



Tanya E. Schuhmeier
Director, Provider Relations
California MMIS

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December 4, 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) claims billed with HCPCS codes J7301, S4993 and S5001 using modifier UD to erroneously deny with Remittance Advice Details (RAD) codes **036: RTD (Resubmission Turnaround Document) was either not returned or was returned uncorrected; therefore, your claim is formally denied** or **090: The combination of procedure code and modifier is not valid on the dates of service billed**. The issue affected claims for dates of service from December 30, 2013, through October 31, 2014.

No action is required on your part. Xerox State Healthcare, LLC (Xerox) will resubmit the affected claims until the erroneous denials are cleared. These resubmissions will appear on RAD forms beginning November 26, 2015, with Claim Control Number (CCN) prefix **531655**.

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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Reference Number: P27092