

PROVIDER NAME
ADDRESS 1
ADDRESS 2
CITY, STATE ZIP

February 23, 2026
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 select CPT codes. This issue caused claims to erroneously deny with *Remittance Advice Details* (RAD) codes **0062: The Place of Service is not acceptable for this procedure** and **9201: The service is not covered by fee-for-service Medi-Cal. Contact the mental health plan based on the recipient's county code**. The issue affected claims for dates of service from January 1, 2022, through August 26, 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 February 12, 2026, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the CCN prefix **603455**.

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, refer to the *Appeal Form Completion* section in the appropriate Part 2 manual or on the Medi-Cal Provider website.



Page 2
February 23, 2026

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: P45794