

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
MEDI-CAL PROVIDER MANUAL
CLAIMS DEPARTMENT**

III.C. Medi-Cal LTC Billing Form (UB-04 form effective 1/1/24)

1. See Medi-Cal LTC UB-04 claim form completion instructions at:
www.medi-cal.ca.gov
2. Reminders:
 - a. Effective 1/1/24, LTC claims must be billed on the UB-04 claim form.
 - b. All LTC claims must have a Partnership approved TAR
 - c. Report all patient leave of absence (bedhold) to Partnership Health Services Department
 - d. Document the Share of Cost with the appropriate Value Code in Box 39-41a thru d. If the SOC is zero, enter 000. Do not leave blank.
 - e. Document Non Covered Services in the Remarks section, Box 80, of the UB-04 form.
 - f. For samples of how to document SOC and Non Covered Services, please see:

https://mcweb.apps.prd.cammis.medi-cal.ca.gov/assets/B45119CA-A84B-4828-A38D-2638562E19A6/shareltc.pdf?access_token=6UyVkrRfByXTZEWlh8j8QaYylPyP5ULO