



**Rick McMahan**  
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California MMIS

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January 30, 2013

**Subject: Adjustment of Claims**

Dear Providers:

An issue was discovered with Outpatient Computer Media Claims (CMC) billed by Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) providers for per visit code 19 for recipients with aid categories 0C, 8X, 9H and 9T for dates of service beginning October 1, 2009. Payment of some CMC claims with no attachment were erroneously cutback with Remittance Advice Details (RAD) code **475: Claims submitted during the seventh through ninth month after the month of service without valid limit exception are reduced to 75 percent of the allowed amount**, or RAD code **476: Claims submitted during 10th through 12th month after the month of service without a valid billing limit exception are reduced to 50 percent of the allowed amount**.

No action is required on your part. Xerox is adjusting the affected claims for dates of service on or after October 1, 2009 through June 30, 2012. These adjustments appeared on *Remittance Advice Details* (RADs) beginning December 31, 2012, with RAD code **0928: Reverse late billing cutback**.

If you disagree with any of these 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](http://www.medi-cal.ca.gov)).

If you have any questions regarding this adjustment, please call the Telephone Service Center (TSC) at 1-800-541-5555, option 5 followed by option 6.

Sincerely,

*Rick McMahan*

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Director, Provider Relations  
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