September 25, 2019

Subject: Reprocessing of Erroneously Paid Claims for Sedation and Surgical Services

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting certain claims billed with CPT codes 99151 and 99152 (for sedation services) for dates of service from October 1, 2017, through September 24, 2018. The issue also affected claims billed with CPT code 13133 (for surgical services) for dates of service from January 1, 2009, through September 24, 2018. This issue caused some claims to erroneously pay.

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 October 24, 2019, with RAD code 0819: Void and resubmit of claims processed in error. Corresponding resubmissions will appear on RAD forms beginning October 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,

Tanya E. Schuhmeier

Tanya E. Schuhmeier
Assistant Executive Director/Deputy Program Director, CA-MMIS
Acting Director, Provider Relations
Conduent State Healthcare, LLC, on behalf of
California Department of Health Care Services

Reference Number: P50040