



October 14, 2009

Dear Portable X-Ray Provider,

Subject: Claim Reprocessing

In the latter part of 2005, portable X-rays were transitioned from local HCPCS codes X0700 (two patients per trip, \$21.38 per patient) and X0702 (three or more patients per trip, \$14.90 per patient) to national codes R0070 (one patient per trip) and R0075 (more than one patient per trip). The rate for code R0070 was increased from \$42.96 to \$174.06. The rate for code R0075 was increased from \$21.38 per patient to \$174.06 per trip, with modifiers used to indicate patients per trip (for example: modifier UP, three patients per trip, \$58.02 per patient).

The claims processing system was updated in several stages, starting in January 2006, but final updates were not completed until September 2009. As a result, claims for code R0070 in the latter part of 2005 were underpaid at the old rate of \$42.96, and claims for code R0075 were overpaid at \$174.06 per patient, instead of per trip. In addition to payment rate issues, some claims have been denied erroneously. These will now be paid, or will deny based on valid reasons. Finally, a very small number of duplicate payments were found and will result in a take back.

No action is required on your part. EDS, an HP company, is reprocessing the outstanding affected claims. Resubmits, adjustments and voids will appear on *Remittance Advice Details* (RADs) beginning November 5, 2009. Resubmits of previously denied claims will show Claim Control Number (CCN) prefix **929455**. Adjustments or voids of previously paid claims will show CCN prefix **930177** and RAD code **893: Retroactive rate adjustment, 832: Reprocess to correct claims history after system update** or **911: Duplicates**.

The recoveries are authorized under the provisions of the *Welfare and Institutions Code* (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, subject to any repayment agreements. In addition to this letter, providers with a significant overall recovery will be contacted by phone.

EDS, an HP company
3215 Prospect Park Drive
Rancho Cordova, CA 95670-6017

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*, *CIF Special Billing Instructions* or *Appeal Form Completion* sections 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, option 11 followed by 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: P4486