

PROVIDER NAME  
ADDRESS 1  
ADDRESS 2  
CITY, STATE ZIP

April 29, 2025  
NPI # 123456789

## REPROCESSING OF DYADIC CLAIMS FOR THE TIMELINESS DENIAL AND CUTBACK

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting dyadic claims. This issue caused some claims to erroneously pay and some claims to erroneously deny, resulting in claim underpayments and denials. The issue affected claims for dates of service on or after January 4, 2023.

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 April 3, 2025, (for positive adjustments), and May 22, 2025, (for negative adjustments) with **RAD code 0903: Reverse previous cutback**.

These resubmissions will appear on RAD forms beginning April 3, 2025, with Claim Control Number (CCN) roll number 55 (Resubmit). The roll number is the fifth and sixth digits of the CCN prefix **508555, 508655**.

The recoveries are authorized under the provisions of *Welfare and Institutions Code* (W&I Code), Sections 14176 and 14177, and *California Code of Regulations* (CCR), Title 22, Section 51458.1(a)(1). In addition, the W&I Code sections authorize DHCS to enter into repayment agreements with providers or offset overpayments against amounts due. If the total warrant amount is not sufficient to offset the recovery, the negative balance will be converted to an accounts receivable transaction and subtracted from future Medi-Cal reimbursements.



Page 2  
April 29, 2025

If you disagree with any of these adjustments or 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 Providers website ([www.medi-cal.ca.gov](http://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 Providers website.

If you have questions regarding these adjustments or 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: P45458