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August 14, 2013

Subject: Resubmission of Denied HCPCS Level II Code V2020 Claims

Dear Provider:

The Department of Health Care Services (DHCS) has updated the system to prevent an automatic claim denial when the claim quantity exceeds the National Correct Coding Initiative (NCCI) limit for HCPCS Level II procedure code V2020 (frames, purchases). Effective retroactively for dates of service on or after October 1, 2010, this system change will allow claims for code V2020 to be manually reviewed for medical necessity when a qualifying diagnosis is present on the claim.

No action is required on your part. Xerox State Healthcare, LLC (Xerox) will resubmit the affected claims, which were earlier denied with Remittance Advice Details (RAD) code **9942: NCCI (National Correct Coding Initiative) quantity billed is greater than the allowed MUE (Medically Unlikely Edit) quantity**. The resubmissions will appear on RADs beginning August 15, 2013, with Claim Control Number (CCN) prefix **321255**.

If you disagree with any of these resubmissions, 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 website (www.medi-cal.ca.gov).

If you have any questions, please call the Telephone Service Center (TSC) at 1-800-541-5555, option 5, followed by option 6.

Sincerely,

Tanya E. Schuhmeier

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