January 30, 2019

Subject: Reprocessing of Erroneously Paid and Denied Claims for Select HCPCS Codes

Dear Provider:

The Department of Health Care Services (DHCS) updated provider reimbursement rates for HCPCS codes E2312, E2321, E2322, E2327 and E2373, effective retroactively for dates of service on or after July 1, 2014. This rate update necessitates reprocessing of potential erroneously paid and denied claims.

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 Remittance Advice Details (RAD) forms beginning February 28, 2019, with RAD code 0819: Void and resubmit of claims processed in error. Corresponding resubmissions will appear on RAD forms beginning March 7, 2019. Resubmissions of denied claims will appear on RAD forms beginning January 31, 2019, 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,

Evonne Pelaez
Director, Provider Relations
Conduent State Healthcare, LLC, on behalf of California Department of Health Care Services

Reference Number: P48358