



RICHARD FIGUEROA
ACTING DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

March 11, 2020

Subject: Retroactive Rate Adjustment to Radiology Claims for Select CPT Codes

Dear Provider:

The Department of Health Care Services (DHCS) updated provider reimbursement rates for the following radiology codes, effective retroactively for dates of service from April 1, 2017. If the rate was increased, the adjustment is positive. If the rate was reduced, the adjustment is negative.

70486	70487	70496	70540	70542	70543	72080	72114	72285	72295
73219	74710	75561	75565	75600	75605	75625	75630	75726	75736
75741	75743	75746	75774	75825	75827	75842	75885	76380	76641
76642	76802	76810	76819	76946	77012	77021	77073	77077	77080
77081	77085	77334	77470	78496					

No action is required on your part. The California Medicaid Management Information System (MMIS) Fiscal Intermediary, will adjust the affected claims. These adjustments will appear on RAD forms beginning March 5, 2020, for positive adjustments, and April 2, 2020, for negative adjustments, with RAD code **0893: Retroactive rate adjustment**.

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 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



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If you have questions regarding these adjustments, 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,

Cindy Garrett

Cindy Garrett
Director, Provider & Member Services
DXC Technology, *on behalf of*
California Department of Health Care Services

Reference Number: P53153