



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

May 24, 2022
NPI # 123456789

RESUBMISSION OF ERRONEOUSLY DENIED TELEHEALTH SERVICES CLAIMS

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting telemedicine/telehealth services claims. This issue caused some claims billed with modifier GT (Service rendered via interactive audio and video telecommunication systems) or Place of Service (POS) 02 (Services provided or received through a telecommunication system) to erroneously deny with following Remittance Advice Details (RAD) codes:

- **0090: The combination of procedure code and modifier is not valid on the dates of service billed.**
- **0062: The Place of Service is not acceptable for this procedure.**

The issue affected claims for dates of service from April 1, 2020, through January 24, 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 May 19, 2022, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the CCN.

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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). 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: P43546