



Michelle Baass | Director

PROVIDER NAME  
ADDRESS 1  
ADDRESS 2  
CITY, STATE ZIP

April 29, 2025  
NPI # 123456789

### RESUBMISSION OF ERRONEOUSLY DENIED CLAIMS FOR SELECT PROCEDURE CODES

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting claims billed with procedure codes 86480 (TB test cell immune measure) and 86481 (TB AG response T-cell susp). This issue caused claims to erroneously deny with Remittance Advice Details (RAD) codes **0095: This service is not payable due to a procedure or procedure and modifier previously reimbursed** and **0082: Service exceeds the maximum allowed by Medi-Cal policy**. The issue affected claims for dates of service from December 31, 2011, through November 18, 2024.

No action is required on your part. The California Medicaid Management Information System (MMIS) Fiscal Intermediary will resubmit the affected claims. These resubmissions will appear on RAD forms beginning April 10, 2024, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the CCN prefix **508755**.

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, refer to the *CIF Completion* and *CIF Special Billing Instructions* sections in the appropriate Part 2 manual or on the Medi-Cal Providers website ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)). For *Appeal Form* completion instructions, refer to the *Appeal Form Completion* section in the appropriate Part 2 manual or on the Medi-Cal Providers website.



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If you have questions regarding these resubmissions, 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: P45363