



September 23, 2009

Dear Durable Medical Equipment (DME) Provider,

Subject: Resubmission of Denied DME Repair/Labor Claims

The Department of Health Care Services (DHCS) and EDS, an HP company, have identified claims processing issues regarding the HIPAA procedure code conversion of local/interim DME repair/labor billing codes to all National Level II HCPCS coding for services rendered in a Nursing Facility, effective for dates of service on or after November 1, 2004. Affected claims were erroneously denied with one or both of the following Remittance Advice Details (RAD) codes:

**062: The facility type/Place of Service is not acceptable for this procedure.**

**005: The service billed requires an approved TAR (Treatment Authorization Request).**

The first wave of claims reprocessing was done in mid-2005. The system was updated further in spring 2006.

No action is required on your part. EDS is automatically resubmitting repair/labor claims for service dates November 1, 2004, through December 31, 2006, denied for the above reasons (and/or code **9668: Service authorization not found**), which would not be similarly denied now, and which have not already been resubmitted. These resubmits will be paid, or denied for a valid reason, on *Remittance Advice Details* dated October 1, 2009, or later, with Claim Control Number (CCN) prefix **926055**.

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 followed by option 18.

Sincerely,

Nona Carpenter  
Provider Relations Director  
Reference Number: P2799b