



HP Enterprise Services
3215 Prospect Park Drive
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February 15, 2011

Dear Provider,

Subject: Retroactive Rate Increase for Surgical Procedure Codes

The Department of Health Care Services (DHCS) increased the reimbursement rate of procedure codes **35475** (transluminal balloon angioplasty, percutaneous, brachiocephalic trunk or branches) and **35476** (transluminal balloon angioplasty, percutaneous, venous) for surgeons in the assistant role, retroactively, effective September 1, 2010. The system was updated with the new rates on September 27, 2010.

No action is required on your part. HP is adjusting the affected claims. These adjustments will appear on *Remittance Advice Details* (RAD) beginning February 24, 2011, with RAD code **893: Retroactive rate adjustment** and Claim Control Number (CCN) prefix **104577** or **104488**. The resubmits will appear on *Remittance Advice Details* (RAD) beginning March 3, 2011, with Claim Control Number (CCN) prefix **105188**, for Crossover Part B claims.

The recoveries (which are anticipated to be temporary, more than offset by the resubmits) are authorized under the provisions of *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 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 *Appeal Form Completion*, *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 followed by option 17.

Sincerely,

A handwritten signature in black ink that reads "Nona Carpenter". The signature is written in a cursive style with a large initial 'N' and a long, sweeping underline.

Nona Carpenter
Provider Relations Director

Reference Number: P16052