



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

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April 13, 2015

**Subject: Resubmission of Claims Erroneously Denied with RAD Code 033**

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting claims for dates of service from October 20, 2014, through November 7, 2014. This issue caused some claims to erroneously deny with Remittance Advice Details (RAD) code **033: The recipient is not eligible for the special program billed and/or restricted services billed.**

No action is required on your part. Xerox State Healthcare, LLC (Xerox) will resubmit the erroneously denied claims. These resubmissions will appear on RAD forms beginning April 16, 2015, with Claim Control Number (CCN) prefix **508955**.

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

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

Sincerely,

*Tanya E. Schuhmeier*

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Reference Number: P26050