

Provider Memorandum

Reminder: ORP Claim Validation NPI Requirements

Effective January 1, 2020, Molina Healthcare of Illinois (Molina) aligned claims processing requirements with the Department of Healthcare and Family Services (HFS) regulations for the inclusion of the Ordering, Referring, and Prescribing (ORP) National Provider Identifier (NPI) on required claims.

As described in a [February 2020 Memo](#) and again in [August 2020](#), Molina requires the following information for claims with dates of service on or after January 1, 2020:

- Claims for services that require an ORP Provider will be required to include both the name and NPI of the practitioner who ordered, referred, or prescribed the service.
- The ORP Provider’s NPI must be enrolled in and active with the Illinois Assistance Program through the Illinois Medicaid Program Advanced Cloud Technology ([IMPACT](#)) or Legacy File.
- Please note that it is the responsibility of the **rendering** service Provider to validate that the ORP is active and registered in IMPACT.
- This requirement also applies to claims in which Medicare is the primary payer.

Effective with dates of service on or after January 1, 2020 (excluding pharmacy claims), Molina will reject claims if the required ORP information is missing or invalid, or if the ORP is not enrolled in IMPACT.

Effective with claim receipt dates beginning January 1, 2020 (pharmacy only), Molina will reject pharmacy claims submitted through the pharmacy system at point-of-sale if the prescribing practitioner identified on the pharmacy claim is not enrolled in IMPACT.

Listed below are the claims that will require an ORP on the claims:

Provider Type	Provider Description	Claim Format	COS	ORP Requirements
10	Physician	837P	001	Required when CPT is consultation 99241-99245 and 99251-99255
12	Optometrist	837P	001, 003	Required when CPT is consultation and when POS is 31, 32, or 33 and procedure code is between 99201 – 99499
13	Podiatrist	837P	004	Required when POS 31, 32, 33/LTC; also required when CPT is consultation
16	Advanced practice nurse	837P	057	Required when CPT is consultation
22	Physical therapist	837P	011	Always
23	Occupational therapist	837P	012	Always
24	Speech pathologist	837P	013	Always
25	Audiologist	837P	014	Always

Provider Type	Provider Description	Claim Format	COS	ORP Requirements
25	Audiologist - equipment	837P	041, 048	Always
030, 031, 032	Hospital billing fee-for-service	837P	001, 011, 012, 013, 030	Always
040, 043, 048	FQHC/ERC/RHC	837P	026	Required when CPT is consultation
51	Community health agency	837P	011, 012, 013	Always required when billing for physical, occupational, and/or speech therapies
52	Certified health dept	837P	011, 012, 013	Always required when billing for physical, occupational, and/or speech therapies
57	Home nursing agency	837P	066	Always
61	Independent laboratory	837P	043	Always
62	Optical supply companies	837P	045	Always
63	Durable medical equipment & supplies	837P	041, 048	Always
64	Imaging: Portable X-ray	837P	044	Always
64	Imaging centers	837P	001	Always
65	Independent diagnostic testing facilities	837P	101	Always
30, 31, 32	Hospital, psych hospital, rehab hospital	837I		<p>An attending Provider name and NPI is always required on an institutional claim form, and will be validated to ensure the NPI is both registered in IMPACT and active on the date of service.</p> <p>ORP is required when the ordering or referring Provider is different from the attending Provider.</p> <p>If an ORP is not required on the claim, we encourage you not to send an ORP.</p>
50	Home health	837I	066	An attending Provider name and NPI is always required on an institutional claim form, and will be validated to ensure the NPI is both registered in IMPACT and active on the date of service.
52	Home health	837I	066	ORP is required when the ordering or referring Provider is different from the attending Provider.

Molina requires claims to follow HIPAA 5010 ASC/X12 format:

- **For professional claims on an 837P**
 - Referring Provider is required when submitted at claim level 2310A or service line 2420F; qualifier DN.
 - Ordering Provider is required at service line level 2420E: qualifier DK.
 - If a paper HCFA is needed, the ORP name should be in box 17, the qualifier in box 17a, and the NPI should be in box 17b.
- **For institutional claims on an 837I**
 - ORP info should be submitted in loop 2310F with the NM1-09 containing the referring Provider NPI and the NM1-01 DN qualifier.
 - Line level referring Provider could be specified in loop 2420D.

- The attending Provider should be in loop 2310A.
- If a paper UB04 claim is needed, attending Provider information will be in form locator 76.
- If a paper UB04 claim is needed, ORP information should be included in form locator 78.

Claim Denials

Claims will be denied for the following reasons:

- If the ORP or any of the ORP information is missing:
 - Name
 - Qualifier
 - NPI
- If the claim contains any invalid ORP information:
 - Wrong loop/segment
 - Name and NPI not active or enrolled in IMPACT
- If the attending Provider is missing or incorrect:
 - Missing from 837I/UB04 claims
 - Invalid/inactive with IMPACT
 - A facility instead of an individual

CARC/RARC Codes

Scenario	Remit	CARC	CARC Description	RARC	RARC Description	CAGC
Prescribing	N31	16	Claim/service lacks information or has submission/billing error(s)	N31	Missing/incomplete/invalid prescribing Provider identifier	CO
Referring	N286	16	Claims/service lacks information or has submission/billing error(s)	N286	Missing/incomplete/invalid referring Provider primary identifier	CO
Ordering	N265	16	Claims/service lacks information or has submission/billing error(s)	N265	Missing/incomplete/invalid ordering Provider identifier	CO
Attending	MCP116	16	Attending Provider is not eligible to provide direction of care	N253	Missing/incomplete/invalid attending Provider identifier	CO

Pharmacy Denials

Claims will be denied at the pharmacy with the following reject message:

- Reject 889 – Prescriber not enrolled in State Medicaid Program. For enrollment, contact (877) 782-5565.

Questions?

We're here to help. Contact your Provider Network Manager or email the Provider Network Management team at MHILProviderNetworkManagement@MolinaHealthcare.com. For help identifying your Provider Network Manager, visit [Molina's Service Area](#) page at MolinaHealthcare.com.

Availity Provider Portal

We continue our transition to the Molina Availity Provider Portal, a tool that streamlines your claims management, authorizations, and eligibility/benefit verification. Are you registered? [Click here](#).

Get Critical Updates

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Note: Molina's website and documents are best viewed in Google Chrome or Microsoft Edge.