



Michelle Baass | Director

PROVIDER NAME
ADDRESS 1
ADDRESS 2
CITY, STATE ZIP

April 15, 2025
NPI # 123456789

RESUBMISSION OF ERRONEOUSLY DENIED CLAIMS FOR SELECT PATHOLOGY CODES

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting claims for select pathology codes. This issue caused claims to erroneously deny with Remittance Advice Details (RAD) code **0082: Service exceeds maximum allowed by Medi-Cal policy**. The issue affected claims for dates of service from December 5, 2021, through December 5, 2024.

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 April 3, 2025, with Claim Control Number (CCN) prefix **508355**.

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, 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, refer to the *Appeal Form Completion* section in the appropriate Part 2 manual or on the Medi-Cal Provider website.



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If you have questions regarding these resubmissions, 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: P45385