

PROVIDER NAME  
ADDRESS 1  
ADDRESS 2  
CITY, STATE ZIP

October 7, 2024  
NPI # 123456789

RESUBMISSION OF ERRONEOUSLY DENIED CLAIMS FOR SELECT COVID-19  
VACCINE PROCEDURE CODES

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting claims billed with select COVID-19 vaccine procedure codes submitted by Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC) providers. This issue caused claims to erroneously deny with Remittance Advice Details (RAD) code **9888: The recipient's aid code is not allowed for this provider type**. The issue affected claims for dates of service from September 11, 2023, through April 22, 2024.

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 *Remittance Advice Details* (RAD) forms beginning September 26, 2024, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the CCN prefix **426055**.

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, 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, 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, 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: P45026