



GAVIN NEWSOM GOVERNOR

PROVIDER NAME ADDRESS 1 ADDRESS 2 CITY, STATE ZIP

July 15, 2021 NPI # 123456789

## Subject: Resubmission of Erroneously Denied Screening for Depression Claims

Dear Provider:

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

- G8431(Screening for depression is documented as being positive and a follow-up plan is documented)
- G8510 (Screening for depression is documented as negative, a follow-up plan is not required)

This issue caused some claims to erroneously deny with Remittance Advice Details (RAD) code **0063 The procedure is not consistent with the recipient's age**. The issue affected claims for dates of service from July 1, 2020, through April 26, 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 July 9, 2021, with Claim Control Number (CCN) prefix **118055**.

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: P42812