



MICHELLE BAASS  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

PROVIDER NAME  
ADDRESS 1  
ADDRESS 2  
CITY, STATE ZIP

August 10, 2022  
NPI # 123456789

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 billed with the sterilization related diagnosis code for procedure codes 58661 (endoscopic procedures fallopian tubes and/or ovaries with removal of adnexal structures [partial or total oophorectomy and/or salpingectomy]) and 58700 (open procedures Fallopian Tubes, with/without ovaries salpingectomy, complete or partial, unilateral or bilateral [separate procedure]). This issue caused claims to erroneously deny with Remittance Advice Details (RAD) code **0005: The service billed requires an approved *Treatment Authorization Request (TAR)*** and Remittance Advice Details (RAD) code **9206: The service requires an approved TAR for the Family PACT Program**. The issue affected claims for dates of service from October 1, 2017, through May 23, 2022.

No action is required on your part. The California Medicaid Management Information System (MMIS) Fiscal Intermediary will resubmit the affected claims. These resubmissions will appear on RAD forms beginning July 28, 2022, with Claim Control Number (CCN) roll number **55 (Resubmit)**. The roll number is the fifth and sixth digits of the Claim Control Number (CCN) prefix **220155**.

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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 Provider 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 Provider 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 5 or write to the California MMIS Fiscal Intermediary Correspondence Specialist Unit at P.O. Box 13029, Sacramento, CA 95813-4029.

Sincerely,

*Cindy Garrett*

Cindy Garrett  
Director, Provider & Member Services  
Gainwell Technologies, on behalf of  
California Department of Health Care Services  
Reference Number: P43860