



MICHELLE BAASS  
DIRECTOR

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



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CITY, STATE ZIP

May 24, 2022  
NPI # 123456789

ADJUSTMENT OF COVID-19 CLAIMS DUE TO RETROACTIVE RATES UPDATE

Dear Provider:

The Department of Health Care Services (DHCS) updated rates for the following COVID-19 Healthcare Common Procedure Coding System (HCPCS) codes:

HCPCS Code	Descriptor	Rate Effective Date
M0243	Casirivi and Imdevi Inj	5/6/2021
M0245	Bamlan and Etesev Infusion	5/6/2021
M0201	Covid-19 Vaccine Home Admin	6/8/2021

No action is required on your part. The California Medicaid Management Information System (MMIS) Fiscal Intermediary will adjust the affected claims. These adjustments will appear on *Remittance Advice Details* (RAD) forms beginning May 12, 2022, with RAD code **0893: Retroactive rate adjustment**.

If you disagree with any of these adjustments, 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.

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If you have questions regarding these adjustments, 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: P43680