

Ordering, Referring, Prescribing (ORP) Requirements: Post-Implementation FAQs

When did ORP requirements go into effect?

On July 1, 2014, the Ohio Department of Medicaid (ODM) initiated a pay and post period to educate affected providers. Providers received notice of the pay and post period through their provider landing page in MITS. Informational edits were posted on provider remittance advices and on prior authorization requests.

ODM fully implemented ORP requirements on claims submitted with dates of service on or after 1/12/15.

For prior authorizations (PAs) submitted on or after 1/12/15, ODM intends to apply ORP enforcement.

What provider types are eligible ORP providers?

Physician, Advanced Practice Registered Nurse (APRN), Physician Assistant, Dentist, Optometrist, Podiatrist, Psychologist, or Chiropractor.

How do ORP professional claim requirements apply to PAs submitted and approved prior to 1/12/15?

Professional claims submitted with a date of service on or after 1/12/15 and a PA # submitted prior to 1/12/15 will not require the ORP information on the claim and PA to match. Providers should continue to submit a valid ORP on professional claims.

Professional claims submitted with a date of service on or after 1/12/15 and a PA # submitted on or after 1/12/15 will require the ORP information on the claim and PA to match.

When will ORP apply to pharmacy point-of-sale claims?

Pharmacy point-of-sale claims will be subject to ORP beginning 4/1/15.

Medicare recently announced the delay of ORP enforcement until December 2015 for pharmacy point-of-sale claims. Will ODM follow Medicare and delay the implementation of ORP for pharmacy point-of-sale claims?

No. Medicare may have delayed the implementation due to backlog of enrollment applications nationwide. ODM has no backlog for ORP-only enrollment. ORP-only applications are a priority for the enrollment staff. Further delay of ORP implementation increases the risk of an audit finding from the Centers for Medicare and Medicaid Services' Medicaid Integrity Group.

How will the pharmacy ORP edits work?

The prescriber must be enrolled as an active provider with ODM and the pharmacy must submit the prescribers individual National Provider Identifier (NPI) on the claim.

Pharmacy claims submitted on or after 4/1/15, for prescriptions written prior to 4/1/15, will require the prescriber to be enrolled as an active Medicaid provider on the date dispensed by the pharmacy.

Pharmacy claims submitted on or after 4/1/15, for prescriptions written on or after 4/1/15, will require the prescriber to be enrolled as an active provider both on the date the prescription was written and on the date the prescription is dispensed by the pharmacy.

On April 1, 2015, in addition to pharmacy point-of-sale claims, will ORP apply to claims submitted by other provider types?

Yes. Phase 2 of ORP implementation will begin for claims submitted with dates of service on or after 4/1/15. Phase 2 providers are currently in the pay and post period. Informational edits should be posting to the provider remittance advices. The following provider types will be affected by ORP claim requirements beginning on 4/1/15:

- *Clinics – therapy services, diagnostic imaging services, lab services, and durable medical equipment*
- *Wheelchair Vans*
- *Personal Care Aides – services provided under Developmental Disabilities or Aging waivers are not included in Phase 1 or Phase 2 of ORP implementation but will be in a later phase*
- *Physical Therapists, Occupational Therapists, Speech Language Pathologists, Audiologists*
- *Federally Qualified Health Centers (FQHC)*
- *Waiver Service Organization - services provided under Developmental Disabilities or Aging waivers are not included in Phase 1 or Phase 2 of ORP implementation but will be in a later phase*

Does Medicaid have a mechanism for providers to check to see if referring providers participate in Medicaid? If so, what is the process?

Yes. The mechanism has been in place since January 2014. The provider’s agent or administrator can log into the provider landing page in MITS to access the ORP provider search tool. The ORP provider NPI and date of service is required to complete the search. The search will return providers who are enrolled with Medicaid, either as an ORP-only or a billing provider.

After I’ve logged into MITS, how do I access the ORP search panel?

The agent or administrator should click on the provider tab, which is located immediately to the right of the user name. Next, scroll to the far right and click on the “ordering/referring/prescribing search” tab. Below is screen shot of the panel:

Super User **Providers** Account Claims Eligibility Prior Authorization Reports Publications
demographic maintenance 1099 information provider faq mits days report correspondence self attestation **ordering/referring/ prescribing search**

Ordering/Referring/Prescribing Search ? ↕

Ordering Provider NPI

Ordering Provider Last Name

First, MI

*Date of Service

search

clear

What version of the ORP provider's name should I use?

Use the name exactly as shown in the ORP search panel. Please be sure that the last name and first name on the claim is in all caps. ODM is currently working to convert all mixed case submissions to all caps.

What if the ORP provider I use is not enrolled as an active provider?

Contact the provider. The ORP provider has two ways in which to enroll, either as an ORP-only provider or a billing provider. If only enrolling for purposes of ORP, ODM recommends the provider enroll as an ORP-only. ORP-only applications are being completed with no delay.

What are the ORP-related claim edits that will be seen on the remittance advices in MITS?

EOB	Description
1121	ORP ORDERING PROVIDER NPI IS MISSING
1122	ORP ORDERING PROVIDER NAME IS INVALID
1123	ORP ORDERING PROVIDER NPI IS NOT ACTIVE
1124	ORP ORDERING PROVIDER NPI IS THE WRONG TYPE TO ORDER/REFER
1125	ORP ATTENDING PROVIDER NAME IS INVALID
1126	ORP ATTENDING PROVIDER NPI IS NOT ACTIVE
1127	ORP ATTENDING PROVIDER NPI IS THE WRONG TYPE TO ORDER/REFER
3028	THE SUBMITTED ORP PROVIDER NPI DOES NOT MATCH THE PRIOR AUTHORIZATION ORP PROVIDER NPI

What are the ORP-related claim adjustment reason codes (CARC) and remark adjustment reason codes (RARC) that will be seen on an electronic data interchange transaction?

EOB	CARC	RARC
1121	16	N265
1122	16	N264
1123	208	N265
1124	184	N574
1125	16	N252
1126	16	N253
1127	184	N574
3028	15	N517

For professional claims submitted through the electronic data interchange, in what loop is the ORP information required?

When submitting an 837 P, trading partners must send the ORP information in the 2420E Ordering Provider loop at each detail line.

For professional claims submitted through the electronic data interchange, is ORP information required both at the claim and detail level?

No, trading partners are only required to send ORP information at each detail line.

For professional claims, why does ODM require ORP information in only the Ordering loop when the title of the requirement is ordering or referring?

The federal regulation (42 CFR 455.410) says, "all claims for payment for items and services that were ordered or referred to contain the National Provider Identifier (NPI) of the physician or other professional who ordered or referred such items or services." Ohio Medicaid does not require referrals for professional services but does require orders. So, the ORP enforcement has been implemented at the Ordering loop on a professional claim.

Physical therapists in Ohio are not required to obtain an order from a qualified physician or practitioner before rendering physical therapy. ODM Medical Transmittal Letter (MAL) # 3334-13-11 released on January 9, 2014 indicated as much. Why then are PTs getting the ORP edit 1121 on their claims?

Section 1835(a)(2)(B),(C) of the Social Security Act and 42 CFR 440.110 states that physical therapy services require an order from a physician or other practitioner of the healing arts. The Medicaid program must follow these two regulations. Thus, an order is required and ORP enforcement for all therapy services will apply to claims submitted on and after April 1, 2015. Until this time, therapy providers will see ORP-related edits on their claims to inform them of the requirement for an order.

Are ORP requirements applied to claims for therapy services submitted by Federally Qualified Health Centers (FQHCs)?

Yes, FQHCs are subject to ORP requirements for all services billed under a U4 (physical therapy) or U5 (speech therapy and audiology).

Who do I call when experiencing ORP-related issues?

Please call the ODM Provider Call Center at 1-800-686-1516. Representatives are available weekdays from 8:00 AM-4:30 PM to assist with billing concerns.

March 2, 2015

