



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



WILL LIGHTBOURNE
DIRECTOR

GAVIN NEWSOM
GOVERNOR

November 2, 2020

Subject: Resubmission of Erroneously Denied Laboratory Services Claims

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting laboratory services claims. This issue caused claims to erroneously deny with Remittance Advice Details (RAD) code **9655: The monthly frequency limits for this procedure have been exceeded. Please appeal with justification for exceeding the frequency limits.** The issue affected claims for dates of service from February 25, 2019, through August 24, 2020.

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 October 29, 2020 with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the CCN

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.

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: P41843