



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

February 15, 2023  
NPI # 123456789

RESUBMISSION OF ERRONEOUSLY DENIED EWC CLAIMS FOR DIGITAL BREAST TOMOSYNTHESIS

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting Every Woman Counts (EWC) claims for digital breast tomosynthesis billed with the following procedure codes:

- 77063: Screening digital breast tomosynthesis, bilateral
- G0279: Diagnostic digital breast tomosynthesis, unilateral or bilateral.

This issue caused claims to erroneously deny with Remittance Advice Details (RAD) code **0033: The recipient not eligible for special program billed and/or restricted services billed**. The issue affected claims for dates of service on or after January 1, 2022.

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 February 16, 2023, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the CCN prefix.

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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](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 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: P44241