



TO: Contracted Medicaid Managed Care Organizations
Contracted MyCare Ohio Plans
Contracted OhioRISE Plan

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DATE: April 20, 2026

This memo supersedes previous correspondence in relation to ORP requirements dated February 1, 2023.

SUBJECT: Updated Guidance on Ordering, Referring, and Prescribing (ORP) Requirements

The purpose of this memo is to replace guidance issued by ODM to the managed care entities (MCEs) on February 1, 2023, concerning Ohio's ordering, referring, and prescribing (ORP) provider requirements for managed care claims.

42 CFR 455.440 establishes, "The State Medicaid agency must require 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."

In compliance with this requirement, and as indicated in communication from ODM on September 26, 2025, the state is preparing an enhanced implementation methodology to ensure the consistent application of ORP across all MCEs and Ohio's fee-for-service Medicaid program. This effort will result in ODM publishing a single list of services subject to ORP, culminating in updated OMES system edits to uniformly enforce ORP requirements on claims and encounters. The comprehensive list of ORP- designated services will be posted [here](#), under "Something Went Wrong". As that work is underway, this memo provides a list of certain provider types and billing codes subject to ORP.

The following ODM provider types can enroll as "reporting-only" or "ORP-only" providers as defined in Administrative Code rule 5160-1-17.9. These practitioners can be identified on claims as the attending, ordering, or referring provider for items or services within their scope of practice (listed below with PNM provider type number):

- 20 – Physicians
- 24 – Physician Assistants
- 27 – Chiropractors



- 30 – Dentists
- 35 – Optometrists
- 36 – Podiatrists
- 42 – Licensed Psychologists
- Advanced Practice Registered Nurses:
 - 65 – Clinical Nurse Specialists
 - 71 – Certified Nurse Midwives
 - 72 – Certified Nurse Practitioner

ODM requires the NPI of the ordering practitioner for certain services billed on a professional claim that are performed by providers in accordance with Ohio Administrative Code (OAC) Agency 5160, with the following allowances:

- Federally Qualified Health Center (provider type 12) and Rural Health Center (provider type 05) – For claims submitted to the managed care entities, an ordering provider is needed for skilled therapies (physical therapy, occupational therapy, speech therapy, and audiology), DME, imaging and radiology, and laboratory services that are paid as set forth in the Provider Agreement. ORP is not required on Medicare crossover claims because the primary payer has already validated this information.
- Clinic (provider type 50) – an ordering provider is needed only for therapy, DME, imaging and radiology, and laboratory services.
- ODM requires the NPI of the **referring** practitioner to be reported with consultation codes 99242-99255 when the rendering practitioner is a Physician, Physician Assistant (PA), or Advanced Practice Registered Nurse (APRN).
- Dental services that require an ordering provider include CT scans, anesthesia, dentures, and comprehensive dental treatment.
- Transportation services that require an ordering provider NPI on the claim include ground ambulance mileage (A0425) and non-emergency basic life support (A0428) services, wheelchair van transport/mileage/attendant, and non-emergency basic life support.
- Agencies certified by the Ohio Department of Behavioral Health (ODBH), provider types 84 and 95, are only required to report an ordering provider on claims for laboratory services (skin tests, blood collection, alcohol breath test, and urine pregnancy test), and the following services when provided by a Registered Nurse (RN) Or Licensed Practical Nurse (LPN): withdrawal management, medication administration (methadone, buprenorphine/naloxone, etc.), and evaluation and management service 99211 for an established patient.
- MCOPs must require an ordering provider NPI on RN/LPN waiver nursing claims, but they may not impose an ORP NPI requirement on any other waiver services.
- An ordering provider NPI is required on claims for home health nursing, home health



skilled therapy, home health aide, private duty nursing, RN assessments, and RN consultations.

- Hospice services that require an ordering provider NPI include routine home care, continuous home care, inpatient respite care, general inpatient care, **hospice nursing facility room & board** and visits made by a social worker or a registered nurse provided during routine home care in the last seven days of life.

All DME items, radiology imaging, lab services, and skilled therapy services require an ordering provider NPI on the claim.

ODM requires the NPI of the **attending** practitioner to be reported on each institutional claim billed by the following provider types:

- 01 – Hospital
- 02 – Psychiatric Hospital
- 03 – Psychiatric Residential Treatment Facility (PRTF)
- 86 – Nursing Facility
- 88 – State Operated Intermediate Care Facility (ICF)
- 89 – Non-State Operated ICF

ODM requires the NPI of the **ordering** practitioner to be reported on each professional claim billed by the following provider types:

- 76 – Durable Medical Equipment, Prostheses, Orthoses, and Supplies (DMEPOS) Supplier
- 79 – Independent Diagnostic Testing Facility (IDTF)
- 80 – Independent Laboratory

ODM is in the process of updating compliance and monitoring actions noted within the Encounter Methodology including establishing an enforcement date of January 1, 2027. In preparation for the January 1st enforcement deadline, plans are encouraged to consider system edits to pend claims as well as perform analysis to identify providers and conduct outreach and education to reduce potential provider abrasion. Beginning January 1, 2027, any pending or new day claims containing NPI ORP errors must be denied by the MCE.

MCEs must provide a comprehensive education plan for impacted provider outreach to ODM by **06/17/2026**, including your communication strategy and timeline. As we move forward, it's essential to keep these key points in mind:

- Unenrolled providers must be directed to the Provider Network Management (PNM) module to enroll.
- MCEs must use Claim Adjustment Reason Codes (CARCs) and Remittance Advice Remark Codes (RARC) that communicate the reason for the denial.



The ORP NPI must be validated as an actively enrolled provider on the claim and then sent to ODM on the encounter.

Questions from MCOs/MCOPs related to this communication should be sent to ManagedCarePolicy@medicaid.ohio.gov.

Questions from the OhioRISE Plan related to this communication should be sent to OhioRISEPolicy@medicaid.ohio.gov.