



June 24, 2008

Dear Office Visit Provider,

Subject: Resubmission of Claims

For dates of service beginning on February 1, 2003, certain office visit claims were erroneously denied with Remittance Advice Details (RAD) code **0062: Facility type/place of service is not acceptable for this procedure code/drug/NDC/medical supply**. The primary error was corrected on date of processing March 19, 2006, and the secondary error on March 4, 2007. The affected service codes are 99241–99245, and 99271–99275.

No action is required on your part. EDS is reprocessing the affected claims. These resubmits will be paid, or denied for a valid reason if a different error is found. These resubmits will appear on RADs beginning July 2, 2008 with Claim Control Number (CCN) prefix **817155**.

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, select option 11 and then option 18.

Sincerely,

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

Nona Carpenter
Provider Relations Director

Reference Number: P6023

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