



June 2, 2008

Dear Provider,

Subject: Resubmission of Claims

Effective August 1, 2006, the Department of Health Care Services (DHCS) changed policy for certain Family PACT (Family Planning, Access, Care and Treatment) Program procedures to allow a secondary diagnosis code instead of documentation to support the claim. However, system changes for this new policy were put on hold for clarification. The system changes were not implemented until February 1, 2008. In the interim, claims may have been denied for documentation related reasons, such as the following Remittance Advice Detail (RAD) codes:

- **0076: The submitted documentation was not adequate.**
- **0184: This procedure requires medical justification. The document supplied is insufficient or no remarks/attachments are provided.**
- **0188: This is a "By Report" procedure are provided. No report attached or the attached report is insufficient to warrant payment.**

The CPT-4 codes affected are: 00940, 54050, 54056, 54100, 56501, 56605, 57061, 57452, 57454 – 57456, 57460, 57511, 58100, 58110, 81000 – 81003, 81005, 81015, 83986, 85025, 85027, 85651 – 85652, 87086, 87181, 87184, 87205, 87210, 87252, 87255, 87273, 87621, 88304 – 88305, 88307 and Q0111.

No action is required on your part. EDS has resubmitted the affected claims. These resubmits will be paid, or denied, for a valid reason if a different error is found. These resubmits appear on RADs beginning May 22, 2008, with Claim Control Number (CCN) prefix **813055**.

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 the Medi-Cal Web site (www.medi-cal.ca.gov.)

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

Sincerely,

Nona Carpenter
Provider Relations Director

Reference Number: P8737

EDS
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