

Date: 12/5/23

Medi-Cal

Important Provider Notice: #479 – Updated 1/25/24

Subject: Dialysis Billing – “From-Thru” Requirement – Effective Immediately

“From-through” billing is a method of billing that allows providers to bill for the same service rendered on different dates of service, without having to complete a separate claim line for each date of service. **Effective immediately, Dialysis providers are directed by Medi-Cal and Partnership Healthplan of California to bill codes S9335 or S9339 on a single monthly claim by using the “from-through” billing method electronically or on the UB-04 form for all dates of service rendered within one calendar month.** Inappropriate use of the “from-through” billing format may result in claim denial.

The current monthly rate for both codes is \$1837.06.

Refer to “from-through: billing example:

1 UPTOWN MEDICAL CENTER 140 SECOND STREET ANYTOWN CA 958235555		2		3a PAT. CNTR. #		4 TYPE OF BILL 721	
6 PATIENT NAME DOE, JANE		9 PATIENT ADDRESS		5 FED. TAX NO.		8 STATEMENT COVERS PERIOD FROM THROUGH	
13 BIRTHDATE 08241980	11 SEX F	12 DATE	14 ADMISSION YEAR	15 TYPE	16 SRC	17 DHR	18 STAT YO
19 CONDITION CODES		20		21		22	
31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE CODE	34 OCCURRENCE DATE	35 OCCURRENCE CODE	36 OCCURRENCE DATE	37 OCCURRENCE CODE	38 OCCURRENCE DATE
39 OCCURRENCE SPAN FROM THROUGH		40 OCCURRENCE SPAN FROM THROUGH		41 OCCURRENCE SPAN FROM THROUGH		42 OCCURRENCE SPAN FROM THROUGH	
43 DESCRIPTION		44 HCPCS / RATE / HPPS CODE		45 SERV DATE		46 SERV UNITS	
HOME THERAPY, HEMODIALYSIS; 10/4, 8, 12, 15, 19, 22, 26, 29		S9335		100421 102921		8	
47 TOTAL CHARGES		48 NON-COVERED CHARGES		49		50	
110400							

Line 1: Begin the procedure description in the Description field (Box 43). Enter the **from date** of service in the Service Date field (Box 45) and align it with the beginning of the procedure description. No other information is entered on the first line.

Line 2: Continue procedure description started on line 1, if necessary, and list all dates of service. Enter the procedure code for service rendered in the HCPCS/Rate field (Box 44), followed by the **through date** in the Service Date field (Box 45).

The number of units being billed is entered in the Service Units field (Box 46). If the quantity exceeds 99, bill the remaining services on individual claim lines or in additional “from-through” format(s).

Enter the Total Charges field or Box 47.

Note: For electronic billing, enter the description in the Remarks field (Box 80) and a “1” in the Service Units field.

“From-through” billing may be used for both consecutive and non-consecutive days of service.

**For further information regarding this process, please contact the Partnership Healthplan of California Claims Department at (855) 798-8757.**