



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

PROVIDER NAME  
ADDRESS 1  
ADDRESS 2  
CITY, STATE ZIP

May 17, 2022  
NPI # 123456789

VOID OF ERRONEOUSLY PAID MSSP PERSONAL CARE CLAIMS

Dear Provider:

Per the Multi-Purpose Senior Services Program (MSSP) Waiver Renewal in 2019 through 2020, the MSSP HCPCS Z8590 code (personal care [item]) was disallowed by Centers for Medicare and Medicaid Services (CMS). CMS advised that these items were still allowable but should be billed under local code Z8557 (non-medical home equipment). The Department of Health Care Services (DHCS) implemented the system changes per updated policy, effective retroactively for dates of service from February 1, 2020.

No action is required on your part. The California Medicaid Management Information System (MMIS) Fiscal Intermediary will void the affected claims. These voids will appear on *Remittance Advice Details* (RAD) forms beginning June 2, 2022, with RAD code **0821: Void of claim non-payable on date of service**.

The recoveries are authorized under the provisions of *Welfare and Institutions Code* (W&I Code), Sections 14176 and 14177, and *California Code of Regulations* (CCR), Title 22, Section 51458.1(a)(1). In addition, the W&I Code sections authorize DHCS to enter into repayment agreements with providers or offset overpayments against amounts due. If the total warrant amount is not sufficient to offset the recovery, the negative balance will be converted to an accounts receivable transaction and subtracted from future Medi-Cal reimbursements.

If you disagree with any of these voids, 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.

Page 2  
May 17, 2022

If you have questions regarding these voids, 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: P43617