



MICHELLE BAASS  
DIRECTOR

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



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GOVERNOR

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ADDRESS 1  
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CITY, STATE ZIP

February 17, 2023  
NPI # 123456789

REPROCESSING OF BIVALENT BOOSTER COVID-19 VACCINE ADMINISTRATION CLAIMS

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting COVID-19 vaccine claims billed with Bivalent booster administration codes. This issue caused claims to erroneously deny with one of the following Remittance Advice Details (RAD) codes:

- **0008: The provider of service is not eligible for the type of services billed**
- **0145: This procedure is not a Medi-Cal benefit on this date of service**
- **0225: This is an incorrect procedure code and/or modifier code for this service. Please resubmit.**

The issue affected claims for dates of service with select CPT® codes as follows:

CPT Code	Policy Effective Date
0124A, 0134A	On or after 8/31/2022
0044A	On or after 10/19/2022
0144A, 0154A	On or after 10/12/2022

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 February 16, 2023, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the CCN prefix.

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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.

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: P44242