



January 6, 2009

Dear Provider,

Subject: Resubmission of Claims

As explained in the August 2008 *Medi-Cal Update* bulletins, the Department of Health Care Services (DHCS) has expanded the list of services that are benefits of the Presumptive Eligibility program, retroactive to September 1, 2005. The system was updated August 25, 2008. Relevant claims that were submitted prior to that date were denied with Remittance Advice Details (RAD) code **033: The recipient is not eligible for the special program billed and/or restricted services billed.**

EDS, an HP company, has resubmitted the relevant denied claims that would not be re-denied with repeat reason(s) or as exact duplicates, and that were originally timely. These resubmitted claims will be paid, or denied for a valid reason, on RADs beginning January 15, 2009, with Claim Control Number (CCN) prefixes **836555, 836655, 900255** and **900555**.

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, option 11 followed by option 18.

Sincerely,

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

Nona Carpenter
Provider Relations Director

Reference Numbers: P10245