



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

PROVIDER  
ADDRESS 1  
ADDRESS 2  
CITY, STATE ZIP

November 23, 2021  
NPI # 123456789

RESUBMISSION OF ERRONEOUSLY DENIED EVALUATION AND MANAGEMENT CLAIMS

Dear Provider:

The Department of Health Care Services (DHCS) updated the policy for services rendered by podiatrists. Several Evaluation and Management (E&M) Current Procedural Terminology (CPT) codes were added as new billable services, effective retroactively for dates of service on or after January 1, 2020. However, system changes were implemented on September 27, 2021 resulting in erroneous denial of claims submitted before the implementation of system changes with one of the following Remittance Advice Details (RAD) codes:

- **0005: The service billed requires an approved Treatment Authorization Request (TAR)**
- **0008: The provider of service is not eligible for the type of services billed.**
- **0062: Facility type/place of service is not acceptable for this procedure code/drug/NDC/medical supply.**
- **0072: This service is included in another procedure code billed on the same date of service.**
- **0114: Documentation does not justify collection and handling fee.**
- **0126: This rendering provider is not licensed to provide services with the billing provider on date of service.**
- **0133: Failure to provide adequate justification for procedure or appliance billed.**
- **0169: This service is not payable when billed with this diagnosis.**
- **0225: This is an incorrect procedure code and/or modifier code for this service; please resubmit.**
- **0247: Procedure/modifier or drug/NDC code billed is covered in the subacute per diem rate and is not separately payable.**

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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 November 18, 2021 with Claim Control Number prefix 131255.

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: P43217