

PROVIDER NAME  
ADDRESS 1  
ADDRESS 2  
CITY, STATE ZIP

January 7, 2025  
NPI # 123456789

## RESUBMISSION OF ERRONEOUSLY DENIED CLAIMS FOR SELECT CPT CODES

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting claims billed with CPT® codes 99358 (prolonged evaluation and management service before and/or after direct patient care, first hour) and 99359 (prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (List separately in addition to code for prolonged services)). This issue caused claims to erroneously deny with Remittance Advice Details (RAD) code **9671: Procedure code has not been authorized by California Children's Services/Genetically Handicapped Persons Program (CCS/GHPP)**. The issue affected claims for dates of adjudication from September 23, 2019, through September 23, 2024.

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 26, 2024, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the Claim Control Number (CCN) prefix **435255**.

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, 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](http://www.medi-cal.ca.gov)). For *Appeal Form* completion instructions, refer to the *Appeal Form Completion* section in the appropriate Part 2 manual or on the Medi-Cal Providers website.



Page 2  
January 7, 2025

If you have questions regarding these resubmissions, 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: P45273