



Tanya E. Schuhmeier
Director, Provider Relations
California MMIS

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October 8, 2013

Subject: Void and Resubmission of Claims with CPT-4 Codes 74176 – 74178

Dear Provider:

The Department of Health Care Services (DHCS) has directed Xerox State Healthcare, LLC (Xerox) to change policy to comply with directions from the Centers for Medicare & Medicaid Services (CMS) to reduce the reimbursement for the professional component of diagnostic imaging procedures for computed tomography (CT) services. This change reduces reimbursement in instances where more than one service is performed by the same physician, for the same patient, during the same session on the same day.

Claims billed for CPT-4 codes 74176 – 74178 with dates of service on or after January 1, 2011, and processed prior to June 25, 2012, should be reprocessed if they have been billed on the same date of service as any of the following CPT-4 codes: 70450 – 70492, 71250 – 71270, 72125 – 72133, 72192 – 72194, 73200 – 73202, 73700 – 73702 and 74150 – 74170.

No action is required on your part. Xerox will void and resubmit the affected claims billed for codes 74176 – 74178. Voids will appear on *Remittance Advice Details* (RAD) beginning October 24, 2013, with RAD code **0819: Void and resubmit of claims processed in error**. The resubmissions will appear on RADs beginning November 7, 2013, with Claim Control Number (CCN) prefix **329655**.

If you disagree with any of these resubmissions, 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 any questions, please call the Telephone Service Center (TSC) at 1-800-541-5555, option 5, followed by option 6.

Sincerely,

Tanya E. Schuhmeier

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Reference Number: P8628