**Tanya E. Schuhmeier**
*Director, Provider Relations*
California MMIS

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

www.xerox.com/govhealthcare

March 17, 2016

**Subject: Retroactive Claims Adjustment for GCNs Exempt from Ten Percent Reduction**

Dear Provider:

The Department of Health Care Services (DHCS) has exempted additional Generic Code Numbers (GCNs) pursuant to State Plan Amendment (SPA) 11-018 and SPA 12-014 from being reduced by 10 percent, per Assembly Bill 97, effective retroactively for dates of service on or after January 1 2015, for GCN 061270 and June 1, 2011, for the following 106 GCNs.

| | | | | |
|---|---|---|---|---|
| 006364 | 070921 | 071658 | 072610 | 073248 |
| 029257 | 070979 | 071660 | 072611 | 073249 |
| 037030 | 070980 | 071671 | 072674 | 073292 |
| 039803 | 071033 | 071674 | 072675 | 073298 |
| 050210 | 071034 | 071801 | 072680 | 073299 |
| 051824 | 071036 | 071807 | 072682 | 073360 |
| 051916 | 071056 | 071808 | 072709 | 073402 |
| 062896 | 071167 | 071809 | 072740 | 073426 |
| 062897 | 071229 | 071810 | 072769 | 073427 |
| 062898 | 071230 | 071821 | 072770 | 073428 |
| 064429 | 071231 | 071822 | 072862 | 073484 |
| 067118 | 071495 | 071942 | 072863 | 073485 |
| 067598 | 071496 | 072082 | 072864 | 073486 |
| 068384 | 071497 | 072154 | 072865 | 073487 |
| 069881 | 071498 | 072155 | 072866 | 073521 |
| 069921 | 071499 | 072279 | 072867 | 073586 |
| 070205 | 071509 | 072280 | 072868 | 073587 |
| 070405 | 071527 | 072293 | 072952 | 073588 |
| 070829 | 071528 | 072294 | 073052 | |
| 070830 | 071529 | 072296 | 073187 | |
| 070919 | 071567 | 072424 | 073234 | |
| 070920 | 071614 | 072560 | 073237 | |

No action is required on your part. Xerox State Healthcare, LLC (Xerox) will adjust the affected claims. These adjustments will appear on *Remittance Advice Details* (RAD) forms beginning March 17, 2016, with RAD code **0951: Adjustment to 10% provider payment reduction per Assembly Bill 97 (Chapter 3, Statutes of 2011) effective 06/01/2011**.

If you disagree with any of these adjustments, 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 this adjustment, 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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*Director, Provider Relations*
California MMIS
Xerox State Healthcare, LLC

Reference Number: P30276