



WILL LIGHTBOURNE
DIRECTOR

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



GAVIN NEWSOM
GOVERNOR

May 13, 2021

Subject: Reprocessing of COVID-19 Vaccine Administration Claims

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting claims billed with the following coronavirus disease 2019 (COVID-19) administration codes.

- 0001A (Pfizer-Biontech COVID-19 Vaccine Administration – First Dose)
- 0002A (Pfizer-Biontech COVID-19 Vaccine Administration – Second Dose)
- 0011A (Moderna COVID-19 Vaccine Administration – First Dose)
- 0012A (Moderna COVID-19 Vaccine Administration – Second Dose)
- 0031A (Janssen COVID-19 Vaccine Administration) – Single Dose)

This issue caused some claims to erroneously pay. The issue affected claims for dates of service from December 11, 2020, through April 9, 2021.

No action is required on your part. The California Medicaid Management Information System (MMIS) Fiscal Intermediary will void and resubmit the affected claims. These voids will appear on *Remittance Advice Details* (RAD) forms beginning May 6, 2021, with RAD code **0819: Void and resubmit of claims processed in error**. Corresponding resubmissions will appear on RAD forms beginning May 13, 2021, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the CCN.

The recoveries are authorized under the provisions of *Welfare and Institutions Code* (W&I Code), Sections 14176 and 14177, and *California Code of Regulations* (CCR), Title 22, Section 51458.1(a)(1). In addition, the W&I Code sections authorize DHCS to enter into repayment agreements with providers or offset overpayments against amounts due. If the total warrant amount is not sufficient to offset the recovery, the negative balance will be converted to an accounts receivable transaction and subtracted from future Medi-Cal reimbursements.

If you disagree with any of these voids or 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). 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 voids or 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: P42735