



October 29, 2008

Dear Provider,

Subject: Resubmission of Claims

Since the conversion to National Provider Identifiers (NPIs), providers have gradually been updating their enrollment information, so that claims previously denied may now be payable. Also, for NPIs with multiple locations/provider types, system improvement has been made in the matching of service codes with provider types. Although providers are free to resubmit their own claims, the Department of Health Care Services (DHCS) recognizes that the various reasons for denials have been confusing, and the volume of denied claims could be burdensome to providers. Therefore, DHCS has directed EDS to reprocess claims with the following RAD codes.

This letter does not require action on your part. EDS has identified the claims which appeared on *Remittance Advice Details* (RADs) from December 24, 2007 through August 8, 2008, involving an NPI provider (billing, rendering, prescribing, referring, facility, etc.) denied with any of the 20 reasons below. Those which (as of early September 2008) would not be re-denied with repeat reason(s), or as duplicates, are being resubmitted. These resubmits will be paid, or denied for a valid reason, on RADs beginning October 30, 2008 with CCN prefix **829755** or **829855**, or for crossovers, prefix **8299**.

- 0031 The provider was not eligible for the services billed on the date of service.**
- 0008 The provider of service is not eligible for the type of services billed.**
- 0094 The rendering provider is not eligible for this group type. Please resubmit claim using individual provider number or under appropriate group type.**
- 0634 CLIA laboratory number is not on file on date of service. Contact Provider Enrollment.**
- 9518 The referring provider must be a Family PACT (Planning, Access, Care and Treatment) certified provider.**
- 0347 The facility provider ID not on Provider Master File or is not an inpatient hospital provider number.**
- 0139 Procedure/service is invalid for claim type on date of service.**
- 9888 The recipient's aid code is not allowed for this provider.**
- 0182 The service requires a TAR for the billing provider type and place of service on the date of service billed.**
- 0330 Provider type invalid for claim type. Resubmit with correct claim form or provider number.**
- 0368 Provider type is not acceptable for the Place of Service.**
- 0183 Service requires an original Medi-label or a Medi-reservation for the billing provider type.**
- 9584 The LTC facility's provider number that appears in the *Operating* (Rendering Provider) field (Box 77) is not on the Procedure Master File or is not an active LTC provider number.**
- 0111 This provider type is ineligible for the modifier billed.**
- 0032 The prescribing provider was not eligible for this category of service on the date of service billed.**

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

- 0065** The provider type is not allowed to perform this procedure.
- 0156** This service/procedure ineligible for from-through billing by this provider type for this Place of Service.
- 0180** The service requires a TAR for the billing provider type on the date of service billed.
- 0187** This service requires a Medi-label or Medi-reservation for the provider type and Place of Service.
- 0213** The procedure code billed is invalid for this provider type.

Another cycle of similar reprocessing is anticipated for the near future.

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](http://www.medi-cal.ca.gov)).

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

Sincerely,



Nona Carpenter  
Provider Relations Director

Reference Number: P9956