



Reminder - Ordering/Referring Practitioner Billing Requirements

To ensure accurate claims processing, providers should include the National Provider Identifier (NPI) of the practitioner who ordered, referred, or directed the service when submitting claims for any service that originates from a clinical order, referral, or treatment plan. This requirement applies to all services initiated under the direction of another licensed practitioner. It allows HAP to:

- Determine whether the service began under a contracted provider-directed episode of care within the member's plan
- Verify the ordering or referring practitioner's eligibility and authorization
- Ensure proper adjudication of benefits consistent with regulatory standards
- Accurately assign payment responsibility

We may pend or deny claims that lack required ordering/referring practitioner information. Billing providers must ensure the claim reflects the practitioner who authorized the service. Please see tables below for more information.

Professional

Provider Type	Electronic (837P) – Loop/Segment	CMS-1500 – Field & Requirements
Ordering Provider	2420E	Name (Item 17) Qualifier (Item 17a): DK NPI (Item 17b)
Referring Provider	2310A	Name (Item 17) Qualifier (Item 17a): DN NPI (Item 17b)
Supervising Provider	2310D	Name (Item 17) Qualifier (Item 17a): DQ NPI (Item 17b)

Institutional

Provider Type	Electronic (837I) – Loop	UB-04 – Field & Requirements
Attending Provider	2310A	76
Operating Provider	2310B	77
Referring/Other Provider	2310E	78 or 79