



Tanya E. Schuhmeier
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December 4, 2015

Subject: Resubmission of Erroneously Denied Family PACT Claims with Secondary Diagnosis Codes

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue causing some Family Planning, Access, Care and Treatment (Family PACT) claims 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 from April 1, 2014, through July 28, 2015, billed with the following combination of codes:

- For female recipients:
 - Procedure codes 85025, 85651 and 85652 with secondary diagnosis codes 625.0 and 625.9
 - Procedure code 87491 with secondary diagnosis codes 099.41 and 099.53
- For male recipients:
 - Procedure code 87491 with secondary diagnosis codes 099.40 and 099.41
 - Procedure code 87591 with secondary diagnosis codes 098.12 and 604.90

No action is required on your part. Xerox State Healthcare, LLC, will resubmit the affected claims. These resubmissions will appear on RAD forms beginning November 26, 2015, with Claim Control Number (CCN) prefix **531455**.

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). 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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