January 21, 2019

Subject: Resubmission of Erroneously Denied Family PACT Claims

Dear Provider:

The Department of Health Care Services (DHCS) identified a claims processing issue affecting Family Planning, Access, Care and Treatment (Family PACT) Program claims. This issue caused some 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 August 1, 2016, through August 27, 2018.

No action is required on your part. The California Medicaid Management Information System (MMIS) Fiscal Intermediary, Conduent State Healthcare, LLC, will resubmit the affected claims. These resubmissions will appear on RAD forms beginning January 3, 2019, with Claim Control Number (CCN) prefix 836055.

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 California MMIS Fiscal Intermediary Telephone Service Center at 1-800-541-5555, option 5, followed by option 6 or write to the California MMIS Fiscal Intermediary Correspondence Specialist Unit at P.O. Box 13029, Sacramento, CA 95813-4029.

Sincerely,

Tanya E. Schuhmeier

Tanya E. Schuhmeier
Director, Provider Relations
Conduent State Healthcare, LLC, on behalf of
California Department of Health Care Services

Reference Number: P48272