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

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April 24, 2024
NPI # 123456789

REPROCESSING OF ERRONEOUSLY PAID AND DENIED CLAIMS OF COVID PROCEDURE CODES

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting claims for select COVID-19 procedure codes. This issue caused some claims to erroneously pay and some claims erroneously deny with the following Remittance Advice Details (RAD) codes, resulting in both claim overpayments and denials. The issue affected claims for dates of service from June 1, 2023, through October 30, 2023.

RAD	Description
0002	The recipient is not eligible for benefits under the Medi-Cal program or other special programs.
0005	The service billed requires an approved TAR.
0008	The provider of service is not eligible for the type of services billed.
0010	This service is a duplicate of a previously paid claim.
0011	The attending/referring/prescribing provider is not eligible to refer/prescribe/order the service billed.
0012	Medi-Cal benefits cannot be paid without proof of payment/description of the denial from Medicare. Recipient not eligible for Medi-Cal benefits until payment/denial information is given from other insurance carrier.
0015	Medi-Cal benefits cannot be paid without proof of payment/denial from Kaiser.
0021	This claim was received after the one-year maximum billing limitation.
0030	Date of death prior to date of service.
0031	The provider was not eligible for the services billed on the date of service.

RAD	Description
0033	Recipient not eligible for special program billed and/or restricted services billed.
0037	Health Care Plan/Mental Health Care enrollee, capitated service not billable to Medi-Cal.
0046	SSN (Social Security Number) is not permitted for billing Medi-Cal.
0049	Provider billing error. Claim line is invalid. Verify line charge, procedure code and other line information.
0051	Signature is missing or is not an original.
0060	Invalid record
0062	The Place of Service is not acceptable for this procedure.
0063	The procedure is not consistent with the recipient's age.
0069	This is a duplicate of a previous adjustment.
0072	This service is included in another procedure code billed on the same date of service.
0082	Service exceeded the maximum allowed by Medi-Cal policy.
0090	The combination of procedure code and modifier is not valid on the dates of service billed.
0093	Non-emergency services are not payable for limited service OBRA/IRCA recipients.
0095	This service is not payable due to a procedure or procedure and modifier previously reimbursed.
0104	Emergency certification is required. Not present on claim.
0119	This procedure/accommodation code is payable only once in six months.
0145	This procedure is not a Medi-Cal benefit on this date of service.
0155	The referring provider's State license number or provider number is missing or invalid.
0169	This service is not payable when billed with this diagnosis.
0171	Aid code 80 recipients are restricted to Medicare coinsurance and deductible payments.
0194	The recipient is eligible only for services related to renal disease.
0204	This procedure/service is not eligible for block billing “from-thru.”
0225	This is an incorrect procedure code and/or modifier code for this service. Please resubmit.
0231	Recipient is not eligible for Medi-Cal benefits without complete denial of coverage letter from Aetna.
0243	The Treatment Authorization Request (TAR) Control Number submitted on the claim is not found on the TAR master file.
0251	Recipient eligible for Medicare. Explanation of Medicare Benefits (EOMB) required.

RAD	Description
0311	Recipient is not eligible for Medi-Cal benefits without complete denial coverage statement from Prepaid Health Plan/Health Maintenance Organization (PHP/HMO).
0314	Recipient is not eligible for the month of service billed.
0316	Facility ID required. Resubmit with Medi-Cal provider NPI.
0336	County Medical Services Program (CMSP) medical claims processed by Advanced Medical Management, Inc. (AMM). Contact 1-877-589-6807 for CMSP billing info.
0347	The facility provider number is not on the Provider Master File or is not an inpatient hospital provider number.
0361	These services were already approved by Medicare. Line item bill only Medicare non-covered services.
0368	Provider type is not acceptable for the Place of Service.
0370	Adjustment requires additional information.
0376	Billed procedure code does not match Treatment Authorization Request (TAR) procedure code. New claim and/or TAR is required.
0392	Rendering provider number/license number is not on the Provider Master File. Contact rendering provider to verify number.
0400	Documentation is not adequate for additional benefits. Additional information is required. Submit a copy of the original claim, copy of Remittance Advice Details (RADs) that reflect payment or denial for the claim involved and any additional supporting documents.
0610	Not authorized to electronically bill CCS/GHPP services. Resubmit hard copy claim to CCS/GHPP program office for approval.
0623	The claim has been denied due to Other Health Coverage (OHC) having paid in full or OHC payment exceeding Medi-Cal allowed amount.
0626	Non-emergency related services are not payable for aid code 55 recipients.
0639	Recipient is not eligible for Medi-Cal benefits without complete denial coverage from Prudential. (16, 109)
0640	Recipient is not eligible for Medi-Cal benefits without complete denial of coverage from the Medicare Health Maintenance Organization (HMO), Competitive Medical Plan (CMP) or Health Care Prepayment Plan (HCPP). Medi-Cal is not obligated for plan services when the recipient chooses not to go to a plan provider.
0641	Recipient is not eligible for Medi-Cal benefits without complete denial of coverage from Mutual of Omaha.
0642	Recipient not eligible for Medi-Cal benefits without complete denial of coverage letter from Metropolitan Life.
0644	Recipient not eligible for Medi-Cal benefits without complete denial of coverage from Equicor/Equitable.
0647	Recipient not eligible for Medi-Cal benefits without complete denial of coverage from private insurance carrier.

RAD	Description
0648	Recipient not eligible for Medi-Cal benefits without complete denial of coverage from Great West Life Assurance.
0657	Recipient not eligible for Medi-Cal benefits until payment/denial information is given from other insurance carrier.
9021	Submit copies of Remittance Advice Details (RADs) that reflect payment or denial.
9128	Admit type missing or invalid.
9174	CMC replacement submitted after 6 months of referred claim RAD is not payable.
9186	CMC replacement for previously denied claim due to submission after 6 months of referred claim RAD is not payable.
9230	Outpatient and emergency services within 24 hours of a hospital admission are not separately payable per facility contract.
9273	Quantity exceeds allowed for the service; medical justification required.
9282	Patient sex code missing or invalid.
9286	Cost center code missing/ invalid.
9511	The date of service is outside of the Family PACT eligibility period.
9515	The procedure code is not a benefit of the Family PACT Program.
9525	Quantity entered on claim form missing/invalid.
9572	No explanation of the Other Health Care (OHC) denial code is present.
9580	Invalid Every Woman Counts (EWC) recipient ID.
9669	California Children's Services/Genetically Handicapped Persons Program (CCS/GHPP) claim recipient does not match the SAR (Service Authorization Request) recipient.
9670	Claim date of service does not match date of service on Service Authorization Request (SAR) file.
9671	Procedure code has not been authorized by California Children's Services/Genetically Handicapped Persons Program (CCS/GHPP)
9703	This modifier is invalid for date of service; resubmit with the correct modifier.
9942	National Correct Coding Initiative (NCCI) quantity billed is greater than the allowed MUE (Medically Unlikely Edit) quantity.
9981	ICD indicator is missing or invalid.
9982	ICD indicator is invalid for date of service billed.
9993	The service code combination is not valid for billing provider.
9995	MSIP aid code is not payable w/o the unique submitted ID.

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. These voids will appear on RAD forms beginning May 16, 2024, with RAD code **0819: Void and resubmit of claims processed in error**. Corresponding resubmissions will appear on RAD forms beginning May 23, 2024. Resubmissions of denied claims will appear on RAD forms beginning April 11, 2024, with Claim Control Number (CCN) prefix **409255** and **409355**.

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.

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 Providers 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 Providers website.

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: P44810