



Tanya E. Schuhmeier
Interim Director
Provider Relations
California MMIS

Xerox State Healthcare, LLC
820 Stillwater Road
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www.xerox.com/govhealthcare

June 12, 2013

Subject: Resubmission of Denied Claims

Dear Provider:

The Department of Health Care Services (DHCS) established new policy to add HCPCS code J2315 (injection, naltrexone, depot form, 1 mg) to the following Health Care Plans (HCPs) retroactive to May 1, 2009:

029, 068, 079, 130, 131, 150, 167, 170, 190, 300, 301, 303, 304, 305,
306, 307, 308, 309, 310, 311, 312, 315, 316, 317, 340, 343, 344, 345,
352, 353, 354, 355, 356, 358, 360, 361, 362, 363, 364, 501, 502, 503,
504, 505, 506, 507, 508, 509, 510, 512, 513, 514, 515, 915

No action is required on your part. Xerox State Healthcare, LLC (Xerox) will resubmit impacted claims with HCPCS code J2315 that were denied with Remittance Advice Details (RAD) code **0037: Health Care Plan enrollee, capitated service not billable to Medi-Cal**, with dates of service retroactive to May 1, 2009. The resubmissions will be paid or denied for a valid reason and appear on RADs beginning June 20, 2013, with Claim Control Number (CCN) prefix **315555**.

If you disagree with any of these adjustments, 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 website (www.medi-cal.ca.gov).

If you have questions, please call the Telephone Service Center (TSC) at 1-800-541-5555, option 5, followed by option 6.

Sincerely,

Tanya E. Schuhmeier

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Reference Number: P11846