healthfirst
Health Insurance for New Yorkers

Reimbursement Policy

Subject:	Ordering/Referring Provider NPI		
Policy Number:	PO-RE-073v1		
Effective Date:	8/1/2023	**Last Approval Date:**	6/12/2023

I. Policy Description

The NPI number of the ordering/referring provider should be included in all claim's submissions to Healthfirst for member service requests. Federal regulations require you to submit HIPAA standard electronic transactions with only your NPI number. The following HIPAA standard electronic transactions must include the NPI:

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

Adjudication and Appeal Process

If Healthfirst determines that the applicable electronic or paper claim is missing the referring provider, Healthfirst may reject or deny the claim. Rejected or denied claim must be resubmitted with the referring provider information. Claim resubmissions are subjected to Healthfirst timely filing guidelines.

In Scope Lines of Business:

Medicare, Medicaid, HARP, Child Health Plus, Essential Plan, Qualified Health Plan, Commercial

II. Applicable Codes

Code	Description	Comment
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

Procedure codes appearing in Reimbursement Policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

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

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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.