

Patient Protection and Affordable Care Act: Retroactive NICU/PICU Claim to ACA Modifier Assignment Instructions

General Information

Select Healthcare Common Procedure Coding System (HCPCS) Level III Local Codes that correspond to specified National Evaluation and Management (E&M) Current Procedure Terminology (CPT) Codes are eligible for the Patient Protection and Affordable Care Act (ACA) primary care physician rate increase.

To facilitate these enhanced payments, a HCPCS Level III Local Code Crosswalk to the National E&M CPT Code has been developed that requires minimal changes to current Claims Billing Procedures. In addition, only local codes that have a "one-to-many" relationship to the national code, which account for a small percentage of eligible codes, shall require a crosswalk. Real-time billing using local codes and modifiers began April 11, 2014 (http://files.medi-cal.ca.gov/pubsdoco/aca/articles/acanews_22424.asp).

The Department of Health Care Services (DHCS) understands some claims using local codes have already been submitted and paid without the ACA increase. Eligible claims shall be reprocessed retroactive to January 1, 2013, to apply these enhanced payments. Therefore, the following process has been developed to implement these retroactive payments in the most efficient and expeditious manner, without the need for providers to submit a *Claim Inquiry Form* (CIF).

Note: Providers who prefer using the standard adjustment process for a service rendered on a previously submitted or paid claim that was for a higher level of care/intensity may continue to submit a *Claim Inquiry Form* (CIF) with the applicable ACA modifier to recover any incremental difference in payment.

Claim to ACA Modifier Assignment

Neonatal Intensive Care Unit (NICU) and Pediatric Intensive Care Unit (PICU) claims submitted prior to April 11, 2014, do not contain ACA Modifiers. The NICU/PICU claim to ACA modifier assignment process allows providers to submit spreadsheets, in a pre-defined format, to facilitate the assignment of ACA modifiers to previously submitted and paid claims. This process consists of the following:

- Download [NICU/PICU Claim to ACA Modifier Assignment Spreadsheet Template](#).
Note: Please do not modify the Spreadsheet Template Field/Cell Format and/or Size as this may cause your data to be processed improperly.
- Complete/fill-out all necessary data as defined by the NICU/PICU Claim To ACA Modifier Assignment Data Dictionary found on pages 5 and 6 of this document.
- Export completed spreadsheet to a Formatted Text File.
- Encrypt Text File with 256-Bit AES Encryption using WINZIP. The maximum size is 2 MB. Multiple files may be submitted if in excess of 2 MB.
- Upload Zipped File to Medi-Cal website.

Important Note 1: The WINZIP Encryption Password used must be the same as the User ID Password that is used to log in to the Medi-Cal Transactions Services website.

Important Note 2: If submitting multiple files, please keep all data for the same provider/NPI on one file, unless the data for a single provider/NPI exceeds 2 MB.

Important Note 3: If an error is made on an original submission and a correction is warranted, please submit a full replacement file. For example, if the original file included 10 records, 1 of which contains an error, the corrected/resubmitted file should contain all 10 records.

The NICU/PICU Claim to ACA Modifier Assignment Spreadsheet template resides on the California Department of Health Care Services Medi-Cal website. Providers can access and upload the spreadsheet similar to the way they would access/upload their Computer Media Claims (CMC) data.

Providers with an existing Transaction Services user ID and password for CMC Data Uploads or Eligibility Inquiries will be able to log in as usual. However, if you currently do not have a user ID and password, please contact the Telephone Service Center (TSC) at 1-800-541-5555 choosing options 4 then 2 and

follow the prompts to speak with the POS/Internet Helpdesk to request Logon credentials. The POS/Internet Helpdesk is available from 6 am to midnight, seven days a week.

Providers wishing to submit a NICU/PICU Claim To ACA Modifier Assignment File should perform the following:

1. Visit the ACA Increased Medicaid Payment for Primary Care Physicians page of the Medi-Cal website:
http://files.medi-cal.ca.gov/pubsdoco/aca/aca_form_landing.asp
2. Click “+ Downloads”
3. Click/download the “NICU/PICU Claim to ACA Modifier Assignment Spreadsheet Template”
4. Fill out spreadsheet template as defined in the NICU/PICU Claim To ACA Modifier Assignment Data Dictionary (found on pages 5 and 6 of this document) and save the file with the following name format: “PPPPPPPPPPCCYYMMDD.xls” or “PPPPPPPPPPCCYYMMDD.xlsx”

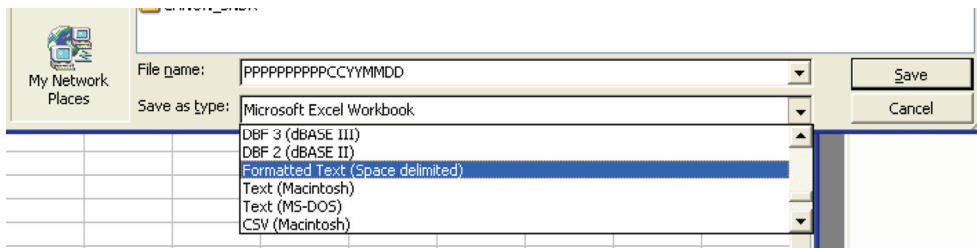
Note1: “PPPPPPPPPP” represents your Provider Number

Note2: “CCYYMMDD” represents the date of your upload in Year (4 digits), Month and Date format.

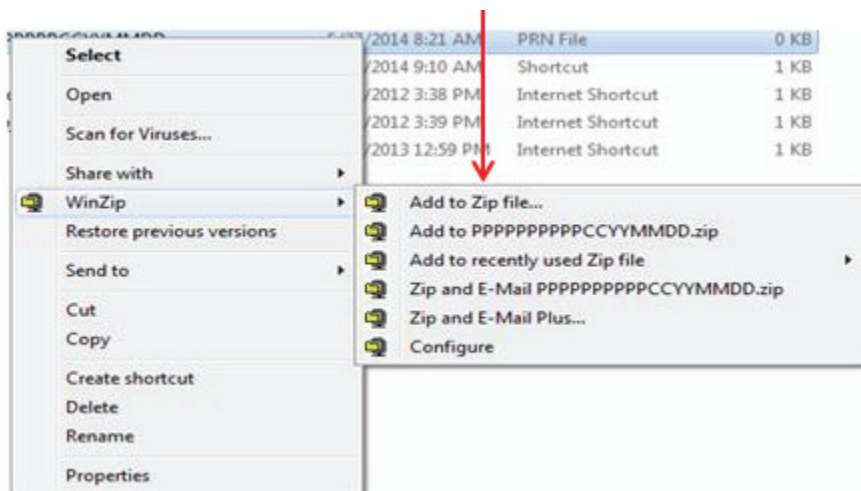
If multiple files are submitted on the same day, you may extend the name format by adding an underscore followed by the number of the file.

EXAMPLE: Ppppppppppccyyymmdd_2.xls”

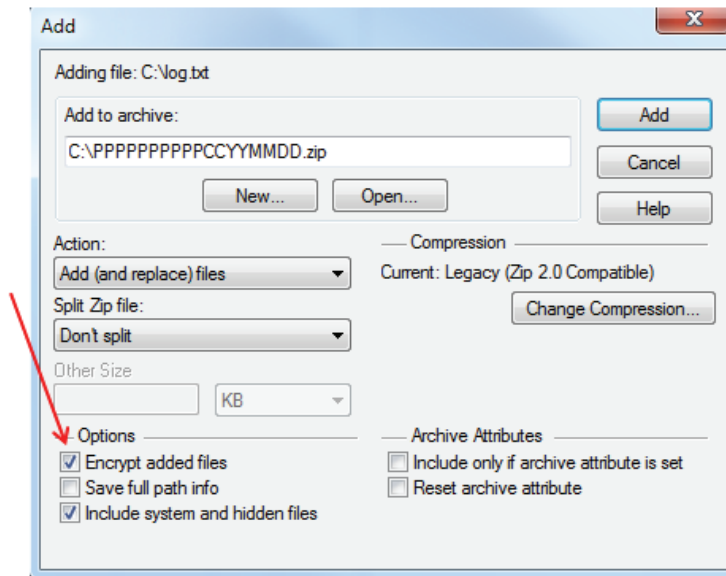
5. Export the Spreadsheet using the Microsoft Excel “Save As” Command and a “**Save as type:**” of “**Formatted Text (Space delimited) (*.prn)**” and save the file with the following name format: “PPPPPPPPPPCCYYMMDD.prn”



6. Encrypt the Formatted Text File using WINZIP with 256-Bit AES Encryption and save the file with the following name format: “PPPPPPPPPPCCYYMMDD.zip”. WINZIP may be downloaded from the Medi-Cal website’s Web Tool Box page: <http://www.medi-cal.ca.gov/toolbox.asp>.
 - a. Once installed, right click the file and select “Add to Zip File...”:



- b. Be sure to select the “Encrypt added files” option:



- c. **The WINZIP Encryption Password used must be the same as the user ID password that is used to log in to the Medi-Cal Transactions Services website.**
Note: If this WINZIP password does not match the user ID password from Step 10, we may not be able to access your data.

7. Logon to the California Department of Health Care Services Medi-Cal Transaction Services website:
<https://www.medi-cal.ca.gov/Eligibility/Login.asp>
8. Enter your CMC submission or provider user ID
Note: If you do not have a user ID and password, please contact the TSC to request/register for logon credentials
9. Enter your user ID password
10. Click the “ACA Claim To Modifier Assignment Data Uploads” link (under “CMC” or “Eig” Tab)
11. Click the “Browse” button to select the Zipped Modifier Assignment Spreadsheet, “PPPPPPPPCCYYMMDD.zip”
12. Click the “Upload File” button to upload the Zipped Modifier Assignment Spreadsheet

ACA Claim To Modifier Assignment – Data Element Dictionary

The [NICU/PICU Claim to ACA Modifier Assignment Spreadsheet](#) shall be used to apply ACA modifiers to NICU/PICU claims previously submitted or paid without an ACA modifier. The assignment of ACA modifiers is solely dependent on the accuracy of the data provided. The following Data Element Dictionary describes each individual field, usage, format, and length on the assignment spreadsheet.

	Column Header Name	Field Name	Description/Comments	Required Field	Format	Max Length
1.	Prov_Num	Provider Number	Enter Billing Provider Number (NPI) This will be the medical group number or a practitioner's if a sole practitioner. Box 33.a of the CMS 1500 form.	Yes	Alphanumeric	10
2.	MCAL_ID	Medi-Cal Recipient ID	Enter Client Index Number (CIIN) or Medi-Cal Eligibility Data System (MEDS) ID. Do not enter a Social Security Number (SSN) unless your original Claim was submitted/paid with a SSN	Yes	Alphanumeric	9
3.	Date_Svc	Date Of Service	Enter the Date Of Service in CCYYMMDD format with 4 digits for the Year (CCYY), 2 digits for the Month (MM), and 2 digits for the Day (DD).	Yes	Numeric	8
4.	Line_Amt	Line Amount	Enter the Billed/Line Amount Charge. Do not enter a decimal point (.) or dollar sign (\$). Enter full dollar amount and cents even if the amount is even (for example, if billing for \$100, enter 10000, not 100).	Yes	Numeric	9
5.	Paid_Amt	Paid Amount	Enter the Paid/Reimbursement Amount of the previously submitted/paid Claim. Do not enter a decimal point (.) or dollar sign (\$). Enter full dollar amount and cents even if the amount is even (for example, if billing for \$100, enter 10000, not 100).	Yes	Numeric	9
6.	Local_Cd	Local Procedure Code	Enter the Local NICU/PICU Procedure Code (Z0100-Z0108)	Yes	Alphanumeric	5
7.	ACA_Mod	ACA Modifier	Enter the ACA Modifier that corresponds to the Level Of Care for your previously submitted/paid Claim as defined by the following ACA Local to National Crosswalk: http://files.medi-cal.ca.gov/pubsdoco/ACA/articles/acanews_22424.asp	Yes	Alphanumeric	2
8.	CCN	Claim Control Number	Enter Claim Control Number (CCN) of your previously submitted/paid Claim. If you previously submitted a paid Claim that was adjusted (e.g. Claim Inquiry Form [CIF]), by you or Xerox, enter the latest, most recent CCN.	No	Numeric	13

	Column Header Name	Field Name	Description/Comments	Required Field	Format	Max Length
9	Rend_Num	Rendering Provider Number	Enter Rendering Provider Number from your previously submitted/paid Claim This is the individual provider's NPI. Box 24.j of the CMS 1500 form.	No	Alphanumeric	10
10.	Pat_Cntl_Acct_Num	Patient Control/Account Number	Enter the Patient Control/Account Number from your previously submitted/paid Claim	No	Alphanumeric	20
11.	Nat_CPT_Cd	National CPT Procedure Code	Enter the National CPT Procedure Code that corresponds to the Level Of Care for your previously submitted/paid Claim as defined by the following ACA Local to National Crosswalk: http://files.medi-cal.ca.gov/pubsdoco/ACA/articles/acanews_22424.asp	No	Numeric	5