



September 27, 2013

Tanya E. Schuhmeier
Director
Provider Relations
California MMIS

Subject: Reprocessing of Advanced Wound Care Product Claims

Dear Providers:

Xerox State Healthcare, LLC (Xerox) identified an error with the implementation of new policy for Universal Product Number (UPN) 610075099405 and UPN 745713530009 that resulted in erroneous denials with Remittance Advice Details (RAD) code **9898: HCPCS Qualifier and NDC (National Drug Code)/UPN (Universal Product Number) is invalid**. Xerox has also identified an error with the implementation of new policy for UPN 30003187661 and UPN 768455102822 that resulted in erroneous overpayments. Xerox has adopted measures to correct the system.

Xerox State Healthcare, LLC
820 Stillwater Road
West Sacramento, CA 95605

www.xerox.com/govhealthcare

No action is required on your part. Xerox will resubmit erroneously denied claims billed for UPN 610075099405 with UPN Qualifier UP and HCPCS code A6199 (alginate or other fiber gelling dressing, wound filler, sterile, per 6 inches) effective April 1, 2009, and UPN 745713530009 with UPN Qualifier UP and HCPCS code A6242 (hydrogel dressing, wound cover, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing) effective July 1, 2011. These resubmissions will appear on RADs beginning October 3, 2013, with Claim Control Number (CCN) prefix **326155**.

Xerox will also void erroneously paid claims billed for UPN 30003187661 with UPN Qualifier ON and HCPCS code A6235 (hydrocolloid dressing, wound cover, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in, without adhesive border, each dressing), and UPN 768455102822 with UPN Qualifier UP and HCPCS code A6235, effective August 31, 2011. The voids will appear on RADs beginning October 10, 2013.

The recoveries are authorized under the provisions of *Welfare and Institutions Code* (W&I Code), Sections 14176 and 14177, and the *California Code of Regulations* (CCR), Title 22, Section 51458.1 (a)(1). In addition, the W&I Code sections authorize the Department of Healthcare Services (DHCS) to enter into repayment agreements with providers or to 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 payments.

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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Director, Provider Relations
California MMIS
Xerox State Healthcare, LLC

Reference Number: P4524