



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

April 12, 2022
NPI #123456789

REPROCESSING OF ERRONEOUSLY PAID AND DENIED DENTAL SERVICE CLAIMS

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting dental service claims billed by Indian Health Services, for Medi-Cal enrollees, enrolled in Access Dental Plan, Inc. (409, 421), Health Net of California, Inc. (405, 427), or Liberty Dental of California, Inc. (416, 425). This issue caused some claims to erroneously pay and some claims to erroneously deny with Remittance Advice Details (RAD) code **0037: Health care plan enrollee or mental health plan recipient; capitated/covered service not billable to Medi-Cal**. The issue affected claims for dates of service from January 1, 2018, through February 15, 2022.

No action is required on your part. The California Medicaid Management Information System (MMIS) Fiscal Intermediary will void and resubmit erroneously paid claims and resubmit erroneously denied claims. These voids will appear on RAD forms beginning May 5, 2022 with RAD code **0819: Void and resubmit of claims processed in error**. Corresponding resubmissions will appear on RAD forms beginning May 12, 2022. Resubmissions of denied claims will appear on RAD forms beginning April 7, 2022 with Claim Control Number (CCN) prefix **208755**.

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, 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). 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.

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If you have questions regarding these voids or 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: P43537