



TO: Hospital Providers

RE: Enhanced Editing of Attending Provider NPI Number

This bulletin serves to notify providers of a change in editing claims billed without an attending physician. Effective December 1, 2013, the Department of Social Services (DSS) will deny all outpatient and inpatient claims when submitted without an attending physician.

Effective with claims submitted on or after December 1, 2013, Explanation of Benefit (EOB) code 381 "Attending Provider Number is Missing" will appear on denied outpatient and inpatient claims when the attending physician's NPI is not submitted on the claim.

The attending physician's NPI should be entered in the fields identified below:

- Paper claim: Field 76
- Web claim: Institutional Claim Panel "Attending Phys"
- PES claim: Header 2
- ASC X12 837 I Loop: 2310A ID Qualifier 71

As a reminder, the Affordable Care Act (ACA) requires that ordering, prescribing and referring providers who render services to HUSKY clients be enrolled in the Connecticut Medical Assistance Program (CMAP). To support this mandate, outpatient claims including outpatient crossover claims, with dates of service on or after 12/1/2013 will begin to deny and display (EOB) 1033 "Attending Physician Not Enrolled on Date of

Service" on the provider's Remittance Advice (RA), if the claim contains a Revenue Center Code (RCC) listed in Attachment A of the provider bulletin PB 2013-56 "The Implementation of the Ordering, Prescribing, Referring (OPR) Claim Edits" and the attending provider is not enrolled in CMAP.

