Subject: Resubmission of Erroneously Paid and Denied Claims for HPV CPT-4 Codes

The Department of Health Care Services (DHCS) identified a claims processing issue affecting certain claims billed with Human Papillomavirus (HPV) CPT-4 codes 87623, 87624 and 87625. This issue caused some claims to erroneously pay; other claims were erroneously denied with Remittance Advice Details (RAD) codes 033: The recipient is not eligible for the special program billed and/or restricted services billed or 063: The procedure is not consistent with the recipient’s age. This issue affected claims for dates of service from October 1, 2015, through February 23, 2016.

No action is required on your part. Conduent will void and resubmit the affected claims. Voids of paid claims will appear on RAD forms beginning March 2, 2017, with RAD code 0819: Void and resubmit of claims processed in error. Corresponding resubmissions of paid claims will appear on RAD forms beginning March 9, 2017. Resubmissions of denied claims appeared on RAD forms beginning February 9, 2017.

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 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 resubmissions, please call the Telephone Service Center at 1-800-541-5555, option 5, followed by option 6.

Sincerely,

Tanya E. Schuhmeier

Tanya E. Schuhmeier
Director, Provider Relations
California MMIS
Conduent

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