



Tanya E. Schuhmeier
Director, Provider Relations
California MMIS

Xerox State Healthcare, LLC
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July 7, 2014

Subject: Void and Resubmission of Claims for CPT-4 Codes 70496 and 70498

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue causing claims for CPT-4 codes 70496 and 70498 to erroneously pay. The issue affected claims for dates of service from October 1, 2011, through November 19, 2012.

No action is required on your part. Xerox State Healthcare, LLC will void and resubmit the affected claims. This notification pertains to affected claims processed on or before October 1, 2011, through November 19, 2012. The voids will appear on *Remittance Advice Details* (RAD) beginning July 10, 2014, with RAD code **0819: Void and resubmit of claims processed in error**. The resubmits will appear on RADs beginning July 24, 2014, with Claim Control Number (CCN) prefix **418855**.

If you disagree with any of these resubmissions, you may submit a *Claims Inquiry Form* (CIF) within six months of the new RAD date or you may submit an *Appeal Form* within 90 days 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). For *Appeal Form* completion instructions, please refer to the *Appeal Form Completion* section in the appropriate Part 2 manual or on the Medi-Cal website.

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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Reference Number: P19206