



TO: Physicians, Nurse Practitioners, Clinics and Hospitals
RE: New Physician Specialties for the Connecticut Medical Assistance Program

The purpose of this bulletin is to inform providers that the Department of Social Services (DSS) has implemented new Physician specialties including new Pediatric and new Advanced Practice Registered Nurse (APRN) specialties for the Connecticut Medical Assistance Program. The new specialty numbers, specialty descriptions and taxonomies for the new specialties are available on the Connecticut Medical Assistance Program Web site, www.ctdssmap.com. Providers may begin to enroll immediately with these new specialties.

Specialty/Taxonomy Update

The Department maintains a Type/Specialty/Taxonomy Crosswalk which indicates valid taxonomy values for each provider type and specialty. The crosswalk has been updated with the new specialty and taxonomy combinations. In addition, some existing specialty/taxonomy combinations will no longer be valid as of January 1, 2012. Providers who are enrolled utilizing the previous Type/Specialty/Taxonomy Crosswalk can continue to use these specialty/taxonomy combinations and are not required to update to a new specialty and taxonomy at this time. Providers will be required to follow the new provider Type/Specialty/Taxonomy Crosswalk when they re-enroll.

The Type/Specialty/Taxonomy Crosswalk can be accessed from the Connecticut Medical Assistance Program Web site, www.ctdssmap.com. From this Web site go to "Information", then to "Publications", scroll down to "Provider Enrollment/Maintenance Forms", and then click on "Type/ Specialty/Taxonomy Crosswalk".

Enrollment Options

Providers are not required to take any action. However, at this time providers may choose to update their existing specialty and taxonomy or choose to form a separate group for each of their specialties.

- Providers may choose to update their existing specialty and taxonomy immediately to one of the new specialty/taxonomy combinations. Providers updating their specialty and taxonomy will not be required to complete a new re-enrollment application. Providers need only to submit a letter on their letterhead

to the HP Provider Enrollment Unit at P.O. Box 5007, Hartford, CT 06104. This letter must include the provider's NPI, ARVS ID if the provider has one, NPI with multiple ARVS numbers, their new specialty/taxonomy combination and the effective date of their new specialty/ taxonomy combination.

- Providers enrolled with a group which includes different specialties may choose to form a separate group for each specialty. An example is an Internal Medicine group which includes the taxonomies of gastroenterology, oncology and endocrinology. The provider may choose to form a new group for each of these specialties at this time or wait until the time of their re-enrollment. When forming a new group with one of the new specialty/taxonomy combinations, the group must complete an enrollment application and follow the normal enrollment process. Once the application for the new group is approved, the taxonomy for that specialty will be end dated from the existing group to prevent claim processing issues.

Providers who are enrolled as an Internal Medicine group with different specialties are not required to form a group for each specialty. DSS will allow providers within an Internal Medicine group to continue to have different specialties. However, specialties that are reimbursed at a unique rate i.e., pediatric services and obstetrical services cannot enroll other specialties in their group. Therefore, a pediatric group can enroll only pediatricians into their group and an obstetrics/gynecology group can enroll only obstetricians/gynecologists into their group.

Important Information: When the taxonomy is updated, it is extremely important to submit all claims with the new taxonomy to avoid claim processing issues. The taxonomy is often used to identify the correct AVRS ID to process the claim under.

Providers are reminded that taxonomies they submit to the HP Provider Enrollment Unit must be the same taxonomies registered with the National Provider Plan and Enumeration System (NPPEs). If the taxonomies are not the same, the provider will



receive a **Return to Provider (RTP) Letter informing the provider they must register their taxonomies with the National Provider Identifier (NPI) Registry.**

Audit Updates

Several auditing updates have been made to eliminate denials when services are provided to the same client on the same date of service by different performing providers within the same billing group. These updates will also eliminate the need for Authorization when a client sees two different specialists within the same group on the same date of service. Due to these

updates, many of the denials for the following audits will be eliminated:

Audit 6138 “More than one visit per client per provider requires a PA.”

Audit 5262 “Surgical procedure includes follow up hospital care.”

Audit 5265 “Hospital visits NC following surgery.”

For questions, please contact the HP Provider Assistance Center, Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-800-842-8440.

