



**Connecticut Department of Social Services
Medical Assistance Program
Provider Bulletin**

PB 2006-67

August 2006

TO: Select Clinic Providers

SUBJECT: Reprocessing of Denied Claims

The purpose of this bulletin is to notify providers of an upcoming claims reprocessing. This affects Behavioral Health Partnership claims submitted for HUSKY eligible clients whose claims inappropriately denied with Explanation of Benefit (EOB) code: 008-*Place of Service is Invalid for this Procedure*.

Claims that denied in the August 4, 2006, claims processing cycle impacted by this issue have been identified and will be reprocessed in the August 18, 2006 claims processing cycle. The reprocessed claims will appear with an Internal Control Number (ICN) beginning with region "40" on your Remittance Advice.

We apologize for the inconvenience this may have caused and appreciate your patience as we work to resolve this processing issue.

This bulletin and other program information can be found at www.ctmedicalprogram.com.

Questions regarding this bulletin may be directed to the EDS Provider Assistance Center - Monday through Friday from 8:30 a.m. to 5:00 p.m. at:

In-state toll free **800-842-8440** or

Out-of-state or in the

local New Britain, CT area **860-832-9259**

EDS

PO Box 2991

Hartford, CT 06104

