

PROVIDER NAME
ADDRESS 1
ADDRESS 2
CITY, STATE ZIP

August 13, 2025
NPI # 123456789

RESUBMISSION OF ERRONEOUSLY DENIED CLAIMS FOR SELECT CPT CODE

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting claims billed with CPT® code 98016 (brief communication technology-based service) with modifier U9 (Licensed Midwife). This issue caused claims to erroneously deny with the following Remittance Advice Details (RAD) codes:

- **0008: The provider of service is not eligible for the type of services billed.**
- **0090: The combination of procedure code and modifier is not valid on the dates of service billed.**
- **0145: This procedure is not a Medi-Cal benefit on this date of service.**
- **9188: 80058 panel is no longer payable. Use panel 80005.**

The issue affected claims for dates of service from January 1, 2025, through May 27, 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 August 7, 2025, with Claim Control Number (CCN) roll number 55 (Resubmits). The roll number is the fifth and sixth digits of the (CCN) prefix **521055**.

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If you disagree with any of these resubmits, 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, refer to the *Appeal Form Completion* section in the appropriate Part 2 manual or on the Medi-Cal 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: P45616