



Tanya E. Schuhmeier
Interim Director,
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March 22, 2013

Subject: Resubmission of Claims

Dear Family PACT Provider:

In January 2012, the Department of Health Care Services (DHCS) identified a claims processing issue causing claims billed with certain Primary Diagnosis Codes (PDCs) without a Secondary Diagnosis Code (SDC) to erroneously deny with Remittance Advice Details (RAD) **code 9516: Secondary Diagnosis Code Missing or Invalid for Procedure.**

This issue affected claims billed for dates of service from August 1, 2006, for the following CPT-4 codes:

- 00940 - When billed with primary diagnosis S-codes S2031, S3035, S4032, and S4033
- 85025, 85651 and 85652 When billed with primary diagnosis S-codes S2031, S3032 and S3035

This issue also affected claims billed for dates of service from October 1, 2008, for the following CPT-4 code:

- 87186 - When billed with primary diagnosis S-codes S3032 and S7033

The system error that resulted in the incorrect denial was identified and Xerox State Healthcare, LLC has corrected the system on March 16, 2012.

No action is required on your part. Xerox will resubmit the affected claims. These resubmissions will appear on RADs beginning February 28, 2013, with Claim Control Number (CCN) prefix **304355**.

If you disagree with any of these resubmissions, you may submit a *Claims Inquiry Form* (CIF) within six months 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).



If you have any questions regarding this adjustment, please call the Telephone Service Center (TSC) at 1-800-541-5555, option 5 followed by option 6.

Sincerely,

Tanya E. Schuhmeier

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Reference Number: P5702