



**Tanya E. Schuhmeier**  
Director, Provider Relations  
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[www.xerox.com/govhealthcare](http://www.xerox.com/govhealthcare)

October 30, 2015

**Subject: Resubmission of Erroneously Denied Claims Billed with ICD-9 Diagnosis Codes**

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue causing some claims billed with ICD-9-CM diagnosis codes 17.70, 38.24, 38.25, 287.49 and 516.69 to erroneously deny with Remittance Advice Details (RAD) codes **9124: The diagnosis code is missing or invalid or 067: The primary/secondary surgical procedure code has no match on the procedure file**. The issue affected claims for dates of service from October 1, 2009 through March 23, 2015.

No action is required on your part. Xerox State Healthcare, LLC (Xerox) will resubmit the affected claims. These resubmissions will appear on RAD forms beginning November 19, 2015, with Claim Control Number (CCN) prefix **530955**.

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](http://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 this adjustment, please call the Telephone Service Center at 1-800-541-5555, option 5, followed by option 6.

Sincerely,

*Tanya E. Schuhmeier*

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Reference Number: P29684