



**Tanya E. Schuhmeier**  
Director, Provider Relations  
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September 6, 2016

**Subject: Resubmission of Erroneously Denied Inpatient Claims**

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting inpatient claims. This issue caused claims to erroneously deny with Remittance Advice Details (RAD) code **9976: No Provider Payment Method Code Assigned - Contact DHCS-PED**. The issue affected claims for dates of service from July 1, 2014, through January 25, 2016.

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 September 8, 2016, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the CCN.

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 these resubmissions, 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: P33169