



TO: **Pharmacies, Physicians, Nurse Practitioners, Dental Providers, Physician Assistants, Optometrists, 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. In accordance with mandates set forth in the Affordable Care Act (ACA), effective April 1, 2012 the Department of Social Services (DSS) will deny claims for prescriptions and refills if the submitted Prescribing Provider ID is not authorized to prescribe, not enrolled with the Connecticut Medical Assistance Program (CMAP), or enrolled with a group Provider Type.

In advance of the April 1, 2012 requirement, the following Explanation of Benefits (EOB) codes will soon begin to post to pharmacy and compound claims as a **warning only**.

**0204 “Prescribing provider not authorized to prescribe.”** This edit will set if the submitted Prescribing Provider ID is associated with one of the following Provider Types: extended care facility, chiropractor, chiropractor group, therapist, therapist group, optician, optician group, pharmacy, DME, transportation, laboratory, radiology, hospice agency, behavioral health clinician, behavioral health clinician group, naturopath, or naturopath group.

**0207 “Prescribing provider not enrolled.”** This edit will set if the submitted Prescribing Provider ID is on file but is an MCO Network Only Provider. This edit will also set if the submitted Prescribing Provider ID is on file but does not have an “Active” contract or a “Performing Provider Only” contract with CMAP on the dispense date of the claim.

**0209 “Claim submitted with group prescriber NPI. Use individual prescriber’s NPI.”** This edit will set if the submitted Prescribing Provider ID is associated with one of the following Provider Types: hospital, clinic, drug/alcohol abuse center, advanced practice nurse group, nurse midwife group, physician group, podiatrist group, optometrist group, dentist group, or state institution.

All prescribing providers are required to enroll with CMAP. Prescriptions written by residents and interns located within hospitals, nursing facilities, federally qualified health centers, and clinics are able to be processed using the NPI of their attending physician provided that the attending physician is actively enrolled with CMAP. Providers that wish to enroll with CMAP should access the Provider Enrollment/Re-enrollment Wizard on the [www.ctdssmap.com](http://www.ctdssmap.com) Web site. From the *Home* page navigate to *Provider > Provider Enrollment* for details.

Pharmacy and compound claims received without the NPI of an enrolled, authorized prescriber will deny as of April 1, 2012. If these EOBs are posted to a denied claim prior to this date, they were not the cause of the claim denial. Providers should address the remaining errors on the claims that caused the claim to deny and resubmit those claims.

