A kick payment is a method of reimbursing eligible health plans in the form of a separate, one-time, fixed payment made by the Agency for Health Care Administration (Agency) for a specific service. The Agency will pay the health plan one kick payment for each obstetrical delivery service provided on or after September 1, 2016. These services are required to be billed using the fee-for-service guidelines. Kick payments for transplant services have been phased out with the implementation of the SMMC 2018 contract phases.

Note: Health plans must also submit encounters for these services within the encounter guidelines and timeframes.

Effective Dates

Health plans serving enrollees in the Managed Medical Assistance (MMA) program may request kick payment(s) for enrollees who receive obstetrical delivery services, as of September 1, 2016. Changes to the Florida Medicaid Management Information System have been made, effective October 2016. Obstetrical delivery kick payments are retroactively billable.

Submitting Kick Payments

Kick payments can be submitted as X12 837 Professional (837P) non-encounter transactions, through the Direct Data Entry (DDE) or Trade Files option of the secure Web Portal.

For kick payment purposes, an obstetrical delivery includes all births resulting from the delivery; therefore, if an obstetrical delivery results in multiple births, the Agency will make only one kick payment. The kick payment amount is the same, regardless of the delivery outcome (live or still birth), the mode of delivery (vaginal or cesarean), or the setting in which the delivery occurs (hospital, birth center, or in the home). The allowed procedure codes are:

- 59410 (vaginal delivery)
- 59515 (cesarean delivery)

Claims for kick payment must be submitted within the required Medicaid fee-for-service claims submittal timeframes.

Web Portal

The secure Web Portal offers Direct Data Entry (DDE), as well as a Trade Files option to users. Using DDE to bill for kick payments provides real-time processing, in addition to simplifying the NPI crosswalk.

What you need to know:

- Web Portal DDE claims are not subjected to NPI-related denials; however, claims uploaded via the Trade Files option will follow the processing requirements for X12 transactions as described below.
- The username of the account linked to the MMA Provider Type 70 Web Portal user account must be used when accessing the secure Web Portal.
- When completing the DDE claim, the health plan must enter its 9-digit Medicaid Provider ID as the rendering provider ID number.
X12 Transactions

837 Professional Claim
Kick payments are filed using the 837P (non-encounter) transaction.

What you need to know:
- The ISA06 of the 837P must contain the health plan’s fee-for-service (non-encounter) specific trading partner ID. This number must match what is contained in the GS02 segment. Plans should follow the fee-for-service instructions provided in the 837P Companion Guide.
- Kick payments are subject to NPI edits, as well as all other fee-for-service edits. The health plan will need to ensure that the NPI crosswalk maintains a one-to-one match with the MMA Provider Type 70 provider file.
- Since the health plan is registered as an individual, the rendering provider information submitted in loop 2310B of the 837 X12 transaction should be left blank.

835 Transaction

What you need to know:
- Fee-for-service 835s are generated weekly.
- The claim submission will be assigned a non-encounter Region Code.
  
  **Example Region Codes:**
  - 20 – X12 claims with no attachments
  - 21 – X12 claims with attachments
  - 22 – Web Portal claim with no attachments
  - 23 – Web Portal claim with attachments
  - 10 – Paper claim with no attachments
  - 11 – Paper claim with attachments
  - 12 – Exceptional Claims with attachments
  - 59 – Web Portal adjustment or void
- Plans may verify the non-encounter CARC/RARC using the FMMIS CAQH/CORE EOB Adjustment Code Crosswalk, located on the Submission Information page in the public Web Portal.

Adjustments and Voids

A Kick Claim can be adjusted or voided if incorrect information is present on the paid claim. Denied kick claims cannot be adjusted or voided.

For example, if the plan has a rate change for a procedure code and needs to correct the claim billed amount, there are two options.

1. An adjustment can be sent to correct the rate. The billed amount should be updated to the new rate prior to sending the adjustment.
2. A void can be sent to void the original payment. Once the void shows on the plan’s 835 file, a new kick claim should be submitted.
How to Adjust or Void a Kick Payment Claim on the Web Portal:

- First, find the claim that needs adjusting or voiding by performing a Claim Search.
- Click **Claims**, click **Search**, enter the **ICN** or search for the claim using the available search fields, then select the claim that needs adjusting or voiding.
- To adjust a claim, open the claim, make necessary changes, then click the **adjust** button.
- To void a claim, click the **void** button at the bottom of the page.

How to Adjust or Void a Kick Payment Claim X12 Transaction:

- Adjusted encounters must contain a frequency code of “7” and the 13-digit ICN of the original paid kick claim that is being adjusted in the REF02 segment.
- Voided encounters must contain a frequency code of “8” and the 13-digit ICN of the original paid kick claim that is being voided in the REF02 segment.
- Plans should follow the fee-for-service instructions provided in the **837P Companion Guide**.

<table>
<thead>
<tr>
<th>837P Loop ID and Reference</th>
<th>Reference Codes/Values</th>
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</table>
| 2300 Loop, Reference CLM05-3 | “7” Adjustment  
|                             | “8” Void                        |
| 2300 Loop, Reference REF02   | 13-digit ICN of original claim submission. |
More Information – Resources

DXC Technology

- For assistance with the Web Portal or claims submitted for kick payment, please contact the Health Plan Support team at healthplan.support@dxc.com.
- To learn how to bill Professional claims through the Web Portal, review the Professional Claim Form Presentations on the Training Presentations section of the public Web Portal
- For rate questions, contact your Plan Contract Manager.
- For assistance with X12 Transactions, please contact healthplan.support@dxc.com.
- To reset your Web Portal password, call Provider Services at 1-800-289-7799, option 5.
- Assistance is available from 8am-5pm ET, Monday through Friday.

Agency for Health Care Administration

- For information regarding SMMC and related policies (including the Policy Transmittal, which will be available soon), visit the Agency’s website at http://ahca.myflorida.com/ or call the Provider Support Call Center at 1-877-254-1055.