



March 12, 2008

Dear Vision Care Provider,

Subject: Resubmission of Claims for CPT-4 Code 92015

Effective July 1, 2006, significant changes were made to the claims processing system for vision services in order to be compliant with the Health Insurance Portability and Accountability Act (HIPAA) of 1996. From this point until the latter part of 2007, Current Procedure Terminology, 4th Edition, (CPT-4) code 92015 was erroneously denied with the following Remittance Advice Details (RAD) codes when billed for certain Medi-Cal recipients with Other Health Coverage:

0640: Recipient not eligible for Medi-Cal benefits w/o complete denial of coverage from Medicare HMO, CMP, or HCPP; must use plan.

0657: Recipient not eligible for Medi-Cal benefits until payment/denial information is given from other insurance carrier.

0012: Medi-Cal benefits cannot be paid without proof of payment/description of the denial from Medicare.

0311: Recipient not eligible for Medi-Cal benefits w/o complete denial coverage statement from PHP/HMO; contact recipient eligibility office.

0013: Medi-Cal benefits cannot be paid without proof of payment/denial from Champus.

0015: Medi-Cal benefits cannot be paid without proof of payment/denial from Kaiser.

0647: Recipient not eligible for Medi-Cal benefits without complete denial of coverage letter from other insurance carrier.

As a result of these erroneous denials, EDS has resubmitted the affected claims for CPT-4 code 92015. **No action is required on your part.** These resubmitted claims will be paid or denied for a valid reason if a different error is found. The resubmitted claims will appear on RADs beginning March 13, 2008, with CCN prefix **805855** (or **805588** for crossovers).

If you disagree with any of these resubmits, you may submit a *Claims Inquiry Form* (CIF) within six months of the new RAD date. For CIF completion instructions, please refer to the *CIF Completion* and *CIF Special Billing Instructions* sections, in the appropriate Part 2 manual or on the Medi-Cal Web site (www.medi-cal.ca.gov).

If you have questions, please call the Telephone Service Center (TSC) at 1-800-541-5555, option 11 then 18.

Sincerely,

A handwritten signature in cursive script that reads 'Nona Carpenter'.

Nona Carpenter
Provider Relations Director
Reference Number: P8012

EDS
3215 Prospect Park Drive
Rancho Cordova, CA 95670-6017