



CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Michelle Baass | Director

PROVIDER NAME
ADDRESS 1
ADDRESS 2
CITY, STATE ZIP

April 25, 2025
NPI # 123456789

REPROCESSING OF ERRONEOUSLY DENIED CLAIMS FOR SELECT ICD-10 DIAGNOSIS CODES

Dear Provider:

The Department of Health Care Services (DHCS) updated the International Classification of Diseases, Tenth Revision (ICD-10) Clinical Modifications (CM) and Procedure Coding System (PCS) code mappings in the ICD-10 to ICD-9 backward map crosswalk. These updates occurred due to the 2025 yearly update for ICD-10-CM and ICD-10-PCS codes. Claims processed before the update could have been erroneously denied with the following Remittance Advice Details (RAD) codes:

- **0067: The primary/secondary surgical procedure code has no match on the procedure file.**
- **0691: The diagnosis code is invalid for the date of service.**
- **9121: The primary diagnosis code is missing or invalid.**
- **9124: The diagnosis code is missing or invalid.**

The issue affected claims for dates of service from October 1, 2024, through January 21, 2025.

No action is required on your part. The California Medicaid Management Information System (MMIS) Fiscal Intermediary will resubmit the affected claims. These resubmissions will appear on RAD forms beginning April 17, 2025, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the CCN prefix **509855** and **509955**.



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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, refer to the *CIF Completion* and *CIF Special Billing Instructions* sections in the appropriate Part 2 manual or on the Medi-Cal Providers website (www.medi-cal.ca.gov). For *Appeal Form* completion instructions, refer to the *Appeal Form Completion* section in the appropriate Part 2 manual or on the Medi-Cal Providers website.

If you have questions regarding these resubmissions, call the California MMIS Fiscal Intermediary Telephone Service Center at 1-800-541-5555, option 5, followed by option 5 or write to the California MMIS Fiscal Intermediary Correspondence Specialist Unit at P.O. Box 13029, Sacramento, CA 95813-4029.

Sincerely,

Cindy Garrett

Cindy Garrett
Director, Provider & Member Services
Gainwell Technologies, *on behalf of*
California Department of Health Care Services
Reference Number: P45469