



Tanya E. Schuhmeier
Director, Provider Relations
California MMIS

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July 28, 2014

Subject: Void and Resubmission of EWC Claims CPT-4 Code 99203

Dear Provider:

The Department of Health Care Services (DHCS) has identified a claims processing issue for dates of service from December 17, 2007, through July 31, 2013, that caused claims for CPT-4 code 99203 to erroneously pay. The system was corrected on August 1, 2013.

No action is required on your part. Xerox State Healthcare, LLC (Xerox) will void and resubmit the affected claims. The voids will appear on *Remittance Advice Details* (RAD) beginning August 7, 2014, with RAD code **0819: Void and resubmit of claims processed in error**. The resubmissions will appear on RADs beginning August 21, 2014, with Claim Control Number (CCN) prefix **421885**.

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

If you disagree with these resubmissions, you may submit a *Claims Inquiry Form* (CIF) within six months of the new RAD date. If you disagree with any of the voids, you may submit an *Appeal Form* within 90 days of the new RAD date. For CIF or *Appeal Form* completion instructions, please refer to the *Appeal Form Completion*, *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 6, followed by option 3.

Sincerely,

Tanya E. Schuhmeier

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Reference Number: P14910