



Michelle Baass | Director

PROVIDER NAME  
ADDRESS 1  
ADDRESS 2  
CITY, STATE ZIP

June 12, 2024  
NPI # 123456789

### RESUBMISSION OF ERRONEOUSLY DENIED CLAIMS FOR SELECT PROCEDURE CODES

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting COVID-19 vaccine claims for select procedure codes. This issue caused claims to erroneously deny with Remittance Advice Details (RAD) code **0037: Health Care Plan/Mental Health Care enrollee, capitated service not billable to Medi-Cal.** The issue affected claims for dates of service from August 31, 2022, through November 29, 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 June 6, 2024, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the CCN prefix **414955**.

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.



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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: P44895