

PROVIDER NAME  
ADDRESS 1  
ADDRESS 2  
CITY, STATE ZIP

January 23, 2025  
NPI # 123456789

## RESUBMISSION OF ERRONEOUSLY DENIED CLAIMS FOR SELECT CPT CODES

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting claims billed with Current Procedural Terminology (CPT®) codes 90832 (a 30-minute session of psychotherapy [i.e. talk therapy], with between 16 and 37 minutes of documented face-to-face time), 90834 (a 45-minute session of psychotherapy services), 90837 (a 60-minute individual psychotherapy session) and 90791 (integrated biopsychosocial assessment, including history, mental status, and recommendations) in conjunction with Place of Service code 10 (telehealth provided in patient's home). This issue caused claims to erroneously deny with the Remittance Advice Details (RAD) code: **0062: The Place of Service is not acceptable for this procedure**. The issue affected claims for dates of service from January 1, 2022, through November 4, 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 *Remittance Advice Details* (RAD) forms beginning January 16, 2025, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the CCN prefix **500655**.

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, refer to the *CIF Completion* and *CIF Special Billing Instructions* sections in the appropriate Part 2 manual or on the Medi-Cal Providers website ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)). For *Appeal Form* completion instructions, refer to the *Appeal Form Completion* section in the appropriate Part 2 manual or on the Medi-Cal Providers website.



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If you have questions regarding these resubmissions, 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: P45248