

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

Partnership Preventive Services

A. Partnership Preventive Services Billing Instructions

1. Children who are assigned to a PCP are required to receive their Preventive services from their PCP. Preventive service claims received for children not assigned to the provider of service will not be reimbursed. The exception would be children in a Direct Case Managed status or a Native American Indian, who may receive services from their PCP or any Native American Indian (IHC) Clinic.
2. CHDP Gateway services remain the financial responsibility of the State of California and are not payable by Partnership. Continue to follow all directions for the CHDP Gateway Program as outlined in the State CHDP Provider Manual.
3. Claims should be billed with one of the following standard billing formats: the CMS-1500 form, UB04 form or the electronic 837 HIPAA compliant claim format.
4. All billing codes and requirements for preventive services can be found in the Medi-Cal Provider Manual at:

<https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/prev.pdf>
5. Non-PCP providers may bill procedure codes 99385, 99395, 99396 and 99397 and will be paid on a fee for service basis. PCP's may bill for these codes and will continue to be capitated.