CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

PROVIDER NAME
ADDRESS 1
ADDRESS 2
CITY, STATE ZIP

February 17, 2026
NPI # 123456789

ADJUSTMENT OF CLAIMS FOR SELECT COVID-19 VACCINE PROCEDURE CODES

Dear Provider:

The Department of Health Care Services (DHCS) updated provider reimbursement rates for select designated physician-administered drug COVID-19 vaccine codes, effective retroactively for dates of service on or after August 27, 2025. If the rate was increased, the adjustment is positive. If the rate was reduced, the adjustment is negative.

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 February 5, 2026, 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, 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, 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 adjustments, 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: P45912