



State of California—Health and Human Services Agency  
Department of Health Care Services



**WILL LIGHTBOURNE**  
DIRECTOR

**GAVIN NEWSOM**  
GOVERNOR

November 12, 2020

**Subject: Resubmission of Erroneously Denied Injections Claims**

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting some injections claims billed with HCPCS code J1746 (injection, ibalizumab-uiyk, 10 mg). This issue caused claims to erroneously deny with Remittance Advice Details (RAD) code **0010 This service is a duplicate of a previously paid claim**. The issue affected claims for dates of service from January 1, 2011, through April 22, 2019.

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 November 5, 2020, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the CCN.

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 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 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 6 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: P40343