MASTER INDEX REJECTION NOTICE

(Coding hints: No Decimals—No Spaces)

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

	1.	More specific code		10.	Correct form
	2.	Code for each diagnosis		11.	Correct state file number
	3.	Five digit ICD-9 Code		12.	Complete information
	4.	Underlying and/or primary diagnosis code		13.	"Notice of Change of Information," DHS 4015
	5.	Medically eligible diagnosis code	l	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.)
	6.	Code to reason for V code			Use old state me number.
	7.	Correct/full name		15.	"Report of Case Closure," DHS 4015
	8.	Correct birth date		16.	Other
	9.	New state file number (The attached number has been assigned to another patient.)			
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Initiated by:

CCS Headquarters Master Index Unit

Date

DHCS 4087 (06/07)

State of California—Health and Human Services Agency

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Department of Health Care Services California Children's Services (CCS) Program Support Section P.O. Box 997413 Sacramento, CA 95899-7413 (916) 327-1400

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