



4665 Business Center Drive
Fairfield, California 94534

Date: 6/24/2024

PHC Medi-Cal

Important Provider Notice: 486

Subject: Long Term Care Part B Billing Changes - Effective 1/1/2024

This is to inform Long Term Care providers and their billing staff that Partnership HealthPlan of California (Partnership) is requiring that Part B services be billed with detailed service lines on the claim form. Currently, Partnership cannot accept LTC Part B claims billed without any services lines as indicated in the Medi-Cal Provider Manual. Please see an example of how LTC Part B claims should be billed:

OCCURRENCE CODE		OCCURRENCE DATE		OCCURRENCE CODE		OCCURRENCE DATE		OCCURRENCE CODE		OCCURRENCE DATE		OCCURRENCE SPAN FROM		OCCURRENCE SPAN THROUGH		OCCURRENCE SPAN FROM		OCCURRENCE SPAN THROUGH		
50	032524																			
38 Partnership HealthPlan of California PO Box 1368 Suisun City, CA 94585												39 VALUE CODES AMOUNT a A1 15 27 b c d		40 VALUE CODES AMOUNT A2 67 98		41 VALUE CODES AMOUNT				
42 REV. CD.	43 DESCRIPTION			44 HCPCS / RATE / HIPPS CODE			45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES		48 NON-COVERED CHARGES		49							
0430				97530/GO CO				2	180:00											
0430				97542/GO 59				1	45:00											
0434				97165/GO				1	135:00											
PAGE ____ OF ____												CREATION DATE		TOTALS →		360:00				
50 PAYER NAME				51 HEALTH PLAN ID				52 REL. INCL.	53 ASST. BEN.	54 PRIOR PAYMENTS		55 EST. AMOUNT DUE		56 NPI						

TRANSFER TO (COB): CALIFORNIA DHCS

ID CODE:000070052

PATIENT: PCN:
MID: SVC FROM: 02/20/2024 MRN:
CLAIM STAT: 19 THRU: 02/29/2024 ICN:
REV DATE HCPCS APC/HIPPS MODS QTY CHARGES ALLOW/REIM GC RSN AMOUNT REMARK CODES
LICN HCPI
SVC Desc

REV DATE	HCPCS	APC/HIPPS	MODS	QTY	CHARGES	ALLOW/REIM	GC	RSN	AMOUNT	REMARK CODES
								253	0.54	
								PR 2	7.89	
								1	1.77	
9680930-86775770,										
0430	02/29	97530	GO CD	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,										
0430	02/20	97542	GO 59	1.000	45.00	19.21	CO	59	19.40	
								253	0.39	
								PR 2	4.90	
								1	1.10	
9680930-86775768,										
0434	02/20	97165	GO	1.000	135.00	83.59	CO	45	23.58	
								253	1.71	
								PR 2	21.33	
								1	4.79	
9680930-86775772,										

GROUP CODES:

- CO - Contractual Obligation (Patient may not be billed for these)
- PR - Patient Responsibility

CARC 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 Policy

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.