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December 2, 2013

Subject: Resubmission of Erroneously Denied Medicare Part B Claims

Dear Provider:

An enhancement was implemented in October 2005 to accept Medicare claims electronically for Part B Medicare services billed to a Part A Medicare contractor. Medicare claims of service billed for professional and technical components separately resulted in Medi-Cal payment for one component, and an erroneous denial for the other with Remittance Advice Details (RAD) code **0010: This service is a duplicate of a previously paid claim**. Additionally, some electronic outpatient claims billed without the modifier were erroneously reimbursed at 100 percent instead of a reduced, pro-rated amount for the technical component.

Although the system was fixed and an Erroneous Payment Correction (EPC) was implemented in 2001 to resubmit those denied claims, Xerox State Healthcare, LLC (Xerox) discovered that some of those resubmitted claims were again erroneously denied.

No action is required on your part. Xerox will resubmit erroneously denied claims processed between May 13, 2011, and August 8, 2011, that were resubmissions for claims processed between October 2005 and May 2009. These resubmissions will appear on RADs beginning December 12, 2013, with Claim Control Number (CCN) prefix **332888**.

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 questions regarding these adjustments, 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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