

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

X. Inpatient Hospital

1. Non-covered Medi-Cal Services

a. Private room *

*All inpatient stays require a PHC TAR. A private room will only be paid if medically necessary and approved on the PHC TAR.

b. Personal comfort items

c. Convenience items such as telephones, televisions, guest trays and personal hygiene items.