



A **xerox** Company

California MMIS  
ACS, A Xerox Company  
820 Stillwater Road  
West Sacramento, CA 95605

[www.acs-inc.com/](http://www.acs-inc.com/)

July 24, 2012

**Subject: Resubmission of Claims**

Dear Local Education Agency (LEA) Providers,

The Department of Health Care Services (DHCS) updated the reimbursement policy for Individualized Education Plan (IEP) and Individualized Family Service Plan (IFSP) annual and initial/triennial assessments, effective for dates of service on or after July 1, 2009, as follows:

- Allow Local Education Agencies (LEAs) to be reimbursed for yearly annual IEP/IFSP assessments. The reimbursement is not longer dependent upon whether the LEA was reimbursed for an initial/triennial assessment during the current Fiscal Year (FY) or an annual assessment during the current or prior FY.
- Allow LEAs to be reimbursed for IEP initial/triennial assessments as long as no IEP initial/triennial assessment was reimbursed during the current or prior FY. The reimbursement is no longer dependent upon whether the LEA was reimbursed for an annual assessment during the current FY.

Therefore, it is DHCS's policy that the annual assessment and initial/triennial assessment utilization controls are no longer tied together.

The policy was implemented in California Medicaid Management Information System (CA-MMIS) on September 26, 2011. Due to late policy implementation, claims billed by LEA providers for dates of service from July 1, 2009 through September 26, 2011 for CPT-4 codes 92506, 92506, 96101, 96150, 97001, 97003 and T1001 were erroneously denied with Remittance Advice Details (RAD) codes **9920: LEA IEP initial and triennial assessment limited to one occurrence every third state fiscal year**, **9921: LEA IEP annual assessment limited to one occurrence every state fiscal year**, and **9922: LEA IFSP annual assessment limited to one occurrence every state fiscal year**.

No action is required on your part. Affiliated Computer Services (ACS) will resubmit the affected claims. These resubmissions will appear on RADs beginning July 26, 2012, with Claim Control Number (CCN) prefix **220055**.

If you disagree with any of these resubmissions, you may submit a *Claims Inquiry Form* (CIF) within six months of the new RAD date, or you may submit an appeal within 90 days 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 website ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)). For appeal completion instructions, please refer to the *Appeal Form Completion* instructions sections in the appropriate Part 2 manual or on the Medi-Cal website.

If you have questions, please call the Telephone Service Center (TSC) at 1-800-541-5555, option 11, followed by option 17.

Sincerely,

*Rick McMahan*

Rick McMahan  
Director, Provider Relations  
California MMIS  
ACS, A Xerox Company

Reference Number: P4068