

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

III.F Medi-Cal Claim Billing Limit

Effective for dates of service on or after July 1, 2014, PHC has a 12 month billing limit.

Providers will have 365 days from the date of service to submit claims to PHC for payment consideration. Claims received on the 366th day from the date of service will be denied by the system. There will be no exceptions or pro-rated payments beyond the 12 month billing limit.