



RICHARD FIGUEROA  
ACTING DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

March 6, 2020

**Subject: Resubmission of Erroneously Denied Evaluation and Management Claims**

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting claims billed with Evaluation and Management CPT codes 99201 – 99205, 99211 – 99215. This issue caused claims to erroneously deny with Remittance Advice Details (RAD) code **0062: The facility type/Place of Service is not acceptable for this Procedure code/Drug/NDC/Medical supply**. The issue affected claims for dates of service from November 1, 2017 through August 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 February 27, 2020, with *Claim Control Number* (CCN) prefix **005055**.

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](http://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*

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

Reference Number: P53955