



Tanya E. Schuhmeier
Director, Provider Relations
California MMIS

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

www.xerox.com/govhealthcare

April 8, 2015

Subject: Resubmission of Erroneously Denied Claims for HCPCS Code C9133

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting claims for HCPCS code C9133 [Factor IX (antihemophilic factor, recombinant), Rixibus, per IU]. The issue caused claims to erroneously deny for dates of service from July 1, 2014, through September 10, 2014, with Remittance Advice Details (RAD) code **0037: Health Care Plan enrollee, capitated service not billable to Medi-Cal.**

No action is required on your part. Xerox State Healthcare, LLC (Xerox) will resubmit the erroneously denied claims. These resubmissions will appear on RAD forms beginning April 9, 2015, with Claim Control Number (CCN) prefix **508455**.

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 Telephone Service Center at 1-800-541-5555, option 5, followed by option 6.

Sincerely,

Tanya E. Schuhmeier

Tanya E. Schuhmeier
Director, Provider Relations
California MMIS
Xerox State Healthcare, LLC

Reference Number: P24894