



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



WILL LIGHTBOURNE
 DIRECTOR

GAVIN NEWSOM
 GOVERNOR

PROVIDER NAME
 ADDRESS 1
 ADDRESS 2
 CITY, STATE ZIP

June 16, 2021
 NPI # 123456789

Subject: Resubmission of Erroneously Denied Claims for LEA Services

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting claims for LEA Services billed with following codes:

92551	92552	92557	94618	96100	96101	96110
96130	96156	96158	96159	96164	96165	97110
97150	97163	97164	97167	97168	97533	97535
99173	99401	92506	92521	96150	97001	A0425
		THRU	THRU	THRU	THRU	
		92508	92524	96153	97004	
G0237	S9470	T1001	T1017	T1023	T2003	V5011
		THRU				
		T1004				

This issue caused claims to erroneously deny with Remittance Advice Details (RAD) code **0408: Payment reduced because of patient liability (Share of Cost)**. The issue affected claims for dates of service from February 22, 2021, through March 6, 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 4, 2021, with Claim Control Number (CCN) prefix **114755**.

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 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: P42758