



WILL LIGHTBOURNE
DIRECTOR

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



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GOVERNOR

PROVIDER NAME
ADDRESS 1
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CITY, STATE ZIP

May 28, 2021
NPI # 123456789

Subject: Resubmission of Erroneously Denied COVID-19 Diagnosis Claims

Dear Provider:

The Center for Medicare & Medicaid Services (CMS) has added new ICD-10-CM codes and ICD-10 PCS codes for diagnoses related to coronavirus disease 2019 (COVID-19,) effective retroactively for dates of service on or after January 1, 2021. This issue caused some claims to erroneously deny with one of the following Remittance Advice Details (RAD) codes:

- **0691: Diagnosis Code Is Invalid For Date Of Service,**
- **9124: Diagnosis Is Missing Or Invalid**
- **0067: The Primary/Secondary Surgical Procedure Code Has No Match On The Procedure File**

The issue affected claims for dates of service from January 1, 2021, through March 26, 2021.

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 May 20, 2021, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the CCN.

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). 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: P42719