March 31, 2020

Subject: Resubmission of Erroneously Denied DRG Inpatient Claims

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting certain claims for diagnosis-related group (DRG) inpatient claims. This issue caused claims to erroneously deny with Remittance Advice Details (RAD) code 0037: Health Care Plan Enrollee or Mental Health Plan Recipient; Capitated/Covered Service Not Billable to Medi-Cal. The issue affected claims for dates of service from July 1, 2013 through December 5, 2019.

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 March 26, 2020, with Claim Control Number (CCN) prefix 7655.

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,

Cindy Garrett
Director, Provider & Member Services
DXC Technology, on behalf of
California Department of Health Care Services

Reference Number: P54694