



Tanya E. Schuhmeier
Director, Provider Relations
California MMIS

Xerox State Healthcare, LLC
820 Stillwater Road
West Sacramento, CA 95605

www.xerox.com/govhealthcare

July 28, 2016

Subject: Resubmission of Claims for Select Molecular Pathology Codes

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting claims billed with CPT-4 codes 83890 – 83914. This issue caused some claims to erroneously pay and some claims to erroneously deny with Remittance Advice Details (RAD) codes **0082: Service exceeds maximum allowed by Medi-Cal policy** or **0087: This procedure has been performed previously for this recipient. It is payable only once in a lifetime**. This issue affected claims for dates of service from February 1, 2009, through December 23, 2013.

No action is required on your part. Xerox State Healthcare, LLC (Xerox) will void and resubmit erroneously paid claims. Voids will appear on RAD forms beginning August 11, 2016, with RAD code **0819: Void and resubmission of claims processed in error**. Corresponding resubmissions will appear on RAD forms beginning August 18, 2016. Resubmissions of denied claims will also appear on RAD forms beginning August 18, 2016. Xerox will also void claims non-payable on date of service with RAD code **0821: Void of claim non-payable on date of service**. These voids will appear on RAD forms beginning August 11, 2016.

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
Xerox State Healthcare, LLC

Reference Number: P15366