



June 19, 2008

Dear LEA Provider,

Subject: Resubmission of Claims

The Department of Health Care Services (DHCS) has identified a system error that resulted in the erroneous denial of Targeted Case Management (TCM) claims (service codes T1017, X4970, X4975 and X4980) with Remittance Advice Details (RAD) code: **008: The provider of service is not eligible for the type of services billed**. The error was corrected on March 21, 2008.

No action is required on your part. EDS has resubmitted the outstanding claims affected since date of service July 1, 2005. These resubmits will be paid, or denied for a valid reason if a different error is found. These resubmits appear on RADs beginning July 2, 2008, with CCN prefix **816255**.

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 and then option 18.

Sincerely,

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

Nona Carpenter
Provider Relations Director

Reference Number: P9166

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