



Tanya E. Schuhmeier

*Interim Director
Provider Relations
California MMIS*

*Xerox State Healthcare, LLC
820 Stillwater Road
West Sacramento, CA 95605*

www.xerox.com/govhealthcare

May 3, 2013

Subject: Resubmission of Claims

Dear Provider:

Some quarterly additions were not included in an annual diagnosis update, causing claims billed with these diagnosis codes to be erroneously denied with Remittance Advice Details (RAD) codes **9124: The ICD-9-CM diagnosis is missing or invalid** or **0055: The primary/secondary diagnosis code has no match on the diagnosis file. The primary diagnosis code must be the condition resulting in incontinence; the secondary diagnosis code must be the type of incontinence when billing for incontinence supplies.** Xerox State Healthcare, LLC (Xerox) updated the system on April 23, 2012.

No action is required on your part. Xerox will resubmit affected claims denied from October 1, 2011, through April 22, 2012. These resubmissions will appear on RADs beginning May 30, 2013, with Claim Control Number (CCN) prefix **313355**. Claims are still subject to all billing criteria as governed by Medi-Cal policy and could be denied for a reason other than those described by RAD codes 9124 and 0055.

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 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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Interim Director, Provider Relations
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