

MASTER INDEX REJECTION NOTICE

(Coding hints: No Decimals—No Spaces)

Please submit the needed information requested below to CCS Headquarters. Thank you.

<input type="checkbox"/> 1. More specific code	<input type="checkbox"/> 10. Correct form
<input type="checkbox"/> 2. Code for each diagnosis	<input type="checkbox"/> 11. Correct state file number
<input type="checkbox"/> 3. Five digit ICD-9 Code	<input type="checkbox"/> 12. Complete information
<input type="checkbox"/> 4. Underlying and/or primary diagnosis code	<input type="checkbox"/> 13. "Notice of Change of Information," DHS 4015
<input type="checkbox"/> 5. Medically eligible diagnosis code	<input type="checkbox"/> 14. Copy of original "Report of Case Opened" (if original does not contain information currently required, also submit current "Report of Case Opened." Use old state file number.)
<input type="checkbox"/> 6. Code to reason for V code	
<input type="checkbox"/> 7. Correct/full name	<input type="checkbox"/> 15. "Report of Case Closure," DHS 4015
<input type="checkbox"/> 8. Correct birth date	<input type="checkbox"/> 16. Other
<input type="checkbox"/> 9. New state file number (The attached number has been assigned to another patient.)	

Initiated by:

 CCS Headquarters Master Index Unit

 Date

DHCS 4087 (06/07)

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