



**Tanya E. Schuhmeier**  
Director, Provider Relations  
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April 28, 2015

**Subject: Resubmission of Erroneously Denied Family PACT Claims**

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue causing some Family PACT (Planning, Access, Care and Treatment) Program claims for HCPCS codes S5000 and S5001 to erroneously deny with Remittance Advice Details (RAD) code **9516: The secondary diagnosis code is missing or invalid for the procedure code**. The issue affected claims for dates of service on or after April 1, 2014. The system was corrected on January 27, 2015.

No action is required on your part. Xerox State Healthcare, LLC (Xerox) will resubmit the affected claims. These resubmissions will appear on RADs beginning April 30, 2015.

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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