



Tanya E. Schuhmeier
Director, Provider Relations
California MMIS

Xerox State Healthcare, LLC
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June 27, 2014

Subject: Resubmission of Denied Levoleucovorin Calcium Claims

Dear Provider:

The Department of Health Care Services has revised the policy for HCPCS code J0641 (injection, levoleucovorin calcium, 0.5 mg) to increase the allowable daily dose from 200 mg to 400 mg, retroactive to September 1, 2012.

No action is required on your part. Xerox State Healthcare, LLC (Xerox) will resubmit the affected claims processed for dates of service on or after September 1, 2012. These resubmissions will appear on *Remittance Advice Details* (RAD) beginning June 19, 2014, with Claim Control Number (CCN) prefix **415455**.

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 Telephone Service Center at 1-800-541-5555, option 5, followed by option 6.

Sincerely,

Tanya E. Schuhmeier

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Reference Number: P14737