



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

April 25, 2023
NPI # 123456789

REPROCESSING OF CALIFORNIA CHILDREN'S SERVICES CLAIMS FOR
TIMELINESS DENIAL AND CUTBACK

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting California Children's Services (CCS) Claims. This issue caused some claims to erroneously pay and some claims to erroneously deny with Remittance Advice Details (RAD) code **0021: This claim was received after the one-year maximum billing limitation**, resulting in claim underpayments and denials. The issue affected claims for dates of service from March 1, 2020, through October 31, 2021.

No action is required on your part. The California Medicaid Management Information System (MMIS) Fiscal Intermediary will adjust and resubmit the affected claims. These adjustments will appear on RAD forms beginning April 20, 2023, with RAD code **0903: Reverse previous cutback**.

These resubmissions will appear on RAD forms beginning April 20, 2023, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the CCN prefix **310055**.

If you disagree with any of these adjustments or 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 adjustments or resubmission, 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: P44289