

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

**IV.C. Medicare Part B**

**A. Electronic Crossover Claims Billing Requirements:**

Medicare Part B crossover claims will pass to PHC electronically from State Medi-Cal for PHC contracted providers. The automatic crossover of claims will only occur for Medicare claims submitted to Noridian.

At this time, the following claims will **not** crossover electronically to PHC from State Medi-Cal.

1. Medicare Part A claims
2. Medicare Part B outpatient facility claims
3. Medicare Part A&B Long Term Care facility claims

If Medicare has denied a claim for any reason, the claim will not crossover electronically to PHC from the State or the CMS carrier. These claims should be submitted to PHC along with the Medicare denial.

**B. Paper Crossover Claims Billing Requirements:**

Providers who submit paper Medicare secondary claims to PHC - Claims should be billed to PHC with the same amount billed to Medicare. If these do not match, the claim will be denied.

**C. Future:**

In the future, PHC will be working directly with the Medicare carrier to obtain crossover claims. When that occurs, PHC will issue an Important Provider Notice and update this page of the manual.