

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



GOVERNOR

**PROVIDER NAME** ADDRESS 1 ADDRESS 2 CITY, STATE ZIP

December 22, 2023 NPI # 123456789

## **RESUBMISSION OF ERRONEOUSLY DENIED INJECTION CLAIMS**

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting some injection claims billed with HCPCS codes J0129 (injection, abatacept, 10 mg) and J1610 (injection glucagon HCl, per 1 mg). This issue caused claims to erroneously deny with one of the following Remittance Advice Details (RAD) codes:

- 0145: This procedure is not a Medi-Cal benefit on this date of service.
- 9897: HCPCS Qualifier NDC/UPN is missing.
- 9898: HCPCS Qualifier NDC/UPN is invalid.

The issue affected claims for dates of service from September 1, 2021, through September 19, 2023.

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 30, 2023, with Claim Control Number (CCN) roll number 55 (Resubmit). The roll number is the fifth and sixth digits of the CCN prefix 332055.

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 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: P44659