



Tanya E. Schuhmeier
Director, Provider Relations
California MMIS

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

www.xerox.com/govhealthcare

October 1, 2014

Subject: Void and Resubmission of Claims Erroneously Paid or Denied

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting claims submitted for dates of service from December 21, 2012, through June 4, 2013. This issue caused claims to erroneously pay or deny when billing for the following procedure codes:

90647	90702	90704	90705	90706	90710	90712	90720
C9257	J0200	J0282	J1324	J1595	J1655	J1725	J2170
J2460	J2650	J3265	J7311	J7335	J7511	J8565	J8650
J9001	J9165	J9215	J9600	Q2036	Q2037	Q2038	Q2046
Q2048	S1089	X5642	X5738	X5744	X5752	X5918	X5970
X6062	X6084	X6206	X6216	X6320	X6354	X6408	X6560
X6566	X6624	X6666	X7026	X7027	X7052	X7060	X7061
X7108	X7122	X7364	X7366	X7444	X7550	X7624	X7642
X7646	X7718						

No action is required on your part. Xerox State Healthcare, LLC (Xerox), will void, recover and resubmit the erroneously paid claims. The voided claims will appear on *Remittance Advice Details* (RAD) beginning October 16, 2014, with RAD code **0819: Void and resubmit of claims processed in error**. Resubmissions of voided claims will appear on RADs beginning October 30, 2014.

Xerox will also resubmit erroneously denied claims. Resubmissions of denied claims will appear on RADs beginning October 9, 2014.

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 sections authorize 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 any of 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 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 at 1-800-541-5555, option 5, followed by option 6.

Sincerely,

Tanya E. Schuhmeier

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Reference Number: P16112