

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

X.M. Other Primary Coverage

1. For members with other primary coverage, the primary carrier must be billed first. PHC should be billed after payment or a denial has been received from the primary carrier. A copy of the EOB or RA from the primary carrier should be attached to the claim including the payor reason codes. PHC/Medi-Cal is always the payer of the last resort where there is other coverage.
2. 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. If you are submitting Part B Medicare claims to any other Medicare payer, you will need to bill PHC along with a copy of the EOMB from the Medicare payer.

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

- a. Medicare Part A claims
 - b. Medicare Part B Outpatient facility claims
 - c. Medicare Part A&B Long Term Care facility claims
3. 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.