



June 2, 2008

Dear Medicare Provider,

Subject: Price Adjustment

The Department of Health Care Services (DHCS) has determined that certain crossover claims were underpaid for the following procedure codes:

- J7612 (levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, concentrated form, 0.5 mg)
- J7613 (albuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 1 mg)
- J7614 (levalbuterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose, 0.5 mg)
- J7674 (methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg)

For J7613, the quantity restriction was removed on February 18, 2008. The Medi-Cal pricing methodology uses the Medicare allowable amount for dates of service November 1, 2005 through February 18, 2008, for dates of processing after May 15, 2008.

For the other three codes, Medi-Cal pricing uses the Medicare allowable amounts for dates of service November 01, 2005 forward, for dates of processing after April 20, 2008.

EDS is adjusting the affected paid claims, and resubmitting the affected claims that were previously suppressed due to a price of zero. The adjustments will appear on *Remittance Advice Details* (RADs) beginning May 29, 2008 with RAD code **0883: Retroactive price correction**. Resubmits will appear on RADs beginning June 5, 2008 with Claim Control Number (CCN) prefix **813888** or **813988**.

If you disagree with any of these adjustments or resubmits, you may submit a *Claims Inquiry Form* (CIF) within six months of the new RAD date. For CIF completion instructions, please refer to the *CIF Completion* section and *CIF Special Billing Instructions* section in the appropriate Part 2 manual or on the Medi-Cal Web site (www.medi-cal.ca.gov).

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

Sincerely,

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

Nona Carpenter
Provider Relations Director

Reference Number: P9318/P9319

EDS
3215 Prospect Park Drive
Rancho Cordova, CA 95670-6017