

Provider Memorandum

Ordering, Referring, Prescribing - National Provider Identifier (NPI) Requirements Reminder

Effective October 1, 2019, Molina Healthcare of Illinois (Molina) will align claims processing requirements with the Department of Healthcare and Family Services (HFS) regulations for the inclusion of the Ordering, Referring and Prescribing National Provider (NPI) Identifier on required claims.

As described in a February [memo](#), Molina will require the following information for claims with dates of service on and after October 1, 2019 (these requirements were delayed from July 1, 2019):

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

Effective with dates of service on and after October 1, 2019 (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 October 1, 2019 (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
All Provider Types		837P	001	Required when the POS is 31, 32, 33 and the CPT code is between procedure codes 99201-99499
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

Provider Type	Provider Description	Claim Format	COS	ORP Requirements
23	Occupational therapist	837P	012	Always
24	Speech pathologist	837P	013	Always
25	Audiologist	837P	014	Always
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
52	Certified health dept	837P	011, 012, 013	Always
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		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. Do not send an ORP on the claim. If an ORP is sent, it will be validated against IMPACT.
50	Home health	837I	066	Always

Molina requires claims 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, ORP information should be included in form locator 78/79

Claim Denials

Claims will be denied for the following reasons:

- Claim requires an ORP and any of the ORP information is missing
 - Name
 - Qualifier
 - NPI
- Claim contains ORP information and the information is not valid
 - Wrong loop/segment
 - Name and NPI not active or enrolled in IMPACT
- Attending Provider
 - Missing from 837I/UB04 claims
 - Invalid/inactive with IMPACT

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

Providers who have questions, concerns or would like additional training, including how to use the Molina Provider Portal, may contact their provider network managers or email the Provider Network Management Department at MHILProviderNetworkManagement@MolinaHealthcare.com.

For help identifying your provider network manager, visit Molina's Service Area page at www.MolinaHealthcare.com.

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