



**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

August 13, 2021  
NPI # 123456789

**Subject: Resubmission of Erroneously Denied Retinal Surgical Procedure Claims**

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting claims billed with the following Retinal Surgery: Repetitive Services CPT codes:

67208	67221
67210	67227
67220	67228

This issue caused some claims to erroneously deny with Remittance Advice Details (RAD) code **0113: This procedure is payable only once in 90 days**. The issue affected claims for dates of service from January 1, 2012, through May 10, 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 August 5, 2021, with Claim Control Number (CCN) roll number prefix **121055**

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: P42887