January 21, 2019

Subject: Resubmission of Erroneously Denied Cerumen Removal Claims

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting certain claims billed with CPT code 69210 (removal impacted cerumen requiring instrumentation, unilateral). This issue caused some claims to erroneously deny with one of the following Remittance Advice Details (RAD) codes:

- **0090**: The combination of procedure code and modifier is not valid on the dates of service billed.
- **9703**: This modifier is invalid for date of service; resubmit with the correct modifier.
- **9871**: Incomplete/invalid modifier combination. Resubmit the claim with the correct modifier.

The issue affected claims for dates of service from July 1, 2014, through August 27, 2018. No action is required on your part. The California Medicaid Management Information System (MMIS) Fiscal Intermediary, Conduent State Healthcare, LLC, will resubmit the affected claims. These resubmissions will appear on RAD forms beginning January 10, 2019, with Claim Control Number (CCN) prefix **836555**.

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 California MMIS Fiscal Intermediary Telephone Service Center at 1-800-541-5555, option 5, followed by option 6 or write to the California MMIS Fiscal Intermediary Correspondence Specialist Unit at P.O. Box 13029, Sacramento, CA 95813-4029.

Sincerely,

*Tanya E. Schuhmeier*

Tanya E. Schuhmeier  
*Director, Provider Relations*  
Conduent State Healthcare, LLC, on behalf of  
California Department of Health Care Services

Reference Number: P48821