March 28, 2020

Subject: Resubmission of Erroneously Denied Radiology and Pathology Claims

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting certain claims billed for Radiology and Pathology services. This issue caused some 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. The issue affected claims for dates of service from October 1, 2015, through December 29, 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) roll number 55 (Resubmit). The roll number is the fifth and sixth digits of the CCN.

If you disagree with any of these adjustments, 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 adjustments, 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: P40256