



MICHELLE BAASS  
DIRECTOR

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



GAVIN NEWSOM  
GOVERNOR

PROVIDER NAME  
ADDRESS 1  
ADDRESS 2  
CITY, STATE ZIP

September 13, 2022  
NPI # 123456789

RESUBMISSION OF ERRONEOUSLY DENIED CLAIMS FOR SELECT COVID-19  
CPT CODES

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting COVID-19 claims for vaccination administration codes related to second booster dose. This issue caused claims to erroneously deny with Remittance Advice Details (RAD) codes **0008: The provider of service is not eligible for the type of services billed** and **0145: This procedure is not payable on this date of service**. The issue affected claims for the following dates of service and Current Procedural Terminology (CPT) codes.

CPT Code	Effective Date of Service
0094A	3/29/2022
0074A	5/17/2022

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 September 1, 2022, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the CCN Claim Control Number (CCN) prefixes **223655** and **224155**.

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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 Provider 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 Provider 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 5 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*  
Gainwell Technologies, *on behalf of*  
California Department of Health Care Services  
Reference Number: P43918