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DIRECTOR

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



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June 23, 2022  
NPI # 123456789

REPROCESSING OF COVID-19 CLAIMS DUE TO REIMBURSEMENT POLICY UPDATES

Dear Provider:

The Department of Health Care Services (DHCS) updated reimbursement policy for various COVID-19 administration codes. This retroactive policy update necessitates reprocessing of the claims for the following Current Procedural Terminology codes.

CPT Code	Policy Effective Date
0001A, 0011A, 0031A, 0051A, and/or 0071A	12/11/2020
0002A, 0012A, 0052A, and/or 0072A	12/11/2020
0003A, 0013A, and/or 0053A	8/12/2021
0004A, 0034A, 0054A, and/or 0064A	9/22/2021
M0201	6/8/2021

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 July 21, 2022, with **RAD code 0819:Void and resub of claims processed in error**. Corresponding resubmits will appear on RAD forms beginning July 28, 2022, 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](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 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: P43490