

July 14, 2020

**ILLINOIS HEALTH AND HOSPITAL ASSOCIATION
M E M O R A N D U M**

**SUBJECT: Reinstatement of Ordering Rendering and Prescribing (ORP) Edit,
Inpatient Claims Containing LARC Device Codes**

The Department of Healthcare and Family Services (HFS) has issued two important [provider notices](#) within the past week. The first [provider notice](#) alerts hospital that the previously suspended Ordering, Rendering and Prescribing (ORP) edit will be reinstated effective August 1, 2020; a second [provider notice](#) provides interim guidance to hospitals for inpatient claims containing long-acting reversible contraceptive (LARC) HCPCS codes.

The first [provider notice](#) alerts providers that the Department will resume editing to ensure that ordering/referring/prescribing (ORP) provider National Provider Identifiers (NPIs) are valid and the providers are enrolled with the Department. This will be effective with **claims received** starting August 1, 2020, regardless of service date, and applies to claims for both managed care and traditional fee-for-service participants.

As a result of the current COVID-19 public health emergency, the Department had requested a waiver through the federal Centers for Medicare & Medicaid Services (CMS) to temporarily cease the requirement that providers who order, refer, or prescribe to Medicaid beneficiaries be enrolled with Illinois Medicaid. This waiver request was ultimately not approved by CMS. Therefore, the Department is resuming normal editing effective with claims received starting August 1, 2020.

Questions regarding the ORP policy may be directed to the Bureau of Professional and Ancillary Services at 877-782-5565 for participants covered under traditional fee-for-service, or to the applicable managed care plan.

The second [provider notice](#) is a follow-up notice to an earlier HFS [provider notice](#) dated June 24, 2020, notifying hospitals that for inpatient discharges beginning July 1, 2020, the LARC device charge should be included on the hospital inpatient claim, and will be reimbursed separately as an add-on amount to the APR-DRG payment determined for the inpatient delivery. **Until system changes are completed, hospitals are instructed to hold fee-for-service claims that contain a LARC HCPCS code.** Hospitals will be notified when the system changes are completed, so that the claims may be submitted and paid correctly. The claim hold instructions above apply only to participants covered under traditional Medicaid fee-for-service.

Questions regarding this notice may be directed to HFS.Hospitals@illinois.gov.

IHA contact for questions: [click here](#).