

PROVIDER NAME
 ADDRESS 1
 ADDRESS 2
 CITY, STATE ZIP

August 8, 2024
 NPI # 123456789

RESUBMISSION OF ERRONEOUSLY DENIED CLAIMS FOR SELECT LABORATORY CODES

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting claims for select laboratory codes. This issue caused claims to erroneously deny with following Remittance Advice Details (RAD) codes. The issue affected claims for dates of service from March 1, 2019, through April 22, 2024.

RAD	Description
0082	Service exceeded the maximum allowed by Medi-Cal policy
0087	This procedure has been performed previously for this recipient. It is payable only once in a lifetime
0116	This procedure is payable only once per month (30 days)
0117	This procedure is payable only twice per month (30 days)
0297	This service limited to one in nine months
9566	This procedure is payable only once per calendar month
9905	Procedure code is limited to once in a lifetime

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 August 1, 2024, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the CCN prefix **420455**.



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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.

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: P44983