



**Tanya E. Schuhmeier**  
Director  
Provider Relations  
California MMIS

Xerox State Healthcare, LLC  
820 Stillwater Road  
West Sacramento, CA 95605

[www.xerox.com/govhealthcare](http://www.xerox.com/govhealthcare)

November 8, 2013

**Subject: Resubmission of HCPCS Code J0129 Claims Denied in Error**

Dear Provider:

Xerox State Healthcare, LLC (Xerox) identified a system error resulting in the erroneous denial of claims for HCPCS code J0129 (injection, abatacept, 10mg) with Remittance Advice Details (RAD) code **0063: The procedure is not consistent with the recipient's age**. Under the direction of the Department of Health Care Services (DHCS), the system error has been corrected and an Erroneous Payment Correction (EPC) will be processed to resubmit affected claims.

No action is required on your part. Xerox will resubmit the affected claims for dates of service from January 1, 2010, through February 18, 2013. The resubmissions will appear on RADs beginning November 14, 2013, with Claim Control Number (CCN) prefix **330555**.

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* instructions section in the appropriate Part 2 manual or on the Medi-Cal website.

If you have questions regarding these adjustments, please call the Telephone Service Center (TSC) at 1-800-541-5555, option 5, followed by option 6.

Sincerely,

*Tanya E. Schuhmeier*

Tanya E. Schuhmeier  
Director, Provider Relations  
California MMIS  
Xerox State Healthcare, LLC

Reference Number: P13246