

March 2007

# Connecticut Medical Assistance Program Newsletter

Department of Social Services (DSS) and EDS  
[www.ctmedicalprogram.com](http://www.ctmedicalprogram.com)



## 1<sup>st</sup> Quarter 2007 Provider HOT TOPICS



### National Provider Identifier (NPI) News

#### NPI - Share it!

The implementation of the NPI is just around the corner! Many providers have obtained an NPI and have forwarded it to EDS. For those providers who have yet to submit their NPI information to EDS, please do so soon by completing the following steps.

If you have not yet applied for an NPI, do so today! Health care providers may apply for an NPI(s), free of charge, via a Web based application process by visiting the National Plan and Provider Enumeration System (NPPES) at <https://nppes.cms.hhs.gov>. **Failure to do so and submit this information to EDS prior to the NPI implementation will result in claim denials.**

Providers must print out and complete the NPI Submission Form and send it to the EDS Provider Enrollment Unit, P.O. Box 5007, Hartford, CT 06104. The NPI submission form can be found at [www.ctmedicalprogram.com](http://www.ctmedicalprogram.com) by clicking on Publications → Forms → NPI Provider Information Form. **A copy of the NPI notification and/or E-mail from the NPI enumerator Fox Systems, Inc. must be attached to this form and sent to EDS.**

Another important step is to choose the most appropriate taxonomy code associated with the Connecticut Medical Assistance Program provider type/specialty under which the provider is enrolled. To assist providers, a taxonomy to provider type/specialty crosswalk has been provided at: [www.ctmedicalprogram.com](http://www.ctmedicalprogram.com). From the home page click on NPI Information → Connecticut Medical Assistance Program Type/Specialty Taxonomy Crosswalk → Type/Specialty Taxonomy Crosswalk. Providers **must** select a taxonomy from this crosswalk that is associated with their provider type/specialty and use this taxonomy on all claims and transactions submitted to EDS. Failure to choose an appropriate taxonomy from this crosswalk will cause the NPI information form to be returned to the provider for correction.

Providers who are not eligible to receive an NPI are considered non-medical or atypical providers. Non-medical or atypical providers will continue to submit claims and transactions with their Connecticut Medical Assistance Program provider number. Non-medical providers are identified as atypical in the *Provider Taxonomy* column of the Provider Type/Specialty Taxonomy Crosswalk mentioned above.

EDS continues to post NPI related information on the Connecticut Medical Assistance Program Web site, [www.ctmedicalprogram.com](http://www.ctmedicalprogram.com). This information can be accessed by clicking on *NPI* from the home page. Providers should visit this site often to obtain current information regarding the NPI implementation.

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## NPI Provider Workshops Coming Soon

Provider workshops presenting NPI and claim form changes will be scheduled for Professional, Institutional, and Dental providers. There will be no workshop for Pharmacy providers. Pharmacy providers will have an opportunity to dial into a conference call to receive NPI information and billing instructions. Specific dates and times will be published soon. Workshop dates and locations will also be published soon and invitations will be sent to providers. Workshop invitations can also be obtained at: [www.ctmedicalprogram.com](http://www.ctmedicalprogram.com). From the home page, click on Hot Topics → Provider Workshops → Provider Workshop Schedule.

### UB-04

The transition from the UB-92 to the UB-04 will occur in conjunction with the NPI implementation.

- Providers must begin submitting the paper UB-04 on **May 11, 2007** with their NPI and taxonomy. Failure to provide the NPI and taxonomy will result in claim denials.
- UB-92 claim forms received on or after **May 11, 2007** will be returned to providers.
- Paper claims received prior to **May 11, 2007** need to contain the Connecticut Medical Assistance Program provider ID. Claims containing only the NPI will be returned to the provider.

The following table lists updated billing instructions for fields impacted by the new UB-04 claim form. For a complete list of UB-04 claim changes, go to [www.ctmedicalprogram.com](http://www.ctmedicalprogram.com) and from the home page click on NPI Information→UB-04 claim form. Billing requirements for all other fields remain the same.

Field	Field Name	UB-04 Billing Instructions
1	Unlabeled	This field must contain the billing provider's name and address. <b>The address must include a 9 digit zip code.</b>
4	Type of Bill	The Type of Bill (TOB) has increased to 4 characters. According to the National Uniform Billing Committee's Data Specifications Manual, the first digit is a zero. EDS will accept either the 3 digit or 4 digit TOB. Providers do not need to change their current billing practice.
25 – 28	Condition Codes	Four additional condition codes may be entered in these fields.
36	Occurrence Code From/Through	An additional Occurrence Code and Span From and Through date may be entered in this field.
39	Value Codes/ Amount	With the deletion of the Covered and Non-Covered Days fields, the following value codes <b>must be entered</b> in this field:  Value Code 80 = Covered Days Value Code 81 = Non-Covered Days  The number of days associated with these value codes must be entered in the amount field.
44	HCPCS/Rate/HIPPS Code	Enter a 5 digit procedure code followed by up to four 2 digit modifiers.
45 line 23	Creation Date	The date the claim was created <b>must be entered</b> in this field, failure to do so will result in the claim being returned to the provider.

56	NPI	This field must contain the billing provider's NPI.
63	Treatment Authorization Codes	While this field has expanded, EDS will continue to require an 8 digit prior authorization number when applicable.
67	Diagnosis Codes	Enter the 4 or 5 digit primary diagnosis code from the International Classification of Diseases, 9 <sup>th</sup> Revision, Clinical Modification (ICD-9-CM) Manual.
67a.-q.	Other Diagnosis	Nine additional diagnosis code fields have been added. The first two of these additional diagnosis codes will be captured in claims processing.
76	Attending Provider	Enter the name or 10 digit NPI of the attending physician.
77	Operating Provider	Enter the name or 10 digit NPI of the physician who performed the principal surgical procedure, if any. The QUAL/ID is not required.
78	Other Provider	Enter the name or 10 digit NPI/Non-Medical Provider Identifier, qualifier and name of the referring, rendering or other operating physician <b>if applicable</b> .
81 CC (a-d)	Taxonomy Qualifier & Taxonomy Code	Enter the billing provider's taxonomy qualifier of B3 in the first field Enter the billing provider's taxonomy code as applicable in the second field.

## CMS-1500 (v 08/05)

### Important New Development

The Centers for Medicare & Medicaid Services (CMS) has discovered that incorrectly formatted versions of the updated CMS-1500 (v 08/05) forms are being sold by print vendors, specifically by the Government Printing Office (GPO). Properly formatted CMS-1500 (v 08/05) claim forms have approximately a ¼” gap between the tip of the red arrow above the vertically stacked word “CARRIER” (on the upper right hand corner) and the top edge of the paper. Incorrectly formatted CMS-1500 (v 08/05) forms can be identified if the tip of the red arrow is touching or is close to touching the top edge of the paper. **Claims submitted on the incorrectly formatted CMS-1500 (v 08/05) forms will be returned to the provider.**

### Effective May 11, 2007

- Providers must submit claims on the CMS-1500 (v 08/05) claim form with the NPI and taxonomy beginning May 11, 2007 following the claim billing instructions below. Billing instructions for all other fields remain the same. **Failure to provide the NPI and taxonomy will result in claim denials.**
- Non-medical or atypical providers, who are ineligible to obtain an NPI, will continue to submit claims and transactions with their Connecticut Medical Assistance Program provider number and will not be

Field	Field Name	CMS-1500 (08/05) Billing Instructions
17a	Untitled	<b>If available</b> , the first block must contain the two character taxonomy qualifier (ZZ) and the referring provider's taxonomy code in the second block. This field is not required as long as field 17 is populated with the referring provider's name.
17b	NPI	<b>If available</b> , this field must contain the referring provider's NPI. This field is not required as long as field 17 is populated with the referring provider's name.
21	Diagnosis	Although there are no physical changes to this field, EDS will now accept and capture all four diagnosis codes.
24	Supplemental Information	When billing a drug procedure code, the NDC will no longer be inserted on the line directly below the HCPCS drug procedure code. The NDC must be entered on the same detail line as the procedure code, beginning in field 24A, in the shaded area as illustrated below.

**NDC Code**

2. DATE(S) OF SERVICE			4. PROCEDURES, SERVICES, OR SUPPLIES			E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
24. A. DATE(S) OF SERVICE			D. PROCEDURES, SERVICES, OR SUPPLIES			E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
From	To		(Explain Unusual Circumstances)								
MM	DD	YY	MM	DD	YY	EMG	CPT/HCPCS	MODIFIER			
000741	15278		HEPARIN SODIUM INJECTION				J1642			ZZ	207R00000X
02	01	07	02	01	07	031				NPI	0123456789

24E	Diagnosis pointer	Enter the diagnosis pointer referring to the line number from field 21 (Diagnosis Code) that relates to the reason the service(s) was performed. The reference numbers should be a 1, or a 2, or a 3 or a 4; or multiple numbers if applicable. ICD-9-CM diagnosis codes must be entered in field 21 only. Do not enter them in 24E.
24I shaded	ID Qual	When a performing provider is required, this field (shaded area) must contain the two character taxonomy qualifier (ZZ).
24J shaded	Rendering Provider ID	When a performing provider is required, this field (shaded area) must contain the performing provider's taxonomy code.
24J unshaded	NPI	When a performing provider is required, this field (unshaded area) must contain the performing provider's NPI/Non-Medical Provider Identifier.
32	Service Facility Location Information	When required, enter the name and address of the service facility.
32a	Untitled	<b>If available</b> , this field must contain the service facility's NPI. This field is not required as long as field 32 is populated with the service facility's name and address.
32b	Untitled	<b>If available</b> , this field must contain the two character taxonomy qualifier (ZZ) followed immediately by the service facility's taxonomy code. This field is not required as long as field 32 is populated with the service facility's name and address.
33	Billing provider Info	This field must contain the billing provider's name and address. <b>The address must include a 9 digit zip code.</b>
33a	Untitled	This field must contain the billing provider's NPI.
33b	Untitled	This field must contain the two character taxonomy qualifier (ZZ) followed immediately by the billing provider's taxonomy code.

## Dental Claim Form

Although the existing dental claim form **is not** changing, the billing instructions will change to accommodate NPI. Effective May 11, 2007, providers must begin submitting their NPI and taxonomy on the dental claim form. **Failure to provide the NPI and taxonomy will result in claim denials.** Following are the changes to the dental claim form submission:

Field	Field Name	Dental Claim Form Billing Instructions
9	Provider Name, Address and Provider Number	This field must contain the billing provider's NPI, taxonomy, name and address. <b>The address must include a 9 digit zip code.</b>
16	This Patient Referred By	Enter the name of the referring provider, if applicable. The referring provider's NPI may also be entered in this field, but it is not required.
19	Performing Provider ID	Enter both the performing provider's NPI and taxonomy. Due to the limited size of this field, the taxonomy will be entered on the next detail line directly below the performing provider's NPI.

<p>9. <span style="float: right;">0 1 2 3 4 5 6 7 8 9</span></p> <p><b>J.J. DENTAL CENTER      1 2 2 3 6 0 0 0 1 X</b></p> <p><b>100 MAIN STREET</b></p> <p><b>HARTFORD, CT 06104-1805</b></p> <p>DENTIST NAME DENTIST ADDRESS DENTIST MEDICAID PROVIDER NUMBER</p> <p>14. PLACE OF TREATMENT OFFICE <input checked="" type="checkbox"/> HOSP. IP <input type="checkbox"/> HOSP. OP <input type="checkbox"/> N.H. <input type="checkbox"/> OTHER <input type="checkbox"/> (3) (1) (2) (7) (0)</p> <p>15. RADIOGRAPHS ENCLOSED? NO YES HOW MANY?</p>	<p>10. IS TREATMENT A RESULT OF OCCUPATIONAL ILLNESS OR INJURY? YES NO <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>11. IS TREATMENT A RESULT OF AUTO ACCIDENT? YES NO <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>12. IS TREATMENT A RESULT OF OTHER ACCIDENT? YES NO <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>13. REMARKS</p>																																													
<p>16. THIS PATIENT REFERRED BY: MEDICAID PROVIDER NO. 17. PRIMARY DIAGNOSIS 18. SECONDARY DIAGNOSIS</p>																																														
<p>19. EXAMINATION AND TREATMENT PLAN LIST IN ORDER FROM TOOTH NO. 1-32 USE CHARTING SYSTEM SHOWN. ONLY ONE TOOTH OR DESCRIPTION PER LINE. MAX OF 15 ITEMS PER CLAIM</p>																																														
<p>IDENTIFY MISSING TEETH WITH 'X'</p> <p style="text-align: center;">FACIAL RIGHT GROUPS LEFT PERMANENT LINGUAL</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>LINE NO.</th> <th>TOOTH # OR LETTER</th> <th>SURFACE CODE</th> <th>QTY.</th> <th>DESCRIPTION OF SERVICE (INCLUDING X-RAYS, PROPHYLAXIS, MATERIALS USED, ETC.)</th> <th>DATE SERVICE PERFORMED MO. DAY YR.</th> <th>A.D.A. CODE</th> <th>CHARGE</th> <th>PERFORMING PROVIDER NO. GROUPS ONLY.</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td>1</td> <td>PROPHYLAXIS - ADULT O</td> <td>07 15 06</td> <td>D1110</td> <td>45.00</td> <td>1234567890</td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>124000000X</td> </tr> <tr> <td>3</td> <td>3</td> <td>M</td> <td>1</td> <td>AMALGAM, 1 SURFACE PERMANENT</td> <td>07 18 06</td> <td>D2140</td> <td>110.00</td> <td>4567891234</td> </tr> <tr> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>122300000X</td> </tr> </tbody> </table>	LINE NO.	TOOTH # OR LETTER	SURFACE CODE	QTY.	DESCRIPTION OF SERVICE (INCLUDING X-RAYS, PROPHYLAXIS, MATERIALS USED, ETC.)	DATE SERVICE PERFORMED MO. DAY YR.	A.D.A. CODE	CHARGE	PERFORMING PROVIDER NO. GROUPS ONLY.	1			1	PROPHYLAXIS - ADULT O	07 15 06	D1110	45.00	1234567890	2								124000000X	3	3	M	1	AMALGAM, 1 SURFACE PERMANENT	07 18 06	D2140	110.00	4567891234	4								122300000X
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## Electronic Claim NPI Implementation

All electronic claims submitted to EDS on or after May 18, 2007 must contain the NPI and taxonomy. **Failure to provide the NPI and taxonomy will result in claim denials.** Providers deemed atypical or non-medical may continue to submit claims electronically using their Connecticut Medical Assistance Program provider number. Additional information regarding specific Loop/Segment/Reference Designators are available at [www.wpc-edi.com](http://www.wpc-edi.com) and will be published in future NPI publications.

## Pharmacy NPI Implementation

Pharmacy claims must contain the NPI effective May 18, 2007. **Failure to provide the NPI will result in claim denials.** Additional claim submission information will be published in future NPI publications.

## Behavioral Health Partnership Reminder

### Are you uncertain which client ID should be used when submitting Connecticut Behavioral Health Partnership (CTBHP) claims to EDS?

Providers are reminded that all HUSKY A, HUSKY B and DCF clients eligible for CTBHP services have been issued a Connecticut Medical Assistance Program grey ConnectCard. The **nine-digit** client ID number which appears on this card must also be on all CTBHP claims submitted to EDS.

This ConnectCard is for identification purposes only and **does not** guarantee eligibility for payment. Providers must verify client eligibility on the date of service prior to the service being performed by using one of the following methods:

- **Web Based Eligibility**

Enrolled providers may verify client eligibility through the Connecticut Medical Assistance Program Web site at [www.ctmedicalprogram.com](http://www.ctmedicalprogram.com). Providers can log into the Web eligibility system by clicking on Eligibility Verification → RA Download and enter their Provider ID # and password. Initial Web logon passwords can be obtained by contacting the EDS Provider Assistance Center toll-free at 1-800-842-8440 or local to the Farmington, CT area at 860-409-4500.

- **Provider Electronic Solutions Software**

Provider Electronic Solutions is a free software package provided by EDS for the submission of eligibility verification and claim transactions. This software is extremely helpful to those providers who, over time, will verify eligibility multiple times for the same client. A client database is developed which allows the provider to resubmit an eligibility request for the same client with a different date of service with little effort. The software may be downloaded from the Web site [www.ctmedicalprogram.com](http://www.ctmedicalprogram.com) by clicking on EDI → EDI Software or ordered on CD by calling the EDS EDI Department toll-free at 1-800-688-0503 or local to the Farmington, CT area at 860-284-9700.

- **Automated Voice Response System (AVRS)**

Enrolled providers may verify client eligibility through EDS' Automated Voice Response System (AVRS). Providers must be an actively enrolled Connecticut Medical Assistance Program Provider and must be assigned an AVRS ID to utilize the automated system. AVRS ID #'s can be obtained by contacting the EDS Provider Assistance Center. A PIN is also required, and is created by the individual user accessing the system. The AVRS can be accessed by dialing in-state toll-free at 1-800-842-8440 or local to the Farmington, CT area at 860-409-4500.



### Rent to Purchase Claims

Medical Equipment, Devices and Supplies (MEDS) providers are reminded that all claims for the rental of durable medical equipment must be submitted prior to submitting the claim for the purchase of the same equipment. Claims for the rental should be submitted using the HCPCS code and the modifiers RR (rental) and either NU (new equipment) or UE (used durable medical equipment). Claims for the purchase should be submitted with modifiers NR (new when rented and subsequently purchased) or modifier LL (leased DME equipment rental applied against purchase price). Once the claims for the purchase of the equipment have been paid, any claims submitted for the rental of this equipment will deny for Explanation of Benefits (EOB) 447 *Rental not covered after purchase*. Additional information regarding rent to purchase for durable medical equipment can be found in the MEDS provider manual on the Connecticut Medical Assistance Program Web site, [www.ctmedicalprogram.com](http://www.ctmedicalprogram.com). From the home page, click on Publications → Provider Manuals → Chapter 8 using the drop-down box select MEDS → View Chapter 8.

### Long Term Care Patient Liability Mass Adjustments

This message serves to remind Long Term Care providers of mass adjustments that occur twice per year when changes retroactively occur to rates/and or patient liability. Patient liability mass adjustment will take place in the April 5, 2007 claims processing cycle. These adjustments are the result of changes to the patient’s liability on or after September 8, 2006. Paid and zero paid claims impacted by this adjustment will be reprocessed and will appear on your remittance advice (RA) with an internal control number (ICN) beginning with region “55” and an explanation of benefits code (EOB) 746 – *This transaction is a result of a retro recipient liability or applied income change*.

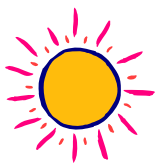
### Pharmacy Reversals

Pharmacy providers are reminded that EDS can not “reverse” or “back out” claims. If a claim processed by EDS needs to be reversed, please contact your software helpdesk. With the exception of DSS sanctioned recoupments, **all claim reversals must come from the provider**. As an alternative, providers may fill out a paper Paid Claim Adjustment Request (PCAR) and return the form to EDS, PO Box 2981, Hartford, CT 06104. PCAR forms can be downloaded from the Connecticut Medical Assistance Program Web site at [www.ctmedicalprogram.com](http://www.ctmedicalprogram.com). From the home page click on Publications → Forms. Providers are encouraged to electronically reverse claims whenever possible.



EDS logo here  
EDS address here

**Provider address**



<b><u>EDS Holiday Schedule</u></b>	
Good Friday	Friday, April 6, 2007
Memorial Day	Monday, May 28, 2007

