TO: **Pharmacies, Physicians, Nurse Practitioners, Nurse Midwives, Dental Providers, Physician Assistants, Optometrists, Podiatrists, Long Term Care Providers, Clinics, and Hospitals**

RE: **Enhanced Editing of Prescribing Provider NPI Numbers**

This bulletin serves to notify providers of upcoming pharmacy and compound claims processing changes. As previously communicated in provider bulletin PB 2012-10, in accordance with the Ordering, Prescribing and Referring (OPR) mandate set forth in the Affordable Care Act (ACA), effective October 1, 2013 the Department of Social Services (DSS) will deny claims for prescriptions and refills if the submitted Prescribing Provider NPI is: sanctioned or not authorized to prescribe; not actively enrolled with the Connecticut Medical Assistance Program (CMAP); or enrolled with a group Provider Type (only individual practitioner NPIs are permitted).

Effective October 1, 2013 the following Explanation of Benefits (EOB) codes will appear on denied pharmacy and compound claims.

0204 "Prescribing provider not authorized to prescribe." This edit will set if the submitted Prescribing Provider NPI is sanctioned or is not a Provider Type that is authorized to prescribe; such as: extended care facility, chiropractor, therapist, optician, pharmacy, DME, transportation, laboratory, radiology, hospice agency, behavioral health clinician, or naturopath.

0206 "Submitted prescriber's ID is invalid." This edit will set if the submitted Prescribing Provider NPI is not ten numeric digits (NPI format) or fails the NPI validation algorithm.

0207 "Prescribing provider not enrolled." This edit will set if the submitted Prescribing Provider NPI is not on file; or the NPI is on file but does not have an "Active" or "Performing Provider Only" contract or is not in the process of enrolling with CMAP on the dispense date of the claim. For a one-time Prescribing Provider Exception (PPE) override, pharmacies will be able to enter all 7's in the Prior Authorization Number Submitted field, NCPDP 462-EV, in order to dispense a one-time, 14 day supply of the medication.

This edit will be bypassed if the submitted Prescribing Provider NPI is associated to an active Application Tracking Number (ATN) indicating the prescriber is in the process of enrolling with CMAP.

Prescription orders that activate an Early Refill or an Optimal Dose edit in addition to posting EOB 0207 "Prescribing provider not enrolled" will not be considered for payment by CMAP. Pharmacies will not be able to override an Early Refill or Optimal Dose rejection by entering all 7's in the Prior Authorization Number Submitted field.

Please Note: In the event that a PPE override has already been authorized matching the submitted client ID, Prescribing Provider NPI, and medication, the following message will be returned: **"One time bypass fill has been used; must switch to an enrolled Prescribing Provider to continue current drug therapy."**

If another prescribing provider authorizes verbal consent to cover the medication, documentation should be retained on the original prescription. The Prescribing Provider NPI must not be changed on the denied claim, and resubmitted. The pharmacy should create

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a new prescription identifying the new prescriber of the medication.

0209 "Prescriber ID of group; Resubmit individual's NPI." This edit will set if the submitted Prescribing Provider NPI is associated with a group and not an individual provider.

0237 "Submit with supervising NPI or enroll if licensed." This edit will set if the submitted Prescribing Provider NPI is not enrolled or is not in the process of enrolling with CMAP and the NPI is associated in NPPES to the primary taxonomy of 390200000X (Student/Resident).

0254 "Prescribing provider taxonomy not authorized." This edit will set if the submitted Prescribing Provider NPI is not on file and the Primary NPPES Taxonomy is not tied to an authorized prescribing Provider Type.

Please Note: All prescriptions need to be signed by a licensed, enrolled provider in order to be paid for by CMAP. Prescriptions should NOT be signed by non-licensed interns/residents located in hospitals, nursing facilities, federally qualified health centers, and clinics. The attending physician supervising the unlicensed intern/resident in the care of the patient receiving the prescription needs to sign the prescription in order to be paid for by CMAP, provided that the attending physician is actively enrolled. Providers who wish to enroll with CMAP should access the Provider Enrollment/Re-enrollment Wizard on the www.ctdssmap.com Web site. From the *Home* page navigate to *Provider > Provider Enrollment* for details.

The enrollment application allows for providers to participate as an Ordering, Prescribing, or Referring (OPR) provider only, which presents an abbreviated version of the enrollment application. OPR providers do not bill CMAP for services rendered but may

order, prescribe, or refer services/supplies for CMAP members.

As a reminder, pharmacy and compound claims received without the NPI of an enrolled, authorized prescriber will deny as of October 1, 2013. DSS strongly recommends that prescribing providers enroll in CMAP in order to avoid future pharmacy claim denials.

Please Note: It is imperative that every provider use an accurate Prescribing Provider NPI on all prescriptions and that all pharmacies submit claims to CMAP with an accurate NPI as well. **Misuse of NPIs is a Federal, State, and HIPAA violation subject to federal fines.** Furthermore, billing inaccurate prescriber NPIs, such as submitting one prescriber's NPI on a claim for a prescription written by a different prescriber, is strictly forbidden and may be construed as fraudulent billing in an audit which will subject the pharmacy to recoupment of payment(s).

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