



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

PROVIDER NAME  
ADDRESS1  
ADDRESS 2  
CITY, STATE ZIP

November 30, 2021  
NPI # 123456789

RESUBMISSION OF ERRONEOUSLY DENIED TELEHEALTH SERVICES CLAIMS

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting Telehealth Services claims. This issue caused claims billed with modifier 95 to erroneously deny with Remittance Advice Details (RAD) code **0008: The provider of service is not eligible for the type of services billed**. 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 November 18, 2021, with Claim Control Number (CCN) prefix **131455**.

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](http://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 website.

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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: P43210