



Michelle Baass | Director

PROVIDER NAME  
ADDRESS 1  
ADDRESS 2  
CITY, STATE ZIP

May 23, 2024  
NPI # 123456789

### RESUBMISSION OF EWC CLAIMS FOR SELECT PROCEDURE CODE

Dear Provider:

The Department of Health Care Services (DHCS) implemented a policy to include new benefits into the Every Woman Counts (EWC) program to align with the National Breast and Cervical Cancer Early Detection Program. Also, it corrected covered International Classification of Disease, Tenth Revision (ICD-10) code Z11.51 billed with CPT code 87624. This caused claims to erroneously deny with one of the following Remittance Advice Details (RAD) codes:

- **0033: The recipient is not eligible for special program billed and/or restricted services billed.**
- **0063: The procedure is not consistent with the recipient's age.**
- **0169: This service is not payable when billed with this diagnosis.**

The issue affected claims with dates of service from January 1, 2017, through March 12, 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 RAD forms beginning May 16, 2024, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the CCN prefix **412955**.



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If you disagree with any of these 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](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 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: P44749