July 15, 2019

Subject: Resubmission of Erroneously Denied Influenza Virus Vaccine Claims

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting claims billed with CPT codes 90686 (influenza virus vaccine, quadrivalent [IIV4], split virus, preservative free, 0.5 mL dosage, for intramuscular use) and 90688 (influenza virus vaccine, quadrivalent [IIV4], split virus, 0.5 mL dosage, for intramuscular use). This issue caused claims to erroneously deny with Remittance Advice Details (RAD) code 0063: The procedure is not consistent with the recipient’s age or 0225: This is an incorrect procedure code and/or modifier for this service. Please Resubmit. The issue affected claims for dates of service from January 1, 2017, through March 25, 2019.

No action is required on your part. The California Medicaid Management Information System (MMIS) Fiscal Intermediary, Conduent State Healthcare, LLC, will resubmit the affected claims. These resubmissions will appear on RAD forms beginning July 5, 2019, with Claim Control Number (CCN) prefix 917555.

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 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 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 6 or write to the California MMIS Fiscal Intermediary Correspondence Specialist Unit at P.O. Box 13029, Sacramento, CA 95813-4029.

Sincerely,

Evonne Pelaez
Evonne Pelaez
Director, Provider Relations
Conduent State Healthcare, LLC, on behalf of
California Department of Health Care Services

Reference Number: P50946