

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

IV.B. Electronic Medi-Cal Claims Submission

A) Electronic Claim Submissions

Partnership HealthPlan of California (PHC) accepts electronic claims in the HIPAA compliant 837 format. There are two (2) transmission options: Web bulletin board and secure FTP. Contact the PHC EDI Analyst at (707) 863-4520 to discuss the best options for you organization.

PHC requires an EDI Payer Agreement, completed and signed by the submitter of the electronic claims.

PHC will provide an electronic HIPAA compliant 997 acknowledgement and 277 Claim Status Response Transaction for every file submitted. The 277 Claim Status Response provides the status of each claim submitted – both accepted and rejected, prior to adjudication. Receipt of electronic transmissions can also be verified by contacting the PHC IT Department at (707) 863-4527.

The companion guides and other information regarding electronic claims submission can be found on our website at:

<http://phcwebsite/Providers/Medi-Cal/Pages/HIPAAEDI-Publications.aspx>

B) Required Remarks on Electronically Submitted Claims

1. If you are billing for a newborn but using the mother's information, please enter a remark indicating: date of birth and the gender of the baby. Please let us know if there are twins, triplets, etc.
2. If you are billing for a CCS approved service, please include the CCS SAR#.
3. Any authorization numbers for RAFs or TARs.
4. Any accident, work comp or other third party liability information, such as the carrier name, claim #, etc.
5. Any pertinent referring physician info such as name and Medi-Cal #.
6. Please provide any ante-partum visit dates for global billings
 - a) Also make sure to include the outcome of delivery as one of the diagnosis codes. (650 or V27.0-V27.7)
7. For E.R. and ambulance claims, please state if you've done multiple services on the same day. For emergency medical transportation services, include the name of the

person or agency that requested the service, the nature of the emergency, the pickup address, and the name of the hospital to which the patient was transported

8. Ambulance – Emergency and/or 911 documentation is required in the remarks section of the claim form or on a separate attachment.
9. Anesthesia services:
 - a). Start and stop times and time in attendance (hands on) time must be documented in the remark section of the claim form.
 - b). Claims for more than 40 units or 10 hours of time, require an anesthesia report.
10. Please provide ANY information you think will aid PHC in processing your claims.

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