

PROVIDER NAME  
ADDRESS 1  
ADDRESS 2  
CITY, STATE ZIP

October 16, 2024  
NPI # 123456789

REPROCESSING OF ERRONEOUSLY PAID AND DENIED CLAIMS FOR  
PREGNANCY AID CODE

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting claims impacted by erroneous assignment of pregnancy related aid code P4. This issue caused some claims to erroneously pay and some claims erroneously deny, resulting in both claim overpayments and denials. The issue affected claims for claim entry date from April 27, 2024, through May 10, 2024.

No action is required on your part. The California Medicaid Management Information System (MMIS) Fiscal Intermediary will void and resubmit the erroneously paid claims and resubmit erroneously denied claims. The voids will appear on *Remittance Advice Details* (RAD) forms beginning November 7, 2024, with **RAD code 0819: Void and resubmit of claims processed in error**. Corresponding resubmissions will appear on RAD forms beginning November 14, 2024. Resubmissions of denied claims will appear on RAD forms beginning September 26, 2024, with Claim Control Number (CCN) prefix **426255**.

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.



Page 2  
October 16, 2024

If you disagree with any of these voids 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, 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, 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 voids or 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: P45060