



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

PB 2007-36

May 2007

TO: Connecticut Behavioral Health Partnership (CTBHP) Providers

SUBJECT: Change in Timely Filing Requirements for CTBHP claims

This bulletin is being sent to notify providers of a change in timely filing requirements for claims submitted for CTBHP clients. Providers now have **120 days** from the Remittance Advice (RA) denial of a CTBHP claim (for other than Explanation of Benefit code 513 - Claim is past behavioral health timely filing guidelines) to **resubmit** the claim for payment. Under the previous timely filing guidelines, providers had 60 days from the RA denial to resubmit their claim.

As a reminder, providers rendering CTBHP services to eligible HUSKY A, HUSKY B and DCF clients have **120 days** from the date of service, or **120 days** from the date of payment from a third party payer, to submit claims to EDS.

Timely filing requirements for non-CTBHP clients under Medicaid or the State Administered General Assistance Programs remain unchanged.

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 Farmington, CT area **860-409-4500**

EDS
PO Box 2991
Hartford, CT 06104

