



HP Enterprise Services
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December 20, 2010

Dear Vision Care Provider,

Subject: Vision Claims Correction

Recent system changes for vision services have allowed for the erroneous payment or denials for some of the vision claims billed for services towards lenses, frames and eyeglasses. These claims involve billing for two pairs of single vision eyeglasses in lieu of bifocals, which required a primary diagnosis code of **367.4** and a secondary diagnosis code as either **368.1** or **368.10**. The effective period for these claims included dates of service from July 1, 2008, onwards. The denied claims were reported with Remittance Advice Details (RAD) code **0169: This service is not payable when billed with this diagnosis.**

In addition, there were some claims billed with procedure code **92499** that had been overpaid erroneously. These claims had dates of service on or after July 1, 2006.

HP has corrected the system and is voiding, adjusting and resubmitting the affected claims. The resubmits will appear on RADs beginning January 13, 2011, with Claim Control Number (CCN) prefix **100655**. The adjustments will appear with RAD code **889: Adjustment due to rate file error** and the voids will appear with RAD code **862: Void of claim with non-payable diagnosis. No action is required on your part.**

The recoveries are authorized under the provisions of the *Welfare and Institutions (W&I Code) Sections 14176 and 14177*, and *California Code of Regulations (CCR), Title 22, Section 51458.1(a)(1)*. In addition, the W&I Code sections authorize DHCS to enter into repayment agreements with providers or offset overpayments against amounts due. If the total warrant amount is not sufficient to offset the recovery, the negative balance will be converted to an accounts-receivable transaction and subtracted from future Medi-Cal reimbursements.

If you disagree with any of these resubmits, voids and adjustments, 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 website (www.medi-cal.ca.gov).

If you have questions, please call the Telephone Service Center (TSC) at 1-800-541-5555, option 11 and then option 17.

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

Nona Carpenter
Provider Relations Director
Reference Number: P15163