets this requirement. To avoid claim denials, follow the steps below.

Step 1: Verify the physician's NPI, last name, and first name using the "Medicare Ordering and Referring File" available at https://data.cms.gov/

> **NOTE:** This file is updated by CMS twice a week, so it is important to verify the physician information prior to submitting each billing transaction.

Step 2: Home health services must be ordered or referred by a Doctor of Medicine (MD), Doctor of Osteopathy (DO) or Doctor of Podiatric Medicine (DPM). To verify the credentials of the ordering/referring physician, search the physician's NPI using the NPPES website, https://npiregistry.cms.hhs.gov/. Refer to Page 3 of this tool for a list of valid home health ordering/referring specialty codes.

Step 3: Prior to submitting the Request for Anticipated Payment (RAP) and claim, verify the following information matches the Ordering/Referring File exactly.

- The NPI of the physician.
- The first four letters of the physician's last name
- The first letter of the physician's first name

> **NOTE:** Do not use nicknames, or enter credentials (Dr.) or suffixes (Jr., M.D).

Did Your Claim Deny with Reason Code 32072, 37236, or 37237?

When a claim is submitted to Medicare, FISS edits will verify the above information. If the information submitted on the claim does not match the Ordering/Referring file, the claim will be denied with reason code 37236 or 37237. If the Ordering/Referring file shows a termination date, the claim will be denied with reason code 32072.

If a claim is denied with 32072, 37236, or 37237, a home health agency can research the potential cause by reviewing the SC field on FISS Page 03 of the denied claim.

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ESRD HOURS 00 ADJUSTMENT REASON CODE    REJECT CODE      NONPAY CODE
ATT PHYS        NPI  XXXXXXXXXX  L   SMITH          F HAPPY    M  SC 08
OPR PHYS        NPI              L                  F          M  SC
OTH OPR         NPI              L                  F          M  SC
REN PHYS        NPI              L                  F          M  SC
REF PHYS        NPI  XXXXXXXXXX  L   JONES          F BARNEY   M  SC
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SC Field Value	Meaning	Action Required
99	NPI is not present in PECOS	Verify the NPI entered on the claim against the ordering/referring file. 1. If the NPI was entered incorrectly, you must request a reopening (see 'Request a Reopening' below). 2. If the NPI was entered correctly, review the ordering/referring file to determine if the NPI has been added or updated. If so, submit a reopening request. 3. If the NPI was entered correctly, and matches the ordering/referring file, no provider action may be taken.
'Blank'	NPI is present in PECOS, but the name on the claim does not match the name in PECOS, or the NPI shows a termination date	Verify the name entered on the claim matches the name on the ordering/referring file. If the name matches, contact the Provider Contact Center at 1.877.299.4500 (Option 1) to determine if the file includes a termination date. 1. If the name was entered incorrectly, you must request a reopening. 2. If the name on the ordering/referring file is incorrect, the physician must take action to correct the information in PECOS. 3. If the file includes a termination date, contact the physician. If the termination date is incorrect, the physician must take action to correct the information in PECOS. Once corrected, you must request a reopening.
Any numeric value (except 99)	Physician NPI and name matches the Ordering/Referring file. This value reflects the physician's specialty code.	1. If the physician is of a specialty type that can order/refer home health, the claim will pay. 2. If the physician is not of a specialty type to order/refer home health, the claim will be denied. Refer to Page 3 of this tool for a list of valid home health ordering/referring specialty codes. * Home health agencies may choose to contact the physician and encourage them to verify that the appropriate specialty is designated in PECOS to avoid claim processing delays and possible rejections.

IMPORTANT CLAIMS FILING TIPS

#1 – Do not use nicknames.

#2 – Do not enter credentials (Dr.) or suffixes (Jr., M.D).

#3 – Verify the physician's NPI, last name and first name is entered <u>exactly</u> as it appears on the ordering/referring list. This list is used by FISS to compare the NPI, first letter of the first name, and the first four letters of the last name.

Requesting a Reopening

If you determine a keying error was made with the physician's NPI and/or name, or the termination date has been corrected, you must request a reopening to correct the physician information reported on the claim.

NOTE: An appeal request (redetermination) cannot be submitted for claims denied with reason code 32072, 37236, or 37237.

To request a reopening, follow the steps below.

Step 1: Complete the *HHH Reopening Adjustment Request Form*, available at https://www.cgsmedicare.com/hhh/appeals/pdf/hhh_reopening_form.pdf.

Step 2: Submit an adjustment claim (XX7) on a hardcopy UB-04 with the corrected physician NPI and name, in addition to the original claim information. Ensure that you also include the necessary adjustment coding (condition code, DCN, remarks). For more information on submitting an adjustment claim, refer to the Adjustments/Cancels Web page, https://www.cgsmedicare.com/hhh/education/materials/Adjustments_Cancels.html

Step 3: Mail the HHH Reopening Adjustment Request Form and adjustment claim to:

> HHH Claims, J15 — HHH Claims
> CGS Administrators, LLC
> PO Box 20019
> Nashville, TN 37202

For detailed information about submitting a reopening request, see the Reopenings Web page, https://www.cgsmedicare.com/hhh/appeals/Reopenings.html

Valid Home Health Ordering/Referring Physician Specialty Codes

Code	Physician Specialty
01	General Practice
02	General Surgery
03	Allergy/Immunology
04	Otolaryngology
05	Anesthesiology
06	Cardiology
07	Dermatology
08	Family Practice
09	Interventional Pain Management
10	Gastroenterology
11	Internal Medicine
12	Osteopathic Manipulative Therapy
13	Neurology
14	Neurosurgery
16	Obstetrics/Gynecology
17	Hospice and Palliative Care
18	Ophthalmology
20	Orthopedic Surgery
21	Cardiac Electrophysiology
22	Pathology
23	Sports Medicine
24	Plastic and Reconstructive Surgery
25	Physical medicine and Rehabilitation
26	Psychiatry
27	Geriatric Psychiatry

Code	Physician Specialty
28	Colorectal Surgery (formerly Proctology)
29	Pulmonary Disease
30	Diagnostic Radiology
33	Thoracic Surgery
34	Urology
36	Nuclear Medicine
37	Pediatric Medicine
38	Geriatric Medicine
39	Nephrology
40	Hand Surgery
44	Infectious Disease
46	Endocrinology
48	Podiatry
66	Rheumatology
72	Pain Management
76	Peripheral Vascular Disease
77	Vascular Surgery
78	Cardiac Surgery
79	Addiction Medicine
81	Critical Care (intensivists)
82	Hematology
83	Hematology/Oncology
84	Preventive Medicine
85	Maxillofacial Surgery
86	Neuropsychiatry

Code	Physician Specialty
90	Medical Oncology
91	Surgical Oncology
92	Radiation Oncology
93	Emergency Medicine
94	Interventional Radiology
98	Gynecological/Oncology
C0	Sleep Medicine
C3	Interventional Cardiology
C6	Hospitalist
C7	Advanced Heart Failure and Transplant Cardiology
C8	Medical Toxicology
C9	Hematopoietic Cell Transplantation and Cellular Therapy
D3	Medical Genetics and Genomics
D4	Undersea and Hyperbaric Medicine