



**WILL LIGHTBOURNE**  
DIRECTOR

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



**GAVIN NEWSOM**  
GOVERNOR

PROVIDER NAME  
ADDRESS 1  
ADDRESS 2  
CITY, STATE ZIP

April 29, 2021  
NPI # 123456789

**Subject: Resubmission of Claims for Administration of COVID-19 Vaccine and Monoclonal Antibodies**

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting claims billed with HCPCS codes M0239 (Intravenous infusion, bamlanivimab-xxxx, includes infusion and post administration monitoring), M0243 (Intravenous infusion, casirivimab and imdevimab includes infusion and post administration monitoring) and CPT code 99072 (Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other non-facility service(s), when performed during a Public Health Emergency as defined by law, due to respiratory-transmitted infectious disease). This issue caused some claims to erroneously deny with Remittance Advice Details (RAD) code **0225: This is an incorrect procedure code and/or modifier code for this service; or modifier for this service; please resubmit**. The issue affected claims for dates of service from November 9, 2020, through February 5, 2021.

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 April 15, 2021, with Claim Control Number (CCN) prefix **109755**.

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: P42550