



February 19, 2010

Dear Provider,

Subject: Resubmission of Claims

EDS, an HP company, has identified a claims processing issue that resulted in erroneous denials of outpatient dialysis crossover claims with service lines billed to Medicare with only a revenue code and no corresponding HCPCS code. Affected claims were denied with Remittance Advice Details (RAD) code message **0064: The procedure is not consistent with the recipient's sex** or **0002: Recipient is not eligible for benefits under the Medi-Cal program or other special programs**. The system was corrected on July 3, 2007.

No action is required on your part. EDS is automatically resubmitting the affected claims for dates of service from October 1, 2005, through July 3, 2007. These resubmits will appear as paid, or denied for a valid reason, and will appear on RADs beginning February 24, 2010, with Claim Control Number (CCN) prefix **004588**.

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,

A handwritten signature in black ink that reads 'Nona Carpenter'.

Nona Carpenter  
Provider Relations Director  
Reference Number: P7399