



**Tanya E. Schuhmeier**  
Director, Provider Relations  
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October 19, 2016

**Subject: Retroactive Rate Adjustments to PAD Claims for Select Codes**

Dear Provider:

In accordance with *Welfare and Institutions Code* (W&I Code) Section 14105.456, the Department of Health Care Services (DHCS) has updated the rates for the following physician-administered drug (PAD) codes. This update is effective retroactively for dates of service on or after October 1, 2015, through December 31, 2015.

90378	90649	90700	90734	C9449	J2590	Q2036	S0077
90384	90654	90713	90736	J0330	J2710	Q9979	S0080
90385	90655	90716	A9543	J1455	J9175	S0017	S0148
90636	90658	90717	A9606	J1826	J9340	S0020	S0164
90648	90681	90723	C9285	J2370	Q0144	S0032	S0197

No action is required on your part. Xerox State Healthcare, LLC (Xerox) will adjust the affected claims. Positive adjustments appeared on *Remittance Advice Details* (RAD) forms beginning October 13, 2016. Negative adjustments will appear on RAD forms beginning October 20, 2016, with RAD code **0893: Retroactive rate adjustment**.

The recoveries are authorized under the provisions of 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](http://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 adjustments, please call the Telephone Service Center at 1-800-541-5555, option 5, followed by option 6.

Sincerely,

*Tanya E. Schuhmeier*

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