June 11, 2019

Subject: Resubmission of Erroneously Denied Claims for CPT Codes 99200 – 99999

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting certain claims with CPT codes within the range of 99200 – 99999. This issue caused claims to erroneously deny with Remittance Advice Details (RAD) code 0090: The combination of procedure code and modifier is not valid on the dates of service billed when billed with modifier 25 (significant, separately identifiable Evaluation and Management service by the same physician or other qualified health care professional on the same day of the procedure or other service). The issue affected claims submitted on or after December 22, 2018, until January 16, 2019.

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 23, 2019, with Claim Control Number (CCN) prefix 913355.

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: P50215