DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES
Michelle Baass | Director

PROVIDER NAME
ADDRESS 1
ADDRESS 2
CITY, STATE ZIP

May 31, 2024
NPI # 123456789

RESUBMISSION OF ERRONEOUSLY DENIED CLAIMS FOR SELECT HCPCS CODES

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting claims for select HCPCS codes. This issue caused claims to erroneously deny with following Remittance Advice Details (RAD) code: The issue affected claims for dates of service from October 6, 2023, through December 28, 2023.

RAD	Description
0002	Recipient not eligible for benefits under Medi-Cal program or other special programs.
0008	The provider of service is not eligible for the type of services billed.
0010	This service is a duplicate of a previously paid claim.
0012	Medi-Cal benefits cannot be paid without proof of payment/description of the denial from Medicare. Recipient not eligible for Medi-Cal benefits until payment/denial information is given from other insurance carrier.
0015	Medi-Cal benefits cannot be paid without proof of payment/denial from Kaiser.
0021	This claim was received after the one-year maximum billing limitation.
0030	Date of death prior to date of service.

RAD	Description
0031	The provider was not eligible for the services billed on the date of service.
0033	Recipient not eligible for special program billed and/or restricted services billed.
0037	Health Care Plan/Mental Health Care enrollee, capitated service not billable to Medi-Cal.
0046	Social Security Number (SSN) not permitted for billing Medi-Cal.
0049	Provider billing error. Claim line is invalid. Verify line charge, procedure code and other line information.
0051	Signature is missing or is not an original.
0063	The procedure is not consistent with the recipient's age.
0069	This is a duplicate of a previous adjustment.
0082	Service exceeded the maximum allowed by Medi-Cal policy.
0090	The combination of procedure code and modifier is not valid on the dates of service billed.
0095	This service is not payable. due to a procedure or procedure and modifier previously reimbursed.
0119	This procedure/accommodation/revenue code is payable only one in six months.
0145	This procedure is not a Medi-Cal benefit on this date of service.
0169	This service is not payable when billed with this diagnosis.
0225	This is an incorrect procedure code and/or modifier code for this service. Please resubmit.
0231	Recipient is not eligible for Medi-Cal benefits without complete denial of coverage letter from Aetna.
0311	Recipient not eligible for Medi-Cal benefits without complete denial coverage statement from Prepaid Health Plan/Health Maintenance Organization (PHP/HMO).

RAD	Description
0314	Recipient eligibility is not indicated for month of service billed.
0370	Adjustment requires additional information.
0376	Billed procedure/modifier code does not match Treatment Authorization Request (TAR) procedure/modifier code. New claim and/or TAR required.
0382	You have inquired about wrong line number of Claim Control Number (CCN). Please resubmit with corrected CCN.
0392	Rendering provider ID/license number not on file or was left blank.
0623	Claim has been denied due to Other Health Coverage (OHC) having paid in full or OHC payment exceeding Medi-Cal allowed amount.
0639	Recipient is not eligible for Medi-Cal benefits without complete denial coverage from Prudential. (16, 109)
0640	Recipient is not eligible for Medi-Cal benefits without complete denial of coverage from the Medicare Health Maintenance Organization (HMO), Competitive Medical Plan (CMP) or Health Care Prepayment Plan (HCPP). Medi-Cal is not obligated for plan services when the recipient chooses not to go to a plan provider.
0641	Recipient is not eligible for Medi-Cal benefits without complete denial of coverage from Mutual of Omaha.
0642	Recipient not eligible for Medi-Cal benefits without complete denial of coverage letter from Metropolitan Life.
0644	Recipient not eligible for Medi-Cal benefits without complete denial of coverage from Equicor/Equitable.
0648	Recipient not eligible for Medi-Cal benefits w/o complete denial of coverage letter from multiple plans non-comprehensive.
0657	Recipient not eligible for Medi-Cal benefits until payment/denial information is given from other insurance carrier.
0691	Diagnosis code is invalid for date of service.

RAD	Description
9021	Submit copies of Remittance Advice Details (RADs) that reflect payment or denial.
9174	CMC replacement submitted after six months of referred claim RAD is not payable.
9186	CMC replacement for previously denied claim due to submission after six months of referred claim RAD is not payable.
9273	Quantity exceeds allowed for the service; medical justification required.
9282	Patient sex code missing or invalid.
9572	No explanation of the Other Health Care (OHC) denial code is present.
9671	Procedure code not authorized for California Children's Services/Genetically Handicapped Persons Program (CCS/GHPP) services.
9720	County Medical Services Program (CMSP) medical claims processed by Advanced Medical Management, Inc. (AMM). Contact 1-877-589-6807 for CMSP billing info.
9888	The recipient's aid code is not allowed for this provider type.
9942	National Correct Coding Initiative (NCCI) quantity billed greater than allowed Medically Unlikely Edit (MUE) quantity.
9981	ICD indicator is missing or invalid.
9993	The service code combination is not valid for billing provider.

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 May 23, 2024, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the CCN prefix **413655, 413755**.

If you disagree with any of these adjustments, 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 adjustments, 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: P44892