Reset Form Print Form

Resubmission for Fiscal Year _____

Drug Medi-Cal (DMC)
Information Technology Web Services (ITWS)
Resubmission Claim Form

This Resubmission form provides information to document denied Drug Medi-Cal (DMC) services being resubmitted to ADP through the ITWS, ADP-SDMC system. Please complete all of the information below to identify the previously submitted and denied services, and to identify the corrected services being resubmitted. This Resubmission must be submitted within six (6) months following the date the claims were processed and denied, per the hard copy Denied Claims Report, or the explain of balance (EOB), or 835P data.

Denied Claims Report (or date in EOB/835) Date: _____

Original ITWS File Name: _____

ADP Batch Number (if known) claims denied in: _____

Contract Number: _____

Information of Resubmission Claims:

ITWS File Name (new) of resubmission: _____

- **file name should be for same claim year & month as original**
- **file name should have the next, unique sequence number**

Claim Mo/Yr (per Batch #): _____ **Program Codes:** _____

Provider Number(s): _____

Service Code(s): _____

Total Units of Service being resubmitted: _____

Total Records being resubmitted: _____

Total Amount of Resubmission file: _____

ADP-FMAB Analyst Processing Information

Resubmission (new) Batch Number: _____

Original ADP Batch Number (if not included above): _____

DHCS CutOff date claims are resubmitted/scheduled for : _____

Instructions for Completing Resubmission Form

1. Write in, at the top of the form, the fiscal year of the denied services being resubmitted.

2. Write in the date the claims were denied; this is the date the claims were adjudicated/ denied, per the Denied Claims Report, or the 835P/EOB file's denied date.

3. Write in the ITWS file name the original 837P claims were submitted in on ITWS. This is not the file name of the Resubmission 837P to be resubmitted.
   - All denied claims being resubmitted in a single ITWS file must have been submitted and denied from the same Original 837P.

4. Write in the Batch Number, if known, of the denied claims; this may be found on the Denied Claims Report or in the EOB file.
   - Batch Number is assigned by ADP for processing;
   - Batch Number is not included in the 835P;
   - If unknown, must include the ITWS file name of original 837P (see #3 above).

5. Write in the Contract Number that is applicable for the fiscal year, service year and month of the denied claims.

6. Write in the file name of the new 837P file to be uploaded to submit the Resubmission of denied claims. This is should have the same year and month as the original 837P file, but with the next unique sequence number.

7. Write in the claim/service year and month of the claims being resubmitted; this should match the claim/service year of the original 837P or in the Batch Number the claims were denied under.

8. Identify all Program Codes of the denied services being resubmitted in the same ITWS 837P claim file.

9. Identify the Provider Number(s) that the services are being resubmitted for in the same ITWS 837P claim file.

10. Identify the service codes of the denied claims being resubmitted.

11. Identify the total units being resubmitted in the 837P claim file; this is for all providers, program codes, and service codes in the one identified ITWS file.

12. Identify the total number of records for all of the denied claims being resubmitted.

13. Identify the total amount being billed for the denied claims being resubmitted.

14. Do not write below the asterisks; that area is for FMAB processing information.

Do not submit an additional ADP 1592 Summary Invoice for Resubmissions. The invoice, billing documentation, was submitted with the upload of the original claims that were denied and are now being resubmitted.