



**Tanya E. Schuhmeier**  
Director, Provider Relations  
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January 18, 2016

**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 Planning, Access, Care and Treatment (Family PACT) Program claims to erroneously deny with Remittance Advice Details (RAD) code **0169: This service is not payable when billed with this diagnosis**. The issue affected claims for dates of service beginning November 17, 2011. This issue was resolved on May 7, 2015.

No action is required on your part. Xerox State Healthcare, LLC (Xerox) will resubmit the affected claims. These resubmissions will appear on RAD forms beginning January 21, 2016, with Claim Control Number (CCN) prefix **600555**.

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: P29554