



May 21, 2008

Dear Medical Transportation Provider,

Subject: Erroneous ECG Underpayments and Overpayments

EDS has identified two issues affecting electrocardiogram (ECG) claims, the larger issue resulting in underpayment, and the smaller issue resulting in overpayment.

Effective September 1, 2006, HCPCS code X0022 was shut off in favor of CPT-4 codes 93005 and 93041. For these codes, the Department of Health Care Services (DHCS) decided to establish a unique rate for ground medical transportation providers. System changes were made in May 2007. Primarily, claims that were processed before the system change must be adjusted to the new rate. However, the technical design supporting the unique rate did allow some duplicate claims (submitted before the system change, and again after) to be paid.

No action is required on your part. EDS is reprocessing the affected claims, which will appear on Remittance Advice Details (RADs) beginning May 22, 2008. The many adjustments will appear with RAD code **944: Correction of payment rate**. The few voids will appear with RAD code **911: Duplicates**.

No provider is anticipated to see an overall recovery exceeding \$26.00. The recoveries are authorized under the provisions of *Welfare and Institutions* (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 the adjustments, you may submit a *Claims Inquiry Form* (CIF) within six months from the new RAD date. If you disagree with any of the voids, you may submit an appeal within 90 days of the RAD date. For CIF or appeal completion instructions, please refer to the *CIF Completion* and *CIF Special Billing Instructions* sections, or the *Appeal Form Completion* section in the appropriate Part 2 manual or on the Medi-Cal Web site at www.medi-cal.ca.gov.

If you have questions, please call the Telephone Service Center (TSC) at 1-800-541-5555, option 11 then option 18.

Sincerely,

A handwritten signature in cursive script that reads "Nona Carpenter".

Provider Relations Director

Reference Number: P7351

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