



December 12, 2008

Dear Family PACT Provider,

Subject: Resubmission of Claims

EDS, an HP company, has discovered a system problem affecting Family PACT (Planning, Access, Care and Treatment) Program claims with National Provider Identifiers (NPIs) that contain multiple provider types. The claims were often assigned incorrect provider types, and were denied for various reasons. The following reasons were most common:

**0248: Rural Health Clinics must bill per-visit codes only; use codes 01 – 05 for non-CMSP recipients.**

**9518: The referring provider must be a Family PACT certified provider.**

**0126: This rendering provider is not licensed to provide services with the billing provider on date of service.**

**0031: The provider was not eligible for the services billed on the date of service.**

**0008: The provider of service is not eligible for the type of services billed.**

The system was corrected on September 2, 2008.

No action is required on your part. EDS has resubmitted the affected claims. These resubmits will be paid, or denied for a valid reason, on *Remittance Advice Details* (RADs) beginning December 18, 2008, with Claim Control Number (CCN) prefix **834055**.

If you disagree with any of these resubmits, you may submit a *Claims Inquiry Form* (CIF) within six months 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 Web site ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)).

If you have questions, please call the Telephone Service Center (TSC) at 1-800-541-5555, option 11, then option 18.

Sincerely,

A handwritten signature in black ink that reads 'Nona Carpenter' in a cursive script.

Nona Carpenter  
Provider Relations Director

Reference Numbers: P10320