



May 23, 2008

Dear Institutional Vision Care Provider,

Subject: Resubmit of Denied Claims

A system error has been discovered that affected claims submitted on outpatient claim forms for the following vision care procedure codes: 65205, 65210, 65220, 65222, 67820, 67938, 68761, 68801, 92002 – 92339, 92343 – 92351, 92354 – 92499, 99201 – 99250, V2630 – V2632, V2785 and V2790.

From July 1, 2006 until January 28, 2008, claims may have been erroneously denied with one of the following Remittance Advice Details (RAD) codes:

**0139: Procedure/service code is invalid for claim type on date of service**

**0330: Provider type invalid for claim type; resubmit with correct claim form**

**0008: Provider of service is not eligible for the type of services billed**

**9045: Claim information indicates that the claim type is other than what is specified**

No action is required on your part. EDS has identified the affected claims and has resubmitted them to be paid, or to be denied for a valid reason if a different error is found. These resubmits will appear on RADs dated May 29, 2008 or later, with Claim Control Number (CCN) prefix **813455**.

If a claim is denied again for a different reason, or 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 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,

A handwritten signature in cursive script that reads "Nona Carpenter".

Nona Carpenter  
Provider Relations Director

Reference Number: P8782

**EDS**  
3215 Prospect Park Drive  
Rancho Cordova, CA 95670-6017