



March 11, 2008

Dear Family PACT Provider,

Subject: Erroneous Payments and Denials for Codes 87210 and Q0111

This letter addresses three issues:

- CPT-4 code 87210 (wet mount/smear) with modifier QW (ovulation test kit) is not a benefit of the Family PACT (Planning, Access, Care and Treatment) program. Claims were erroneously paid from date of service June 1, 2005 through date of processing December 29, 2007.
- A system inconsistency resulted in the erroneous denial of certain Family PACT claims for code 87210 (with a modifier other than QW) with Remittance Advice Details (RAD) code **0031: The rendering provider was not eligible for the services billed on the date of service**, or **0008: The provider of service is not eligible for the type of services billed**. This error was in place from date of service January 1, 2006 through date of processing May 21, 2007.
- HCPCS code Q0111 (wet mount/smear) became a Family PACT benefit retroactively. Between date of service January 1, 2006 and date of processing December 29, 2007, claims were denied with RAD code **9515: The procedure code is not a benefit of the Family PACT program**. The November and December 2007 *Medi-Cal Updates* advised providers to resubmit previously denied claims for code 87210 using HCPCS code Q0111.

No further action is required on your part. EDS is reprocessing the affected claims, which will appear on RADs beginning April 3, 2008. The voids will appear with code **953: Void of claim; service is not an FPACT benefit**. The resubmits will appear with CCN prefix **807855**. The resubmits will be paid, or denied for a valid reason if a different error is found.

The recoveries are authorized under the provisions of *Welfare and Institutions Code* (W&I Code), Sections 14176 and 14177, and *California Code of Regulations* (CCR), Title 22, Section 51458.1(a)(1). In addition, the W&I Code sections authorize the Department of Health Care Services (DHCS) to enter into repayment agreements with providers or offset overpayments against amounts due. If the total warrant amount is not sufficient to offset the recovery, the negative balance will be converted to an accounts-receivable transaction and subtracted from future Medi-Cal reimbursements.

If you disagree with any of the resubmits, you may submit a *Claims Inquiry Form* (CIF) within six months of the new RAD date. If you disagree with any of the voids, you may submit an appeal within 90 days of the RAD date. For CIF or appeal completion instructions, please refer to the *CIF Completion* and *CIF Special Billing Instructions* sections, or the *Appeal Form Completion* section, in the appropriate Part 2 manual or on the Medi-Cal Web site (www.medi-cal.ca.gov).

If you have questions, please call the Telephone Service Center (TSC) at 1-800-541-5555, option 11 then 18.

Sincerely,

A handwritten signature in black ink that reads "Nona Carpenter".

Provider Relations Director
Reference Number: P8151

EDS
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