

PROVIDER NAME
ADDRESS 1
ADDRESS 2
CITY, STATE ZIP

June 27, 2025
NPI # 123456789

RESUBMISSION OF ERRONEOUSLY DENIED MEDICARE CROSSOVER CLAIMS

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting Crossover inpatient, outpatient and medical claims for Medicare Deductible and co-insurance maximum amounts. This issue caused claims to erroneously deny with following Remittance Advice Details (RAD) codes.

- **0375 EOB is not attached; Bill Medicare**
- **9997: Medicare deductible maximum exceeded**
- **9998: Medicare co-insurance maximum exceeded.**

The issue affected claims for dates of service from January 1, 2025, through March 24, 2025.

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 June 19, 2025, with Claim Control Number (CCN) roll number **55 (Resubmit)** and **88 (Crossover Resubmit)**. The roll number is the fifth and sixth digits of the CCN **516255** and **515988**.

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 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 Providers website.

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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: P45509