May 9, 2019

Subject: Resubmission of Erroneously Denied EWC Claims for Mammography CPT Codes

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting Every Woman Counts (EWC) claims billed with diagnostic mammography CPT codes 77065 and 77066 and screening mammography CPT code 77067. This issue caused claims to erroneously deny with one of the following Remittance Advice Details (RAD) codes:

0082: Service exceeds maximum allowed by Medi-Cal policy.

0095: This service is not payable due to a procedure, or procedure and modifier, previously reimbursed.

9265: Service limitation two in 12 months exceeded.

The issue affected claims for dates of service on or after October 1, 2017.

No action is required on your part. The California Medicaid Management Information System (MMIS) Fiscal Intermediary, Conduent State Healthcare, LLC, will resubmit the affected claims. These resubmissions will appear on RAD forms beginning May 2, 2019, with Claim Control Number (CCN) prefix 911455.

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, please refer to the CIF Completion and CIF Special Billing Instructions sections in the appropriate Part 2 manual or on the Medi-Cal 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 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 6 or write to the California MMIS Fiscal Intermediary Correspondence Specialist Unit at P.O. Box 13029, Sacramento, CA 95813-4029.

Sincerely,

Evonne Pelaez

Evonne Pelaez
Director, Provider Relations
Conduent State Healthcare, LLC, on behalf of
California Department of Health Care Services

Reference Number: P49460