



WILL LIGHTBOURNE
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

PROVIDER NAME
ADDRESS 1
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CITY, STATE ZIP

May 22, 2021
NPI # 123456789

Subject: Correction to Previous EPC Letter of Retroactive Rate Adjustment for COVID-19 Diagnosis Claims

Dear Provider:

A previous Erroneous Payment Correction (EPC) letter entitled *Retroactive Rate Adjustment for COVID-19 Diagnosis Claims* is corrected below.

The Department of Health Care Services (DHCS) updated provider reimbursement rates for COVID-19 diagnosis claims billed with:

- HCPCS code U0003 (infectious agent detection by nucleic acid [DNA or RNA]; severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [Coronavirus disease (COVID-19)], amplified probe technique, making use of high throughput technologies)
- HCPCS code U0004 (coronavirus, SARS-CoV-2/2019-nCoV [COVID-19], any technique, multiple types, or subtypes [includes all targets], non-CDC, making use of high throughput technologies)

These changes are effective retroactively for claims with dates of service on or after January 1, 2021, not March 25, 2021, as stated in the previous letter.

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 *Remittance Advice Details* (RAD) forms beginning June 10, 2021, with RAD code **0893: Retroactive Rate Adjustment**.

Any recoveries as part of this EPC 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 Provider 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 Provider website.

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 5 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

Gainwell Technologies, on behalf of

California Department of Health Care Services

Reference Number: P42709