



MICHELLE BAASS
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

May 6, 2022
NPI # 123456789

REPROCESSING OF CLAIMS DUE TO CHANGES TO NCCI PROCEDURE-TO-PROCEDURE (PTP) EDITS

Dear Provider:

The Centers for Medicare & Medicaid Services (CMS) issued a third set of replacement files for National Correct Coding Initiative (NCCI) Procedure-to-Procedure (PTP) edits for the first quarter of 2022. These mandatory national edits were incorporated into the Medi-Cal claims processing system on March 23, 2022 and were effective retroactively for dates of service from January 1, 2022. This policy update necessitates reprocessing of affected claims.

No action is required on your part. The California Medicaid Management Information System (MMIS) Fiscal Intermediary will void the affected claims. These voids will appear on *Remittance Advice Details* (RAD) forms beginning May 26, 2022, with RAD code **0819: Void and resubmit of claims processed in error**. Corresponding resubmissions will appear on RAD forms beginning June 2, 2022. Resubmissions of denied claims will appear on RAD forms beginning April 28, 2022, with Claim Control Number (CCN) prefix **210955**.

The recoveries 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.

Page 2
May 6, 2022

If you disagree with any of these voids and 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 voids and 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: P43659