



May 18, 2009

Dear Organized Outpatient Clinic (or other) Provider,

Subject: Resubmission of Claims

The Department of Health Care Services (DHCS) has expanded the list of procedure codes payable to Organized Outpatient Clinic providers, retroactive to October 1, 2003. The system was updated on November 24, 2008.

No action is required on your part. EDS, an HP company, has resubmitted the affected claims. These resubmits will be paid, or denied for a valid reason, on RADs beginning May 14, 2009, with Claim Control Number (CCN) prefix **912155**. In addition to claims for this issue, other claims for this provider type were found which would not now be re-denied for the same reasons. These were also resubmitted. Overall, the following previous and/or erroneous denial reasons were the most common:

008: The provider of service is not eligible for the type of services billed.

031: The provider was not eligible for the services billed on the date of service.

139: Procedure/service is invalid for claim type on date of service.

169: This service is not payable when billed with this diagnosis.

330: Provider type is invalid for claim type. Resubmit with correct claim form or provider number.

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 followed by option 18.

Sincerely,

A handwritten signature in black ink that reads 'Nona Carpenter'.

Nona Carpenter
Provider Relations Director

Reference Number: P11755