



Michelle Baass | Director

PROVIDER NAME  
ADDRESS 1  
ADDRESS 2  
CITY, STATE ZIP

June 13, 2024  
NPI # 123456789

### REPROCESSING OF ERRONEOUSLY PAID AND DENIED CLAIMS FOR SELECT PROCEDURE CODE

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting claims for CPT® code 76819 (fetal biophysical profile; without non-stress testing). This issue caused some claims to erroneously pay and some claims to erroneously deny, resulting in both claim overpayments and underpayments. The issue affected claims for dates of service from December 15, 2021, through January 22, 2024.

No action is required on your part. The California Medicaid Management Information System (MMIS) Fiscal Intermediary will adjust and resubmit the affected claims. These adjustments will appear on *Remittance Advice Details* (RAD) forms beginning June 6, 2024, with RAD code **0893: Retroactive rate adjustment**.

These resubmissions will appear on RAD forms beginning June 6, 2024, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the CCN prefix **415055**.



Page 2  
June 13, 2024

If you disagree with any of these adjustments and 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 adjustments and 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: P44827