



CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Michelle Baass | Director

PROVIDER NAME
ADDRESS 1
ADDRESS 2
CITY, STATE ZIP

September 6, 2024
NPI # 123456789

RESUBMISSION OF ERRONEOUSLY DENIED CLAIMS FOR PREGNANCY AID
CODE

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting claims for pregnancy aid code M9. This issue caused claims to erroneously deny with Remittance Advice Details (RAD) codes **0086: OBRA/IRCA, 100 percent, 133 percent, 185 percent, and 200 percent recipients are not eligible for LTC or vision care services** and **0093: Non-emergency services are not payable for limited service OBRA/IRCA recipients**. The issue affected claims for dates of service from January 1, 2022, through May 28, 2024.

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 *Remittance Advice Details* (RAD) forms beginning August 29, 2024, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the CCN prefix **423355**.

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). 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.



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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: P45030