



**WILL LIGHTBOURNE**  
DIRECTOR

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



**GAVIN NEWSOM**  
GOVERNOR

PROVIDER NAME  
ADDRESS 1  
ADDRESS 2  
CITY, STATE ZIP

May 3, 2021  
NPI # 123456789

**Subject: Reprocessing of Claims for Select Procedure Codes**

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting claims billed with various CPT and HCPCS codes (mainly the following codes):

82947, 99283, G0151, G0154, 84132, 93010, 99215, 99232, 93005, Q9967, 99221, 93321, Z6004, Z7610, 93308, 80053, 99213, 99233, 99214.

This issue caused some claims to erroneously pay and other claims to erroneously deny. The issue affected claims for dates of payment from February 1, 2021, through March 15, 2021.

No action is required on your part. The California Medicaid Management Information System (MMIS) Fiscal Intermediary will void and resubmit erroneously paid claims and resubmit erroneously denied claims. These voids will appear on *Remittance Advice Details* (RAD) forms beginning May 27, 2021, with RAD code **0819: Void and resubmit of claims processed in error**. Corresponding resubmissions will appear on RAD forms beginning June 3, 2021, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the CCN. Resubmissions of erroneously denied claims will appear on RAD forms beginning June 3, 2021, with Claim Control Number (CCN) roll number **55 (Resubmit)**.

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.

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](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 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: P42703