

ACA Increased Payments for CHDP Primary Care Physicians – UCR Web Application Instructions

General Information

The Patient Protection and Affordable Care Act (ACA), as amended by House Resolution 4872-24 Health Care and Education Reconciliation Act of 2010, Section 1202, requires payments to be increased to the Medicare equivalent for certain Evaluation and Management (E&M) and Vaccine Administration services. The increased payments are retroactive for dates of service on or after January 1, 2013.

A Usual, Customary and Reasonable (UCR) Web application has been developed to ensure Child Health and Disability Prevention (CHDP) providers are reimbursed for their services at the maximum allowable payment provided for by state/federal law and policy. Providers use this application to submit their UCR charge for CHDP services.

UCR Charge and Retroactive Payment

- The UCR charge will be applied only to previously submitted and paid claims in order to determine the retroactive payments.
- Claims will be paid at the lesser of the UCR charge or Medicare maximum allowable rate for the services that have a UCR charge submitted through the UCR Web application.
- If no UCR charge has been submitted for the service, the claim will be paid at the lesser of the billed amount or Medicare maximum allowable rate. The provider may not receive additional payment, if the original claim was billed at the CHDP maximum reimbursement rate.

UCR Charge Submission

- Providers must have access to Medi-Cal Eligibility Transaction Services in order to submit the UCR charge.
- The UCR application link will be available under the “Elig” tab when the user logs into the Medi-Cal Web Transaction Services using a valid existing user ID (NPI).
- Providers can submit the UCR charge for the National Current Procedure Terminology (CPT) Codes that correspond to CHDP History and Physical (H&P) and Non-Vaccine For Children (purchased) local service codes. The UCR application will not be used to submit UCR charge for CHDP VFC services, as the CHDP VFC service codes that are eligible for an ACA payment increase will be paid at the Medicare maximum allowable rate.
- Providers can submit the UCR charge for the year 2013 and 2014. Providers should submit the maximum UCR amount charged in a year.
- Providers can submit the UCR charge for the geographic locality, which is the billing provider location county code.
- Providers must ensure all data entered or selected is correct. By clicking the confirm button available in the UCR application, the provider acknowledges that the information submitted is true and accurate.
- Submission of the UCR charge does not guarantee increased claim payments by the Department of Health Care Services (DHCS). DHCS will verify that providers meet the criteria for payment at the Medicare rate by validating board certifications, reviewing claims to ensure that the 60 percent threshold has been met as well as all other applicable criteria for the ACA payment increase.

Deadline to Submit UCR Charge

The last day for submission of the UCR charge is **January 16, 2015**.

UCR Application - Data Field Specifications

Data Field Name	Specifications
Provider ID (NPI)	<ul style="list-style-type: none"> Provider ID is pre-populated from the National Provider Identifier (NPI) used to login into the Medi-Cal Transaction Services page The Provider ID is 10 numeric characters This provider ID is not an editable field.
TIN (Provider Tax Identification Number)	<ul style="list-style-type: none"> Last 4 digits of provider TIN Provider TIN entered must be numeric Provider TIN entered must not be zeros ('0000') Provider TIN is required to submit the UCR charge <p>Note:</p> <ol style="list-style-type: none"> For CHDP providers, please ensure your TIN matches the data you used to enroll in CHDP. The TIN will be used to distinguish between multiple providers with the same NPI.
Locality	<ul style="list-style-type: none"> CHDP billing provider's county code Dropdown box containing the list of county codes (01 – 58) The county code must be selected from the dropdown list to submit the UCR charge.
<p>Note:</p> <ol style="list-style-type: none"> The TIN and County Code are needed to submit the UCR charge for the provider. Provider ID, TIN and Locality will be verified for existing UCR records. If a record is already present, the provider will have the option to modify the UCR charge. 	
Procedure Code	<ul style="list-style-type: none"> Dropdown box containing the list of CPT Codes that correspond to CHDP History and Physical (H&P) and Non-VFC (Purchased Vaccine) Local Service Codes Procedure Code must be selected from the dropdown list to submit the UCR charge The following Procedure Codes will be available in the dropdown list: 99391, 99392, 99393, 99394, 99395, 99381, 99382, 99383, 99384, 99385, 90632, 90646, 90649, 90650, 90655, 90658, 90702, 90705, 90706, 90707, 90713, 90714, 90715, 90716, 90732, 90734 and 90746. The provider can submit the UCR charge for more than one Procedure Code. Duplicate Procedure Codes are not allowed.
2013 UCR	<ul style="list-style-type: none"> Maximum UCR amount charged by the provider in the year 2013 UCR charge must be numeric or blanks Blanks entered will delete the existing UCR charge for a Procedure Code UCR charge must not be zero UCR charges must include the administration rate, if applicable Do not enter a dollar sign or decimal point Maximum 5 digits. Last 2 digits must represent the cents.
2014 UCR	<ul style="list-style-type: none"> Maximum UCR amount charged by the provider in the year 2014 UCR charge must be numeric or blanks Blanks entered will delete the existing UCR charge for a Procedure Code UCR charge must not be zero UCR charges must include the administration rate, if applicable Do not enter a dollar sign or decimal point Maximum 5 digits. Last 2 digits must represent the cents.