



MICHELLE BAASS
DIRECTOR

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



GAVIN NEWSOM
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CITY, STATE ZIP

October 4, 2022
NPI # 123456789

REPROCESSING OF COVID-19 VACCINE ADMINISTRATION CLAIMS FOR
TIMELINESS DENIAL AND CUTBACK

Dear Provider:

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

- **0020: This billing limit exception requires supporting documentation; please resubmit claim with required attachment(s)**
- **0021: This claim was received after the one year maximum billing limitation**
- **0475: Claims submitted during the seventh through ninth month after the month of service without a valid billing limit exception are reduced to 75 percent of the allowed amount**
- **0476: Claims submitted during the 10th through 12th month after the month of service without a valid billing limit exception are reduced to 50 percent of the allowed amount**
- **9174: CMC replacement submitted after 6 months of referred claim RAD is not payable**
- **9186: CMC replacement for previously denied claim due to submission after 6 months of referred claim RAD is not payable**

The issue affected claims for dates of service for Current Procedural Terminology codes (CPT®) as follows.

CPT Code	Policy Effective Date
0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0021A, 0022A, 0031A, 0034A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0073A	On or after 11/2/2020
M0201	On or after 12/11/2020

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 September 15, 2022, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the CCN prefix **225155**.

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). 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: P44061