



WILL LIGHTBOURNE
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

PROVIDER NAME
ADDRESS 1
ADDRESS 2
CITY, STATE ZIP

October 8, 2021
NPI # 123456789

Subject: Resubmission of Erroneously Denied Family PACT Telehealth Claims

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting some claims billed with:

- HCPCS codes A0000 through Z9999
- CPT codes 00100 through 91298
- CPT codes 91300 through 92017
- CPT codes 92020 through 99999

This issue caused claims to erroneously deny with Remittance Advice Details (RAD) code **0031: The Provider was not eligible for the Services Billed on the Date of Service**. The issue affected claims for dates of service from January 1, 2017, through July 26, 2021.

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 September 30, 2021, with Claim Control Number (CCN) prefix **126655**.

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, 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 resubmissions, 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: P43057