

MEDICAID PROVIDER BULLETIN

August 2016

E59 denials — attending taxonomy missing/invalid

Summary:

In 2015, Anthem Blue Cross and Blue Shield Medicaid (Anthem) began enforcing the federal regulation that requires state Medicaid agencies to have all ordering or referring physicians, or other professionals providing services under the state plan or under a waiver of the plan, be enrolled as a Medicaid participating provider with the Kentucky Department for Medicaid Services (DMS). The specific regulation is §455.410 — enrollment and screening of providers. According to DMS, this regulation also applies to prescribers and attending providers.

In accordance with DMS guidance, there were adjustments made to the claim editing for attending providers effective May 1, 2016. These changes included additional validation against the DMS provider master file as outlined below:

- The attending provider must have an active Kentucky Medicaid ID on file with DMS.
- The claim must include the accurate NPI and taxonomy code for the attending provider as registered with DMS.
- At the time of claim adjudication, the NPI and taxonomy code of the attending provider will be validated against the DMS provider master file. If this information does not match, the claim will be denied.

The edit was applied according to DMS guidance at the time and affected both inpatient and outpatient claims. Further clarification was recently received from DMS, which isolated the edit to only inpatient claims. Anthem is working to revise the edit accordingly. In the meantime, any outpatient claim impacted by this edit and the subsequent E59 denial will be reprocessed as appropriate.

Provider action:

No further action required at this time.

Questions:

If you have questions about this communication, please contact your Provider Relations representative or the Provider Services department at **1-855-661-2028**.

<https://mediproviders.anthem.com/ky>

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