healthfirst
Health Insurance for New Yorkers

Reimbursement Policy

Subject:	Ordering/Referring Provider NPI		
Policy Number:	PO-RE-073v2		
Effective Date:	8/1/2023	**Last Approval Date:**	6/30/2026

I. Policy Description

Healthfirst requires the National Provider Identifier (NPI) of the ordering or referring provider to be reported on all applicable claims and encounters when an ordering or referring provider is required by CMS, New York State Medicaid, or other applicable regulatory requirements. The ordering/referring provider must be eligible to order or refer the service and must be identified using a valid NPI.

Accurate reporting of the ordering/referring provider NPI supports proper claims adjudication, regulatory compliance, provider identification, and reimbursement. Claims submitted without a required ordering/referring provider NPI, or with an invalid or inactive NPI, may be rejected or denied.

Consistent with HIPAA transaction standards, providers must use their assigned NPI when submitting electronic transactions. Applicable transactions include, but are not limited to:

- Claim
- Encounter
- Eligibility
- Claim status inquiry
- Electronic remittance advice (ERA)
- Precertification
- Referral
- NCPDP - Pharmacy

The information below applies to the following lines of business:

• Child Health Plus (CHP)	• Essential Plan (EP)
• Integrated Benefit Dual Plan (IB-Dual)	• Managed Long Term Care Plan (MLTCP – Senior Health Partners)
• Medicaid Managed Care (MMC)	• Medicaid Advantage Plus/MAP (CompleteCare)
• Medicare Advantage HMO	• Qualified Health Plan (QHP)
• Medicare PPO	• Personal Wellness Plan (HARP)

Reimbursement Guidelines

Healthfirst reimburses covered services requiring an ordering or referring provider when claims are submitted in accordance with CMS, New York State Medicaid, HIPAA requirements, applicable coding guidelines, and the provider's participation agreement.

To be eligible for reimbursement:

- The ordering/referring provider's NPI must be reported on claims whenever required by CMS, New York State Medicaid, or Healthfirst billing requirements.
- The ordering/referring provider must be authorized to order or refer the service under applicable federal and state regulations.
- The billing provider must accurately report the ordering/referring provider information using the appropriate claim fields on the CMS-1500, UB-04, or equivalent electronic transaction.
- The ordering/referring provider NPI must be valid and active at the time the service is rendered.
- Claims must be submitted in accordance with Healthfirst timely filing requirements and all applicable billing and coding guidelines.

Claims may be denied or rejected when:

- A required ordering/referring provider NPI is missing.
- An invalid, inactive, or incorrect NPI is submitted.
- The ordering/referring provider is not eligible to order or refer the billed service under applicable regulations.
- Claim submission does not comply with applicable billing, coding, or reimbursement requirements.

Adjudication and Appeal Process

1. Claims submitted by providers that do not adhere to this policy will be denied or rejected. It is the responsibility of the provider to ensure claims are coded accurately.

2. This policy applies only to the line(s) of business (LOB) identified at the beginning of the policy and does not apply to other LOBs. For policies applicable to other lines of business, please visit www.hfproviders.org.

3. This policy is a provider resource for understanding Healthfirst's reimbursement guidelines. It does not guarantee coverage or payment. Final reimbursement decisions depend on benefit coverage, state/federal mandates, medical necessity, and provider contract.

4. Claims submissions will be subject to timely filing requirements, as set forth in the provider contract with Healthfirst and in the Healthfirst Provider Manual. *Refer to: Healthfirst Provider Manual Subsection 17, "Billing & Claims Processing".*

II. Applicable Codes

Code	Description	Comment
N/A	N/A	N/A

III. Definitions

Term	Meaning
NPI	The National Provider Identifier (NPI) gives every healthcare provider a government-issued standard identification number.
Referring Provider	An ordering/referring provider is the individual who orders and/or refers an item or service for a beneficiary (e.g., laboratory diagnostic tests, imaging services, specialty services, durable medical equipment) that will be furnished and billed by another provider or supplier (e.g., laboratory, imaging center, specialist, DME supplier).
Billing Provider	The individual or organization that furnishes and bills for the ordered/referred service provided to the beneficiary

IV. Related Policies

Policy Number	Policy Description
N/A	N/A

V. Reference Materials

Medicare Claims Processing Manual Crosswalk (cms.gov) - Chapter 25 Form CMS-1450 (UB04)
Medicare Claims Processing Manual (cms.gov) - Chapter 26 Form CMS-1500
NYS Medicaid General Billing Guidelines (emedny.org)

VI. Revision History

Revision Date	Summary of Changes
6/30/2026	**Policy Description:** Revised and expanded the Policy Description to clearly define the purpose of the Ordering/Referring Provider NPI requirement, outline applicable HIPAA electronic transactions, and clarify Healthfirst's expectations for reporting the ordering/referring provider NPI on applicable claims. **Reimbursement Guidelines:** Created a new Reimbursement Guidelines section to consolidate reimbursement requirements, claim submission expectations, denial scenarios, and payment limitations into a dedicated section. Added guidance regarding valid and active NPIs, provider eligibility to order or refer services, timely filing requirements, and conditions under which claims may be denied or rejected. **Organization:** Reorganized the policy to improve readability and align with Healthfirst's standard reimbursement policy format by separating policy intent from reimbursement criteria while maintaining the existing policy requirements and regulatory intent.

Disclaimer

Healthfirst's claim edits follow national industry standards aligned with CMS standards that include, but are not limited to, the National Correct Coding Initiative (NCCI), the National and Local Coverage Determination (NCD/LCD) policies, appropriate modifier usage, global surgery and multiple procedure reduction rules, medically unlikely edits, duplicates, etc. In addition, Healthfirst's coding edits incorporate industry-accepted AMA and CMS CPT, HCPCS and ICD-10 coding principles, National Uniform Billing Editor's revenue coding guidelines, CPT Assistant guidelines, New York State-specific coding, billing, and payment policies, as well as national physician specialty academy guidelines (coding and clinical). Failure to follow proper coding, billing, and/or reimbursement policy guidelines could result in the denial and/or recoupment of the claim payment.

This policy is intended to serve as a resource for providers to use in understanding reimbursement guidelines for professional and institutional claims. This information is accurate and current as of the date of publication. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Reimbursement decisions are based on the terms of the applicable evidence of coverage, state and federal requirements or mandates, and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.