



August 26, 2009

Dear Provider,

Subject: Resubmission of Claims

Since the conversion to National Provider Identifiers (NPIs), enrollment information has been updated so that claims previously denied may now be payable. Also, for NPIs with multiple locations and/or provider types, system improvement has been made in the matching of service codes with provider types. To alleviate the amount of work providers need to do to resubmit denied claims, the Department of Health Care Services (DHCS) has directed EDS, an HP company, to reprocess claims that had been previously denied with the following Remittance Advice Details (RAD) codes:

- 008: The provider of service is not eligible for the type of services billed.**
- 031: The provider was not eligible for the services billed on the date of service.**
- 9518: The referring provider must be a Family PACT (Planning, Access, Care and Treatment) certified provider.**
- 126: This rendering provider is not licensed to provide services with the billing provider on date of service.**
- 248: Rural Health Clinics must bill per-visit codes only.**
- 347: The facility provider number is not on the Provider Master File or is not an inpatient hospital provider number.**
- 139: Procedure/service is invalid for claim type on date of service.**
- 255: Rendering provider is not on the Provider Master File or is not a clinical lab.**
- 155: The referring provider's State license number or provider number is missing or invalid.**
- 9888: The recipient's aid code is not allowed for this provider type.**
- 9665: Invalid CCS/GHPP (California Children's Services/Genetically Handicapped Persons Program) provider number. Resubmit with Medi-Cal provider number.**
- 368: Provider type is not acceptable for the Place of Service.**
- 330: Provider type is invalid for claim type. Resubmit with correct claim form or provider number.**
- 9584: The LTC (Long Term Care) facility's provider number that appears in the *Operating (Rendering Provider)* field (Box 77) is not on the Provider Master File or is not an active LTC provider number.**
- 334: Valid rate not on file for claim period of service. Contact the DHCS (Department of Health Care Services) Provider Enrollment**
- 011: The attending/referring/prescribing provider is not eligible to refer/prescribe/order the service billed.**
- 634: CLIA (Clinical Laboratory Improvement Amendment) laboratory number is not on file on date of service. Contact Provider Enrollment.**
- 111: This provider type is ineligible for the modifier billed.**
- 9218: The provider of service is not eligible to bill Cancer Detection Programs: Every Woman Counts services.**

- 094: The rendering provider is not eligible for this group type. Please resubmit claim using individual provider number or under appropriate group type.**
- 156: This service/procedure ineligible for “from-through” billing by this provider type for this Place of Service.**
- 183: This service requires an original MEDI label or a Medi reservation for the billing provider type.**
- 9588: The facility provider was not eligible to bill this accommodation code during the dates of service entered on the claim.**
- 182: This service requires a TAR for the billing provider type and Place of Service on the date of service billed.**
- 032: The prescribing provider was not eligible for this service on the date of service billed.**
- 065: The provider type is not allowed to perform this procedure.**
- 180: This service requires a TAR (*Treatment Authorization Request*) for the billing provider type on the date of service billed.**

No action is required on your part. EDS has identified the claims which appeared on RADs from December 24, 2007 through April 27, 2009 and involved an NPI provider (billing, rendering, prescribing, referring, facility, etc.) denied with any of the 27 RAD codes listed above. Those claims which would not be re-denied with a repeat reason(s) (or as duplicates) are being resubmitted. These resubmits will be paid, or denied for a valid reason, on RADs beginning September 3, 2009, with Claim Control Number (CCN) prefix **923155** or **923255**, or for crossover claims, prefix **9235**.

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](http://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,



Nona Carpenter  
Provider Relations Director

Reference Number: P10830