



**Tanya Schuhmeier**  
Director, Provider Relations  
California MMIS

Xerox State Healthcare, LLC  
820 Stillwater Road  
West Sacramento, CA 95605

[www.xerox.com/govhealthcare](http://www.xerox.com/govhealthcare)

September 13, 2013

**Subject: Resubmission of Claims for Dispensing of Ophthalmic Lenses**

Dear Provider:

The Department of Health Care Services (DHCS) has directed Xerox State Healthcare, LLC (Xerox) to activate a change in the California Medicaid Management Information System (CA-MMIS) in order to prevent automatic claim denials for CPT-4 codes 92340 – 92342, code 92352 and code 92353, in cases where the claim quantity exceeds the National Correct Coding Initiative (NCCI) limit. This system change will suspend claims for these codes to allow for a manual review of appropriate documentation.

DHCS has also directed Xerox to reprocess claims that were either incorrectly 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**, or billed for two units but erroneously paid for one under RAD code **0401: The payment was adjusted to the maximum allowable or in accordance with comparative pricing methodology (deductibles plus coinsurance are reduced to the Medi-Cal allowed amount less payments from Medicare, OHC [Other Health Coverage] and SOC [Share of Cost])**. Xerox has identified the system error that resulted in the incorrect denials or erroneous payments and has adopted measures to correct the system.

No action is required on your part. Xerox will adjust the affected claims for dates of service from November 1, 2012, through May 31, 2013. Due to system limitations, the adjustments will occur in two phases. In the first phase, claims erroneously paid for one unit will be voided. These voids will appear on RADs beginning September 19, 2013, with RAD code **0819: Void and resubmit of claims processed in error**. In the second phase, the denied claims that billed for two or more units, including the claims that were previously voided in phase one, will be resubmitted for correct reimbursement. These resubmissions will appear on RADs beginning October 3, 2013, with Claim Control Number (CCN) prefixes **325955**, **325655** and **326055**.

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 at [www.medi-cal.ca.gov](http://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*

Tanya Schuhmeier  
Director, Provider Relations  
California MMIS  
Xerox State Healthcare, LLC

Reference Number: P13145