



June 26, 2008

Dear Ultrasound Provider,

Subject: Claim Reprocessing

This letter addresses two issues for service code 76998 (ultrasound guide, intraoperative), established for dates of service August 1, 2007, and onward. One issue concerns the reimbursement rate, which was too low until the date of processing March 18, 2008, and resulted in many claims being underpaid. Another issue affected the modifier restrictions, which were insufficient until the date of processing March 3, 2008. A few claims were paid, rather than being denied.

No action is required on your part. EDS is reprocessing the claims affected by the pricing issue, which will appear on *Remittance Advice Details* (RADs) beginning July 2, 2008. Adjustments of previously paid claims will show RAD code **883: Retroactive price correction**. Resubmits of crossover claims previously suppressed (for zero price) will have CCN prefix **8172889**.

After the signing of the state budget, EDS will reprocess the claims affected by the modifier issue, which involves only one provider. Voids will appear with RAD code **897: Void of claims with invalid modifiers**.

The recoveries are authorized under the provisions of *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 the Department of Health Care Services (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 the adjustments or resubmits, you may submit a *Claims Inquiry Form* (CIF) within six months of the new RAD date. If you disagree with any of the voids, you may submit an appeal within 90 days of the new RAD date. For CIF or appeal completion instructions, please refer to the *CIF Completion* and *CIF Special Billing Instruction* sections, or the *Appeal Form Completion* section, 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, select option 11 and then option 18.

Sincerely,

A handwritten signature in black ink that reads "Nona Carpenter". The signature is written in a cursive, flowing style.

Nona Carpenter
Provider Relations Director

Reference Number: P9031

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Rancho Cordova, CA 95670-6017