



CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Michelle Baass | Director

PROVIDER NAME
ADDRESS 1
ADDRESS 2
CITY, STATE ZIP

February 18, 2026
NPI # 123456789

REPROCESSING OF ERRONEOUSLY PAID CLAIMS FOR ASSISTED LIVING SERVICES

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting claims for Assisted Living services billed with HCPCS code T2031 (assisted living; waiver, per diem) with modifiers U1, U2, U3, U4 and U5. This issue caused claims to erroneously pay, resulting in claim overpayments. The issue affected claims for dates of service from January 1, 2016, through August 25, 2025.

No action is required on your part. The California Medicaid Management Information System (MMIS) Fiscal Intermediary will void and resubmit the affected claims. These voids will appear on *Remittance Advise Details* (RAD) forms beginning March 19, 2026, with RAD code **0819: Void and resubmit of claims processed in error.**

Corresponding resubmissions will appear on RAD forms beginning March 26, 2026.

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.



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If you disagree with any of these voids and 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.

If you have questions regarding these voids and 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: P45777