



TO: Connecticut Home Care (CHC) Access Agency Providers

RE: Procedure Codes Excluded from Applied Income

This bulletin serves to inform CHC Access Agency providers that the Department of Social Services will be excluding certain procedure codes from deducting applied income on claims for clients covered under all CHC benefit plans. Effective April 10, 2013, claims for dates of service January 1, 2012 and forward, for one of the procedure codes listed below, will be excluded from deducting applied income. The procedure codes impacted by this change include:

1288Z Initial Assessment

1291Z Re-evaluation of Client

1292Z In-Hospital Status Review

1293Z Nursing Home Status Review

1300Z Re-assessment

To ensure that applied income is not deducted from claims processed with the procedure codes indicated, CHC Access Agency providers should not include other procedure codes on claims billed for these services. Claims submitted with codes that are both included or excluded from applied income will deduct applied income due up to the total allowable amount on the claim.

Paid claims for dates of service January 1, 2012 and forward for any of the procedure codes noted above, which may have deducted applied income, will be reprocessed in a future claim cycle. Edit 512, "Filing limit has been exceeded", will be overridden for those claims with a paid date greater than 366 days from the reprocessing date. Providers will be notified via a Banner Page message when the reprocessing of impacted claims will occur.

