



**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

June 18, 2021  
NPI # 123456789

**Subject: Resubmission of Erroneously Denied Claims for Laboratory Codes**

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting claims with CPT codes 86077, 86078 and 86079. This issue caused some claims to erroneously deny with Remittance Advice Details (RAD) code **0196: This procedure requires a modifier; modifier is not present**. The issue affected claims for dates of service from January 23, 2019, through February 21, 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 June 17, 2021, with Claim Control Number (CCN) prefix **115855**.

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 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: P42687