

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



PROVIDER NAME ADDRESS 1 ADDRESS 2 CITY, STATE ZIP December 20, 2021 NPI # 123456789

RESUBMISSION OF ERRONEOUSLY DENIED SPLIT BILLABLE SERVICES CLAIMS

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting split billable services claims billed with CPT Procedure Codes 87070, 87075, 88280, 88271 and 88275 and National Correct Coding Initiative (NCCI) modifier. This issue caused some claims to erroneously deny with Remittance Advice Details (RAD) code **0196: This procedure requires a modifier; modifier Is not present**. The issue affected claims for dates of service from October 15, 2015, through October 14, 2021.

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 December 9, 2021, with Claim Control Number (CCN) prefix **133655**.

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*). 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 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: P43325