

June 24, 2024

Partnership Medi-Cal

Important Provider Notice: 486

Subject: Long Term Care Part B Billing Changes - Effective January 1, 2024 – UPDATED February 27, 2025

This is a reminder for Long Term Care (LTC) providers and their billing staff that Partnership HealthPlan of California can only accept up to 98 service line on a claim. Claims submitted with 99 or more service lines will be rejected. In an effort to allow for expeditious processing and payment of LTC Part B claims, providers are encouraged to roll up LTC Part B service lines billed to Partnership for secondary payment consideration by revenue code onto one single claim line. Total charges billed to Partnership must match total charges billed to Medicare. UB-04 example below.

50 0	JRRENCE 32 OCCURRENCE 33 DATE CODE DATE 2006	OCCURRENCE 34 OCCURRENCE DATE CODE DATE	36 OCCURRENCE CODE FROM	SPAN 36 THROUGH CODE	OCCURRENCE SPAN	HROUGH 37	
POE	nership HealthPlan of Calif 3ox 1368 un City, CA 94585	ornia	a A1 b c d	00ES 4000E 15 27 A2	VALUE CODES AMOUNT 67 98	tt VALUE CODES	
42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	40
0430 0430 0434		97530/GO CC 97542/GO 59 97165/GO		2 1 1	180:00 45:00 135:00		
50 PAYER N	PAGE OF	CREATION 51 HEALTH PLAN ID		TOTALS	360:00		

V DATE HCPCS APC/HIPPS ICN HCPI				02/20/2024 02/29/2024				
C Desc		QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
5 5000						253	0.54	
					PR	2	7.89	
						1	1.77	
9680930-86775770,								
30 02/29 97530	G0 C0	2.000	180.00	44.19	CO	59	110.71	N851
						253	0.90	
						45	7.96	
					PR	2	13.26	
						1	2.98	
9680930-86775771,								
30 02/20 97542	G0 59	1.000	45.00	19.21	CO	59	19.40	
						253	0.39	
					PR	2	4.90	
						1	1.10	
9680930-86775768,								
34 02/20 97165	GO	1.000	135.00	83.59	CO	45	23.58	
909 (UTD TO) (TO) TOT	988-88 (C. 1997) 1997 - 1997 - 1997 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 19	120101122/200				253	1.71	
					PR	2	21.33	
						1	4.79	
9680930-86775772,								
OUF CODES:								

- 1 Deductible Amount
- 2 Coinsurance Amount

45 Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)

59 Processed based on multiple or concurrent procedure rules. (For example multiple surgery or diagnostic imaging, concurrent anesthesia.) Usage: Refer to the 835 Healthcare Folicy

Providers should also include a copy of the Medicare Part B Explanation of Benefits to the claim.

For further information regarding this process, please contact the Partnership Claims Department at (707) 863-4130.