



**Tanya E. Schuhmeier**  
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April 25, 2013

**Subject: Resubmission of Claims**

Dear Provider:

In January 2012, the Department of Health Care Services revised the ICD-9-CM diagnosis code restriction for some codes effective retroactively to dates of service beginning May 1, 2011.

Xerox State Healthcare, LLC (Xerox) will resubmit:

1. Claims for CPT-4 code 59025 and HCPCS code Z1030 that were erroneously denied when billed in conjunction with ICD-9-CM diagnosis codes 656.00 – 656.93 and 658.00 – 658.43.
2. Claims for HCPCS codes Z6410 and Z6412 that were erroneously denied when billed in conjunction with ICD-9-CM diagnosis codes V24.0 - V24.2.

No action is required on your part. Xerox has resubmitted the affected claims for dates of service from May 1, 2011, through March 26, 2012. These resubmissions began appearing on *Remittance Advice Details* on April 11, 2013, with Claim Control Number (CCN) prefix **308555**.

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](http://www.medi-cal.ca.gov)).

If you have questions regarding these resubmissions, 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: P9494