



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

PROVIDER NAME
ADDRESS 1
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CITY, STATE ZIP

June 3, 2022
NPI # 123456789

REPROCESSING OF ERRONEOUSLY PAID CALIFORNIA CHILDREN'S SERVICES CLAIMS (PHASE-2)

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting California Children's Services (CCS) claims billed with various Healthcare Common Procedure Coding System (HCPCS) codes. The issue affected claims for dates of service from November 12, 2019, through September 30, 2021. This issue caused some claims to erroneously pay, which necessitates voiding and resubmitting affected claims. This reprocessing should result in a net positive adjustment to the provider.

A letter dated March 9, 2022 with reference Number: P43311, was sent informing about the *Remittance Advice Details* (RAD) dates that these voids and corresponding resubmits will appear. As of May 16, 2022 all affected claims were voided. However, due to a system issue there is a delay with the installation of resubmits and they will not appear on RAD dates stated on the letter.

No action is required on your part. The California Medicaid Management Information System (MMIS) Fiscal Intermediary will resubmit the affected claims. These resubmits will appear on RAD forms beginning June 16, 2022. Some of these claims are for older dates of service, exceeding maximum billing limitation and will result in denial of payment with RAD code **0021: This claim was received after the one year maximum billing limitation**. And, some of these claims are for dates of service exceeding six-month billing limit and will result in payment cutback with one of the following codes:

- **0475 Claims received during 7th through 9th month after month of service without valid limit exception are reduced to 75% of allowed**
- **0476 Claims received during 10th through 12th month after month of service without valid limit exception are reduced to 50% of allowed**

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However, CA-MMIS Fiscal Intermediary will resubmit erroneously denied claims and adjust erroneously paid claims with billing limitation waiver. These resubmits will appear approximately 3 weeks from the date of initial processing with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the CCN. Adjustments also will appear approximately three weeks from the date of initial processing with RAD code **0928 Reverse late billing cutback**.

If you disagree with any of these resubmissions or 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 resubmissions or 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: P43311B