July 15, 2019

Subject: Resubmission of Erroneously Denied Hospice Care Claims

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting certain claims billed with hospice revenue codes 0552, 0650 and 0659. This issue caused claims to erroneously deny with Remittance Advice Details (RAD) code 0012: Medi-Cal benefits cannot be paid without proof of payment/description of the denial from Medicare. The issue affected claims for dates of adjudication from April 11, 2018, through November 15, 2018.

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 July 5, 2019, with Claim Control Number (CCN) prefix 917655.

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

Reference Number: P50582