



TOBY DOUGLAS
Director

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
Governor

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MMCD Policy Letter 11-003

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: MEMBER-SPECIFIC DATA FILES TO BE PROVIDED TO PLANS FOR NEW
MEDI-CAL ONLY SPD MEMBERS

PURPOSE:

The purpose of this Policy Letter is to provide Two-Plan and GMC model Medi-Cal managed care plans (Plans) with implementation information regarding the process that the Department of Health Care Services (DHCS) will use to provide Plans with historical utilization data including fee-for-service (FFS) paid claims and Treatment Authorization Requests (TARs) data for new members who are Medi-Cal only Seniors and Persons with Disabilities (SPDs). This Policy Letter also establishes Plan requirements related to the timely retrieval and use of this data.

This data exchange is required by Welfare and Institutions Code (W&I) Section 14182 (as added by Stats.2010, c. 714 (SB 208) § 20). All Two-Plan and GMC model Plans are required to immediately participate in testing of this data exchange process and then in the ongoing monthly data retrieval process that will begin in May 2011. County-Organized Health System (COHS) Plans will be required to participate beginning in November 2011.

BACKGROUND:

W&I Section 14182 and "California's Bridge to Reform" 1115 Medicaid Demonstration Waiver, approved by the Centers for Medicare and Medicaid Services (CMS), permit the DHCS to require SPDs who do not have other health coverage (Medi-Cal only) to enroll in contracted Medi-Cal managed care health Plans. In conjunction with this mandatory enrollment of Medi-Cal only SPDs, DHCS is required to provide Plans with historical FFS claims data for beneficiaries upon their enrollment into the Plans. This data will assist Plans with risk stratification and assessment of these members in accordance with Policy Letter 11-001 dated January 5, 2011, the development of care coordination plans for high-risk members, and the initiation of other care management activities necessary to assure timely access to appropriate care for this new population.

PROCESS:

Upon renewal of the Medi-Cal Eligibility Data System (MEDS) each month, DHCS will identify the Client Index Numbers (CINS) of Medi-Cal only SPD beneficiaries who are to be newly enrolled in Plans as of the first of the upcoming month. DHCS will then extract from the department's data warehouse the FFS paid claims data related to the identified CINS for up to the most recent 12 months available. This claims data will be divided into separate files created for each health plan code (HPC). Each HPC file will contain only the data for the Medi-Cal only SPD beneficiaries enrolled in that Plan in a single county. For Plans that operate in multiple counties, DHCS will create separate data files for each county in the Plans' service areas.

Attachment 1 provides the data elements, definitions, and layout for the claims data file. Plans should refer to All-Plan Letter 10-015, dated December 28, 2010, regarding the MEDS renewal schedule for 2011 and then to subsequent annual updates to the annual letter providing the MEDS renewal schedule.

In addition to the claims data file created for each HPC for the current month, DHCS also will create a separate file containing information on any currently approved FFS TARs for the identified Medi-Cal only SPD beneficiaries. As with the claims data, a separate TARs file will be created for each HPC. Attachment 2 provides the data elements, definitions, and layout for the TARs file.

DHCS will make both the claims data files and the TARs files available to Plans via a Secure File Transfer Protocol (SFTP) site. The files will be placed in specific plan folders established for this purpose on the SFTP site. DHCS will notify each Plan's designated point of contact (see Designated Contacts section below) via e-mail that the new month's files are available. This email also will contain a statistical report related to the claims data for each of the Plan's HPCs indicating the time period covered (by service date), the total number of CINS in the file, the number of CINS for which no FFS claims were available, the number of CINS with FFS claims, and the total claim records in the file.

Plans must retrieve the files within 14 calendar days of the e-mail notification. After the current month's files have been available on the SFTP site for 14 calendar days, they will be deleted from the folders on the SFTP site. If a Plan experiences any problems retrieving the files or issues with the files, the Plan should immediately alert the Medi-Cal Managed Care Division (MMCD) at the electronic mailbox identified below.

TIMELINE:

In February 2011, MMCD will provide Plans with an initial test file with sample data containing de-identified claims and TAR data. This will test DHCS's processes for creating the files and making them available on the SFTP site and Plans' ability to retrieve the files and access the data. Approximately two weeks following release of this test file, MMCD will hold a teleconference to address Plans' questions or concerns about the process. In addition, Plans may send questions and concerns regarding the test file to MMCD at any time via the electronic mailbox created for this purpose: MMCDdata@dhcs.ca.gov.

In March or April 2011, MMCD will provide each Plan with a second test file that will include actual FFS claims and TARs data for Medi-Cal only SPDs who voluntarily enrolled in their Plan effective the first of the month. This will test a complete cycle of DHCS's processes, from extracting the CINS at MEDS renewal through deleting files from the SFTP site, within the allotted timeframe, as well as Plans' ability to retrieve the files on a timely basis and work with data for their identified SPD members.

The first group of mandatory Medi-Cal only SPDs will be enrolled in managed care Plans effective June 1, 2011. However, DHCS will begin providing claims and TARs data files to Plans in May 2011 for any newly enrolled SPDs, as described above, and will continue this process throughout the five-year period of the 1115 waiver.

Beginning with MEDS renewal in April 2011, data files will be created and made available to Plans within eight (8) working days following the MEDS renewal date each month. **For example**, MEDS renewal for the May 2011 month of enrollment occurs on Tuesday, April 25, 2011. The claims and TAR data files for Plans' new Medi-Cal only SPD members effective in Plans as of May 1, 2011, will be available on the SFTP site by May 5, 2011. Plans will have until May 19, 2011, which is 14 calendar days to retrieve the files before they are deleted in preparation for the next month's files to be loaded. Attachment 3 provides a timeline for the initial months of the data exchange.

DESIGNATED CONTACTS:

Each Plan must designate an appropriate point of contact to access this highly confidential personal health information each month on the Plan's behalf. Plans may wish to designate the Information Officer or other appropriate individual with the specific technical knowledge to download the data files directly into the Plan's information system or database each month. In order to establish access to each Plan's SFTP folder(s), the contact information, including name, email address and phone number, for the designated point of contact and one backup must be provided by **close of business**

on Monday, February 14, 2011, to the MMCD electronic mailbox established for this purpose: MMCDdata@dhcs.ca.gov.

Questions or comments about the claims or TAR data files, the monthly process, or the teleconference regarding the test files should be directed to the electronic mailbox at MMCDdata@dhcs.ca.gov. Designated MMCD staff responsible for coordinating this data exchange within DHCS will monitor this mailbox and be available to work with Plans to resolve issues related to the data.

Technical difficulties accessing the SFTP folders, such as lost or expired passwords, must be directed to the DHCS Service Desk at (916) 440-7000.

Providing this historical FFS claims and TAR data for the Medi-Cal only SPD members will support Plans' risk stratification, risk assessment and care coordination activities on behalf of this new mandatory population. We will continue to work with Plans on implementation procedures and issues related to this data exchange.

Sincerely,

Original Signed by Tanya Homman, Chief

Medi-Cal Managed Care Division

Attachments (3)

Table 1 Member Specific Paid Claims Data File Record Layout

Field Name	Description	Table/Field Name	Length	Start	End	Data Type
CIN	Client Identification Number is the unique Member ID assigned by MEDS.	Input file	9	1	9	A
Plan Code	MEDS assigned health care plan code.	Input File	3	10	12	A
Admission Date	The date the member was admitted to the facility(CCYYMMDD format).	CLAIMS_HDR/ INPAT_ADMISSION_DT	8	13	20	A
Discharge Date	The date the member was discharged from the facility (CCYYMMDD format).	CLAIMS_HDR/ INPAT_DISCHARGE_DT	8	21	28	A
From Date of Service	Start date of service on detail (CCYYMMDD format).	CLAIMS_DTL/ DTL_SRV_FROM_DT	8	29	36	A
To Date of Service	End date of service on detail (CCYYMMDD format).	CLAIMS_DTL/ DTL_SRV_FROM_DT	8	37	44	A
ICD-9 Primary Diagnosis Codes	Identifies the diagnosis code for the principal condition requiring medical attention.	CLAIMS_HDR/ PRIMARY_DIAG_CD	7	45	51	A
ICD-9 Diagnosis Code Description	ICD-9 short description of the diagnosis codes.	ICD9_VOL_1_DIAG_CD/ SHORT_DESC	50	52	101	A
ICD-9 Secondary Diagnosis Codes	Identifies the patient's secondary diagnosis which requires supplementary medical treatment.	CLAIMS_HDR/ SEC_DIAG_CD	7	102	108	A
ICD-9 Diagnosis Code Description	ICD-9 short description of the diagnosis codes.	ICD9_VOL_1_DIAG_CD/ SHORT_DESC	50	109	158	A
Discharge Status	Status of patient on last day of service on inpatient claim. See Table 6 for code description.	CLAIMS_HDR/ INPAT-DISCHARGE-CD	1	159	159	A
Admission Type	Admission type used for inpatient claims for admission to a hospital. See Table 2 for code description.	CLAIMS_HDR/ INPAT_ADMIT_TYPE-CD	1	160	160	A
Admission Source	Reason why patient was admitted to a hospital. See Table 3 for code description.	CLAIMS_HDR/ ADMIT_SOURCE	1	161	161	A
Claim Type	Identifies the general type of service that was rendered. See Table 7 for code description.	CLAIMS_HDR/ CLAIM_TYPE_CD	1	162	162	A
Claim Control Number (CCN)	Uniquely identifies any record, documenting an encounter, in order to locate and retrieve the record.	CLAIMS_HDR/ CCN	13	163	175	A
Adjustment Indicator	Identifies the record as an adjustment. See Table 9 for code description.	CLAIMS_HDR/ ADJ_IND	1	176	176	A
Adjustment Claim Control Number	Identifies the CCN of the original claim being adjusted.	CLAIMS_HDR/ ADJ_CCN	13	177	189	A
CPT/HCPCS Procedure Codes	Procedure Code billed on the claim line. Can be CPT, HCPCS, Revenue or State Codes.	CLAIMS_DTL/ PROC_CD	5	190	194	A
Procedure Code Modifier 1	Procedure Indicator identifies the type of procedure code or drug code present in the procedure code field.	CLAIMS_DTL/ TOOTH_OR_ MODIFIER_1	2	195	196	A

Field Name	Description	Table/Field Name	Length	Start	End	Data Type
Procedure Code Modifier 2	Place holder for future use - the Procedure Indicator which identifies the type of procedure code or drug code present in the procedure code field.	CLAIMS_DTL/ TOOTH_OR_ MODIFIER_2	2	197	198	A
Procedure Code Modifier 3	Place holder for future use - the Procedure Indicator which identifies the type of procedure code or drug code present in the procedure code field.	CLAIMS_DTL/ TOOTH_OR_ MODIFIER_3	2	199	200	A
Procedure Code Modifier 4	Place holder for future use - the Procedure Indicator which identifies the type of procedure code or drug code present in the procedure code field.	CLAIMS_DTL/ TOOTH_OR_ MODIFIER_4	2	201	202	A
Emergency Code	Identifies that the service was performed in an emergency situation. N Non-emergency Y Emergency	CLAIMS_HDR/ EMERGENCY_IND	1	203	203	A
Place of Service (POS) Code	Identifies where the service was rendered- DHCS codes. See Table 4 for code description.	CLAIMS_DTL/ POS_CD	1	204	204	A
Original Place of Service Code	Identifies where the service was rendered provided on the claim form. See Table 5 for code description.	CLAIMS_DTL/ ORIG_POS_CD	2	205	206	A
Medical Supply	Indicates whether the drug code is for a medical supply. N Non medical supply Y Medical Supply	CLAIMS_DTL/ MEDICAL_SUPPLY_IND	1	207	207	A
NDC Code	National Drug Code of the drug filled	CLAIMS_DTL/ NDC_UPC_HRI_CD	11	208	218	A
Provider NPI	Billing Provider NPI number	CLAIMS_HDR/ NPI	10	219	228	A
Provider number	Billing Provider on claim	CLAIMS_HDR/ PROV_NUM	10	229	238	A
Provider Name	Provider's Legal Name	PROV_MSTR/ PROV_LEGAL_NAME	28	239	266	A
Provider Telephone	Provider's telephone number	PROV_MSTR/ PROV_TEL_NBR	10	267	276	A
Provider Type from the claim	Provider type represents the type of provider for this service rendering health and medical services. See Table 8 for code description.	CLAIMS_HDR/ FI_PROV_TYPE_CD	3	277	279	A
Provider Type from the Provider file	Provider type represents the type of provider for this service rendering health and medical services. See Table 8 for code description.	PROV-TYPE-DATA/ FI_PROV_TYPE_CD	3	280	282	A
Provider Specialty Code	Identifies specialization for physician, medical and outpatient from the claims. See Table 10 for code description.	CLAIMS_HDR/ PROV_SPEC_CD	2	283	284	A
Refill Quantity	The number of refills per prescription.	PHARMACY_CLAIMS/ DRUG_REFILL_NBR	2	285	286	A

Field Name	Description	Table/Field Name	Length	Start	End	Data Type
Drug Supply Days	The number of days the prescription is covered.	PHARMACY_CLAIMS/ DRUG_SUPPLY_DAYS	3	287	289	A
Drug Quantity Dispensed	Number of units dispensed	PHARMACY_CLAIMS/ DRUG_UNITS	11	290	300	A
Rendering Provider	Prescribing/Referring/Rendering Provider Number	CLAIMS_DETAIL/ PRESC_REF_REND_ PROV_NUM	10	301	310	A
Claim History Indicator	Indicator that recipient has no claim history (Only CIN and Plan will be contained on the record). N = No claim history in the last 12 months	None	1	311	311	A

Table 2 Inpatient Admit Type Code Values

Valid Values:

0	Unknown
1	Emergency
2	Elective
3	Delivery
4	Emergency (transfer)
5	Elective (transfer)
6	Delivery (transfer)
7-9	Unknown
A-Z	Unknown

Table 3 Admit Source Code Values

Valid Values:

0	Unknown
1	Physician referral
2	Clinic referral
3	HMO referral
4	Transfer from a hospital
5	Transfer from a skilled nursing facility
6	Transfer from another health care facility
7	Emergency Room
8	Court/Law enforcement
9	Information not available
A-Z	Unknown

Table 4 Place of Service (POS) Code Values

Valid Values:

0	Emergency Room
1	Inpatient Hospital
2	Outpatient Hospital
3	Nursing Facility, Level A/B
4	Home
5	Office, Lab, Clinic
6	ICF-DD
7	Other
8	Transitional Inpatient

Table 5 Original Place of Service Code Values

Valid Values:

01	Pharmacy
03	School
04	Homeless Shelter
05	Indian Health Service Free-Standing Facility
06	Indian Health Provider-based Facility
07	Tribal 638 Free-standing Facility
08	Tribal 638 Provider-based Facility
09	Prison-Correctional Facility
11	Office
12	Patient's home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
2	Home
20	Urgent Care
21	Inpatient hospital

22	Outpatient hospital
23	Emergency room (hospital)
24	Ambulatory surgical center
25	Birth center
26	Military treatment center (Not Valid for Medi-Cal Billing)
31	Skilled nursing facility
32	Nursing home/nursing facility
33	Custodial care facility (Not Valid for Medi-Cal Billing)
34	Hospice (Not Valid for Medi-Cal Billing)
41	Ambulance (land)
42	Ambulance (air or water)
49	Independent Clinic
50	Federally Qualified Health Center
51	Inpatient psychiatric facility (Not Valid for Medi-Cal Billing)
52	Day care facility/psyche. Facility (Not Valid for Medi-Cal Billing)
53	Community Mental Health Center
54	Specialized Treatment Center/Intermediate Care
55	Residential Treatment Center/Substance Abuse
56	Psychiatric Residential Treatment Center (Not Valid for Medi-Cal Billing)
57	Non-residential Substance Abuse Treatment Center
60	Mass Immunization Center
61	Comprehensive Inpatient Rehabilitation Facility (Not Valid for Medi-Cal Billing)
62	Comprehensive Outpatient rehabilitation Facility
65	Independent Kidney Disease Treatment Center
71	State or Local Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
91	Nursing Facility Level B (Adult Subacute)
92	Intermediate Care Facility (Developmentally Disabled, (ICF/DD))
93	Intermediate Care Facility (Developmentally Disabled habilitative, ICF/DD-H)
95	Mobile Van
96	Pediatric Subacute
97	Transitional Inpatient Care (effective 1/1/96)
99	Other
A	Surgery clinic
B	Emergency room
C	Nursing facility level A (ICF) F Subacute care facility
G	Intermediate Care facility-Developmentally Disabled
H	Intermediate Care facility-Developmentally Disabled-habilitative
I	Intermediate Care facility-Developmentally Disabled-Nursing
J	Non-home
K	Mobile Van
M	Pediatric Subacute
N	Non-ICF/SNF for drug claims only

Table 6 Inpatient Discharge Code Values

Valid Values:

0	Unknown
1	Transfer to another hospital
2	Transfer to Transitional Inpatient Care (effective 4/1/96) and Transfer to long term care (prior to 4/1/96)
3	Transfer to long term care
4	Discharged - deceased
5	Discharge to home
6	Still a patient
7	Transfer to long term care (obsolete)
8	Leave of absence
9	Transfer to board (obsolete)

Table 7 Claim Type Code Values

Valid Values:

	Unknown
1	Outpatient
2	Inpatient
3	Pharmacy
4	Medical/Physician
5	Dental
6	EPSDT/CHDP

Table 8 Provider Type Code Values

Valid Values:

	Unknown
0	Unknown
00	Unknown
000	Unknown
001	Adult Day Hlth Care Cntrs
002	Assist Device and Sick Rm Supp
003	Audiologists
004	Blood Banks
005	Certified Nurse Midwife
006	Chiropractors
007	Certified Pediatric/Family NP
008	Christian Science Practitioners
009	Clinical Laboratories
01	Unknown
010	Group Cert. Pediatric/Family NP
011	Fabricating Optical Laboratory
012	Dispensing Opticians
013	Hearing Aid Dispensers
014	Home Health Agencies
015	Community Hosp Outpatient
016	Community Hosp Inpatient
017	Long Term Care
018	Nurse Anesthetists
019	Occupational Therapists
02	Unknown
020	Optometrists
021	Orthotists
022	Physicians Group
023	Optometric Group
024	Pharmacies
025	Physical Therapists
026	Physicians
027	Podiatrists
028	Portable X-ray Laboratory
029	Prosthetists
03	Unknown
030	Ground Medical Transportation
031	Psychologists
032	Certified Acupuncturists
033	Genetic Disease Testing
034	LSW Crossovers Only
035	RHC / FQHC
036	HCB - Cert Home Health Agency
037	Speech Therapists
038	Air Ambulance Transportation Svcs
039	Certified Hospice Service
04	Unknown
040	Free Clinics
041	Community Clinics

042	Chronic Dialysis Clinics
043	Multispecialty Clinics
044	Surgical Clinics
045	Exempt from Licensure Clinics
046	Rehabilitation Clinics
047	Employer / Employee Clinics
048	County Clinics not assoc w/hosp
049	Birthing Centers - Prim Care Clinic
05	Unknown
050	Clinic- otherwise undesignated
051	Outpatient Heroin Detox
052	Alternative Birth Centers
053	Breast Cancer Early Det Pgm
054	Expanded Access to Prim Care
055	Local Education Agency
056	Respiratory Care Practitioner
057	EPSDT Suppl Services Provider
058	Health Access Program
059	HCBS Congregate Living Facility
06	Unknown
060	County Hospital Inpatient
061	County Hospital Outpatient
062	Group Respiratory Care Practitioner
063	Licensed Building Contractors
064	Employment Agency
065	Pediatric Subacute Care - LTC
066	Personal Care Agency
067	Individual Nurse Providers (Waivers)
068	HCBS Benefit Provider
069	Professional Corporation
07	Unknown
070	Acute Psych Hosp
071	Unknown
072	Mental Health Inpatient
073	AIDS Waiver Provider
074	Multi-Purpose Senior Services Pgm
075	Tribal Health Plan
076	Unknown
077	Unknown
078	Unknown
079	Unknown
08	Unknown
080	CCS / GHPP Non Inst
081	CCS / GHPP Institution
082	Licensed Midwife Program
083	Unknown
084	Independent Diagnostic Testing Fac (Cross)
085	CNS Crossover Provider Only
087	Unknown
089	Unknown
09	Unknown
090	Out-of-State
092	Resid. Care Fac. For the Elderly (RCFE)
093	Care Coordinator (CCA)
094	CHOP Provider
095	Private Non-Profit Proprietary Agency
098	Miscellaneous
099	Dentists

Table 9 Adjustment Indicator Values

Valid Values:

	Not an adjustment
1	Positive Supplemental
2	Negative Supplemental (negative only)
3	Refund to Medi-Cal (negative only)
4	Positive side of void and reissue
5	Negative side of void and reissue
6	Cash disposition (obsolete)

Table 10 Provider Specialty Code Values

Valid Values:

00	General Practitioner (Dentists Only)
01	General Practice
02	General Surgery
03	Allergy
04	Otology, Laryngology, Rhinology
05	Anesthesiology
06	Cardiovascular Disease (M.D. only)
07	Dermatology
08	Family Practice
09	Gynecology (D.O. only)
10	Gastroenterology (M.D. only), Oral Surgeon (Dentists Only)
11	Aviation (M.D. only)
12	Manipulative Therapy (D.O. only)
13	Neurology (M.D. only)
14	Neurological Surgery
15	Obstetrics (D.O. only), Endodontist (Dentists Only)
16	OB-Gynecology (M.D. only)
17	Ophthalmology, Otolaryngology, Rhinology (D.O. only)
18	Ophthalmology
19	Dentists (DMD and DDS)
2	Nurse Practitioner (non-physician medical practitioner)
20	Orthopedic Surgery, Orthodontist (Dentists Only)
21	Pathologic Anatomy: Clinical Pathology (D.O. only)
22	Pathology (M.D. only)*
23	Peripheral Vascular Disease or Surgery (D.O. only)
24	Plastic Surgery
25	Physical Medicine and Rehabilitation, Certified Orthodontist (Dentists Only)
26	Psychiatry (child)
27	Psychiatry Neurology (D.O. only)
28	Proctology (colon and rectal)
29	Pulmonary Diseases (M.D. only)
3	Physician Assistant (non-physician medical practitioner)
30	Radiology, Pedodontist (Dentists Only)
31	Roentgenology, Radiology (M.D. only)
32	Radiation Therapy (D.O. only)
33	Thoracic Surgery
34	Urology and Urological Surgery
35	Pediatric Cardiology (M.D. only)
36	Psychiatry
37	Unknown
38	Geriatrics
39	Preventive (M.D. only)
4	Nurse Midwife (non-physician medical practitioner)
40	Pediatrics, Periodontist (Dentists Only)
41	Internal Medicine
42	Nuclear Medicine
43	Pediatric Allergy
44	Public Health
45	Nephrology
46	Hand Surgery

47	Miscellaneous
50	Prosthodontist (Dentists Only)
60	Oral Pathologist (Dentists Only)
66	Emergency Medicine
67	Endocrinology
68	Hematology
70	Clinic (mixed specialty), Public Health (Dentists Only)
77	Infectious Disease
78	Neoplastic Diseases/Oncology
79	Neurology-Child
80	Full-Time Facility (Dentists Only)
83	Rheumatology
84	Surgery-Head and Neck
85	Surgery-Pediatric
89	Surgery-Traumatic
90	Pathology-Forensic
91	Pharmacology-Clinical
99	Unknown (on EDS claims)

Table 1 Member Specific TAR Data Descriptions

Field Name	Description	Example Data
Service Indicator Description	The description of the category of service, equipment or drug.	Dialysis
TAR Control Number	The ten digit numeric identifier of the TAR document.	1234567890
Recipient ID	The nine digit alpha-numeric identifier of the Medi-Cal beneficiary which is commonly referred to as the Client Index Number (CIN).	12345678E
Service Description	The description of the service, equipment or drug,	Nebulizer with Compressor
Service Code	A combination of numbers and letters that identifies the service, equipment of drug being requested.	V5010
Procedure Modifier Code 1	A combination of numbers, letters or words that provides additional information about the service being requested on the TAR. See Table 2 for code descriptions.	NU
Procedure Modifier Code2	A combination of numbers, letters or words that provides additional information about the service being requested on the TAR. See Table 2 for code descriptions.	X5
Procedure Modifier Code 3	A combination of numbers, letters or words that provides additional information about the service being requested on the TAR. See Table 2 for code descriptions.	ZH
Procedure Modifier Code4	A combination of numbers, letters or words that provides additional information about the service being requested on the TAR. See Table 2 for code descriptions.	ZY
Sub-Service Indicator Code	A combination of numbers or letters that identifies an additional level service.	PHYS
Sub-Service Indicator Description	The description of the additional level of service.	Physical Therapy
Diagnosis Code	A combination of numbers or letters that identifies the patient's medical condition. The code is a value from the International Classification of Diseases, 9th revision (ICD-9) Code List.	250.0
Diagnosis Description	The description of the patient's medical condition.	Diabetes
Units Approved Number	The measurement of an approved TAR service. (ex: miles, visits)	2
Service Quantity	The quantity of services or quantity of a prescribed prescription.	30

Field Name	Description	Example Data
Day Approved Number	The number of days a reviewer has authorized for a hospital stay.	15
Submitting Provider Name	The name of the Medi-Cal Provider submitting the TAR.	Stanford Hospital
Submitting Provider Number	The 10-digit number National Provider Identifier (NPI) number identifying the Medi-Cal provider that submitted the TAR. All providers submitting TARs for dates of service on or after 10/1/08 will show and NPI number. For dates of service prior to 10/1/08, this field may contain a 9-digit Medi-Cal Provider Number, or legacy number.	1234567890
Rendering Provider Name	The name of the Medi-Cal Provider providing services, equipment, or drugs. This field may be blank if the "Rendering Provider" is the same as the "Submitting Provider."	Stanford Hospital
Rendering Provider Number	The 10-digit National Provider Identifier (NPI) number identifying the Medi-Cal provider providing services, equipment or drugs. All providers submitting TARs for dates of service on or after 10/1/08 will show and NPI number. For dates of service prior to 10/1/08, this field may contain a 9-digit Medi-Cal Provider Number, or legacy number. This field may be blank if the "Rendering Provider" is the same as the "Submitting Provider."	1234567890
Service From Date	The beginning date that the TAR is valid for services, equipment or drugs being requested.	01DEC2010
Service Through Date	The ending date that the TAR is valid for services, equipment or drugs being requested.	31DEC2010

Table 2 Procedure Modifier Code Values

VALID MODIFIER CODES

ID	Description
Z1	Additional air mileage in excess of 10 percent of standard air-way mileage distances.
TT	Additional Patient. Shared services - HCBS Waiver services provided to two beneficiaries who reside in the same residence.
YV	AIDS Waiver providers only. Administrative expenses when billed by Computer Media Claims (CMC)
60	Altered surgical field
ZB	Anesthesia (emergency services, healthy patient)
47	Anesthesia by surgeon.
ZC	Anesthesia complicated by extracorporeal circulation
AF	Anesthesia complicated by total body hypothermia above 30 degrees
ZA	Anesthesia procedures complicated by position or surgical field avoidance
P5	Anesthesia services (a mor bund patient who is not expected to survive without the operation)
P4	Anesthesia services (a patient with severe systemic disease that is a constant threat to life)
P3	Anesthesia services (a patient with severe systemic disease)
P1	Anesthesia services (normal, uncomplicated)
ZF	Anesthesia supervision
V5	Any vascular catheter (alone or with any other vascular access)
V7	Arteriovenous fistula only (in use with two needles)
V6	Arteriovenous graft (a vascular access not included vascular catheter)
80	Assistant surgeon
50	Bilateral procedure
YR	Certified Nurse Midwife service (multiple modifiers) (when billed by a physician, organized outpatient clinic or hospital outpatient department)
YQ	Certified Nurse Midwife service (when billed by a physician, organized outpatient clinic or hospital outpatient department)
QW	CLIA Waived Test
PT	Clrtal screen to diagn
75	Concurrent care, services rendered by more than one physician
ZL	CPSP
YB	Delivered, repair, mileage, with sale tax
Y3	Delivered, repair, mileage, without sales tax
74	Discontinued outpatient hospital/ambulatory surgery center (ASC) procedure after administration of anesthesia
73	Discontinued outpatient hospital/ambulatory surgery center (ASC) procedure prior to the administration of anesthesia
53	Discontinued procedure
J4	DMEPOS comp bid furn by hosp
NB	Drug specific nebulizer
ZD	Emergency anesthesia (systemic disease)
ET	Emergency Services
ZQ	Family planning counseling.
TS	Follow-up services
BA	Genetic Cystic Fibrosis
CS	Gulf oil 2010 spill related
SK	High Risk Vaccine
LT	HIPAA1

VALID MODIFIER CODES

ID	Description
RT	HIPAA2
22	Increased Procedural Services
V8	Infection present
X4	Insufficient change for Medi-Cal coverage; previous examination within past 24 months (ophthalmology only)
X3	Insufficient correction for Medi-Cal coverage; previous examination within past 24 months
GY	Item or Service statutorily excluded, does not meet the definition of any Medicare benefit, or, for non-Medicare insurers, is not a contract benefit
AY	Item/Service not for ESRD tx
YX	LEA
X1	Lens supplied by same provider; examination within past 24 months
X6	Lens supplied by same provider; no previous examination within past 24 months
GU	Liability waiver rout notice
TE	Licensed practical nurse. Licensed Vocational Nurse (LVN) in California.
UA	Medicaid Level Of Care 10
UB	Medicaid Level Of Care 11
UC	Medicaid Level Of Care 12
U1	Medicaid level of service 1. Level of care, Skilled Nursing Services A or B.
U2	Medicaid level of service 2. Level of care, Subacute.
U3	Medicaid level of service 3. Level of care, Acute.
ZU	Medical necessity requires common office procedure to be performed in outpatient setting
SC	Medically necessary service or supply
HT	Multi-disciplinary team
ZG	Multiple anesthesia modifiers
99	Multiple modifiers.
51	Multiple procedures
V9	No infection present
ZV	Non-hospital compensated physician called from outside to render emergency service
Y9	Not delivered, custom-made, with sales tax
Y4	Not delivered, custom-made, without sales tax
ZO	Nurse Anesthetist service; anesthesia special circumstances: extracorporeal circulation
ZI	Nurse Anesthetist service; anesthesia special circumstances: total body hypothermia
ZH	Nurse Anesthetist service; anesthesia special circumstances: unusual position/field avoidance
ZY	Nurse Anesthetist service; elective anesthesia: moribund patient who is not expected to survive without the operation
ZE	Nurse Anesthetist service; elective anesthesia: normal, healthy patient
ZP	Nurse Anesthetist service; elective anesthesia: patient with severe systemic disease that is a constant threat to life
ZT	Nurse Anesthetist service; emergency anesthesia: moribund patient who is not expected to survive without the operation
ZJ	Nurse Anesthetist service; emergency anesthesia: normal, healthy patient
ZR	Nurse Anesthetist service; emergency anesthesia: patient with severe systemic disease that is a constant threat to life
ZX	Nurse Anesthetist service; emergency or elective anesthesia: patient with severe systemic disease
SB	Nurse midwife
SA	Nurse practitioner rendering service in collaboration with a physician
YS	Nurse practitioner service
YT	Nurse practitioner service (multiple modifiers)

VALID MODIFIER CODES

ID	Description
TH	OB Treatment/Services, Prenatal Or Postpartum
DA	Oral health assess, not dent
X5	Other; specify in Remarks area/Reserved For Local Use field (Box 19) of the claim
90	Outside Laboratory
PI	PET tumor init tx strat
PS	PET tumor subsq tx strategy
U7	Physician Assistant
AS	Physician Assistant
AN	Physician Assistant service
YU	Physician Assistant service (multiple modifiers)
AZ	Physician serv in dent HPSA
UR	Portable X-Ray Transportation, Five Patients
UQ	Portable X-Ray Transportation, Four Patients
US	Portable X-Ray Transportation, Six Patients or more
UP	Portable X-Ray Transportation, Three Patients
UN	Portable X-Ray Transportation, Two Patients
55	Postoperative management only
QF	Prescribed amount of oxygen is greater than four liters per minute and portable oxygen is also prescribed
QG	Prescribed amount of oxygen is greater than four liters per minute and portable oxygen is not prescribed
QE	Prescribed amount of oxygen is less than one liter per minute (LPM)
AG	Primary Physician
ZK	Primary surgeon
AI	Principal physician of rec
ZS	Professional and technical component
26	Professional component
21	Prolonged Evaluation and Management (E & M) services
YP	Purchase less one months rental with sales tax (DME)
Y5	Purchase less one months rental without sales tax (DME)
NU	Purchase, New
Y7	Purchase, repair, mileage, with sales tax (standard item; DME, hearing aids)
Y2	purchase, repair, mileage, without sales tax (standard item; DME, hearing aids)
52	Reduced services
AP	Refractive state was not performed or did not result in a prescription
TO	Registered Nurse
RR	Rental
Y6	Rental with sales tax (DME, hearing aids)
Y1	Rental without sales tax (DME, hearing aids)
77	Repeat procedure by another physician
76	Repeat procedure by same physician
RP	Replacement and Repair
RA	Replacement of a DME item
RB	Replacement of a part of DME furnished as part of a repair
YW	Required professional experience (applies only to speech therapists and audiologists)
78	Return to operating room
X7	Rx supplied for dispensing elsewhere; no previous examination within past 24 months (ophthalmology only)
X2	Rx supplied for dispensing elsewhere; previous examination within past 24 months

VALID MODIFIER CODES

ID	Description
UJ	Service provided at night
GQ	Service rendered by store and forward telecommunications system
TM	Service rendered via telemedicine
25	Significant, separately identifiable E & M service by the same physician on the day of a procedure
KX	Specific required documentation on file
58	Staged/Related Procedure/Service by the same physician during the postoperative period
SL	State Supplied Vaccine
ZN	Supplies and drugs for surgical procedures with general anesthesia
ZK	Primary surgeon
AI	Principal physician of rec
ZS	Professional and technical component
26	Professional component
21	Prolonged Evaluation and Management (E & M) services
YP	Purchase less one months rental with sales tax (DME)
Y5	Purchase less one months rental without sales tax (DME)
NU	Purchase, New
Y7	Purchase, repair, mileage, with sales tax (standard Item; DME, hearing aids)
Y2	Purchase, repair, mileage, without sales tax (standard item; DME, hearing aids)
52	Reduced services
AP	Refractive state was not performed or did not result in a prescription
TD	Registered Nurse
RR	Rental
Y6	Rental with sales tax (DME, hearing aids)
Y1	Rental without sales tax (DME, hearing aids)
77	Repeat procedure by another physician
76	Repeat procedure by same physician
RP	Replacement and Repair
RA	Replacement of a DME item
RB	Replacement of a part of DME furnished as part of a repair
YW	Required professional experience (applies only to speech therapists and audiologists)
78	Return to operating room
X7	Rx supplies for dispensing elsewhere; no previous examination within past 24months (ophthalmology only)
X2	Rx supplies for dispensing elsewhere; previous examination within past 24months
UJ	Service provided at night
GQ	Service rendered by store and forward telecommunications system
TM	Service rendered via telemedicine
25	Significant, separately identifiable E & M service by the same physician on the day of a procedure
KX	Specific required documentation on file
58	Staged/Related Procedure/Service by the same physician during the postoperative period
SL	State Supplied Vaccine
ZN	Supplies and drugs for surgical procedures with general anesthesia
ZM	Supplies and drugs for surgical procedures without general anesthesia
PA	Surgery, wrong body part
PB	Surgery, wrong patient
54	Surgical care only
66	Surgical team

VALID MODIFIER CODES

ID	Description
TC	Technical component
62	Two surgeons
24	Unrelated E & M service by the same physician during a postoperative period
79	Unrelated procedure or service
GT	Via interactive audio and video telecommunication systems
GX	Voluntary liability notice
PC	Wrong surgery on patient

**Providing SPD Member Specific Utilization Data to Managed Care Plans
Timetable Through February 2012**

	Month of Enrollment	MEDS Renewal	SPD Claims and TAR Data Available on SFTP Site (no later than)	Plans retrieve files from SFTP (no later than)	Files deleted from SFTP
Go live	May-2011	(Mon) 04/25/2011	(Thu) 05/05/2011	(Thu) 05/19/2011	(Fri) 05/20/2011
Ongoing	Jun-2011	(Tue) 05/24/2011	(Mon) 06/06/2011	(Mon) 06/20/2011	(Tue) 06/21/2011
	Jul-2011	(Mon) 06/27/2011	(Fri) 07/08/2011	(Fri) 07/22/2011	(Mon) 07/25/2011
	Aug-2011	(Mon) 07/25/2011	(Thu) 08/04/2011	(Thu) 08/18/2011	(Fri) 08/19/2011
	Sep-2011	(Thu) 08/25/2011	(Wed) 09/07/2011	(Wed) 09/21/2011	(Thu) 09/22/2011
	Oct-2011	(Man) 09/26/2011	(Thu) 10/06/2011	(Thu) 10/20/2011	(Fri) 10/21/2011
	Nov-2011	(Wed) 10/26/2011	(Mon) 11/07/2011	(Man) 11/21/2011	(Tue) 11/22/2011
	Dec-2011	(Tue) 11/22/2011	(Tue) 12/06/2011	(Tue) 12/20/2011	(Wed) 12/21/2011
	Jan-2012	(Tue) 12/27/2011	(Mon) 01/09/2012	(Man) 01/23/2012	(Tue) 01/24/2012
	Feb-2012	(Thu) 01/26/2012	(Tue) 02/07/2012	(Tue) 02/21/2012	(Wed) 02/22/2012