January 1, 2019

Subject: Reprocessing of Erroneously Paid and Denied Claims for Cardiology Services

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting cardiology services claims billed with interrogation device evaluation CPT codes 93295, 93297, 93298 and 93299. This issue caused some claims to erroneously pay and some claims to erroneously deny with one of the following Remittance Advice Details (RAD) codes:

- **0036**: RTD (Resubmission Turnaround Document) was either not returned or was returned uncorrected; therefore, your claim is formally denied.
- **0063**: The procedure is not consistent with the recipient’s age.
- **0090**: The combination of procedure code and modifier is not valid on the dates of service billed.
- **0196**: This procedure requires a modifier; modifier is not present.
- **0225**: This is an incorrect procedure code and/or modifier for this service. Please resubmit.
- **0259**: Denied by VCCR (Vision Care Claims Review) – is not a Medi-Cal benefit.

The issue affected claims for dates of service from January 1, 2009, through April 24, 2018.

No action is required on your part. The California Medicaid Management Information System (MMIS) Fiscal Intermediary, Conduent State Healthcare, LLC, will void and resubmit erroneously paid claims. These voids will appear on RAD forms beginning January 24, 2019, with RAD code **0819**: Void and resubmit of claims processed in error. Corresponding resubmissions will appear on RAD forms beginning January 31, 2019. Resubmissions of denied claims will appear on RAD forms beginning December 27, 2018, with Claim Control Number (CCN) roll number **55** (Resubmit). The roll number is the fifth and sixth digits of the CCN.

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 voids or 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 voids or resubmissions, please call the California MMIS Fiscal Intermediary Telephone Service Center at 1-800-541-5555, option 5, followed by option 6 or write to the California MMIS Fiscal Intermediary Correspondence Specialist Unit at P.O. Box 13029, Sacramento, CA 95813-4029.

Sincerely,

Tanya E. Schuhmeier

Tanya E. Schuhmeier
Director, Provider Relations
Conduent State Healthcare, LLC, on behalf of
California Department of Health Care Services

Reference Number: P47589