

Update: Prop 56 Directed Payments for Family Planning Services

New payment rates for dates of service on or after July 1, 2019

On June 23, 2022, the Department of Health Care Services (DHCS) issued All Plan Letter 22-011 with updated guidance on directed payments, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) for specified family planning services with dates of service on or after July 1, 2019.

The DHCS requires Medi-Cal managed health care plans to pay qualified contracted and non-contracted providers a uniform and fixed dollar add-on amount for specified family planning services provided to a Medi-Cal member who is not dually eligible for Medi-Cal and Medicare Part B (regardless of enrollment in Medicare Part A or Part D). Payments must be made in accordance with the CMS approved preprint for this program, which will be made available on DHCS' Directed Payments Program page at dhcs.ca.gov/services/Pages/DirectedPymts.aspx.

The Health Plan makes supplemental payments based on clean claims and accepted encounters. Providers contracted through a participating physician group (PPG) must ensure the PPG submits its encounters timely and accurately to CalViva Health. This will help avoid delays with processing Prop 56 payments.

For a list of the uniform and fixed dollar add-on amount procedure codes, refer to pages 2–3 of this update.

Additional information

Providers are encouraged to access the provider portal online at provider.healthnetcalifornia.com for real-time information, including eligibility verification, claims status, prior authorization status, plan summaries, and more.

If you have questions regarding the information contained in this update, contact CalViva Health at 888-893-1569.

THIS UPDATE APPLIES TO:

- Physicians
- Participating Physician Groups
- Ancillary Providers

PROVIDER SERVICES

888-893-1569
www.healthnet.com

PROVIDER PORTAL

provider.healthnetcalifornia.com

Family planning services eligible for uniform dollar add-on rates

The uniform dollar add-on amounts of the directed payments vary by procedure code:

Procedure code ¹	Description	Uniform dollar add-on amount	Dates of service ²
J7294	Contraceptive vaginal ring: segesterone acetate and ethinyl estradiol	\$301.00	1/1/2022 – Ongoing
J7295	Contraceptive vaginal ring: ethinyl estradiol and etonogestrel	\$301.00	1/1/2022 – Ongoing
J7296	Levonorgestrel-releasing intrauterine device (IUD) combined oral contraceptive (COC) sys 19.5 mg	\$2,727.00	7/1/2019 – Ongoing
J7297	Levonorgestrel-releasing intrauterine COC sys 52 mg	\$2,053.00	7/1/2019 – Ongoing
J7298	Levonorgestrel-releasing intrauterine COC sys 52 mg	\$2,727.00	7/1/2019 – Ongoing
J7300	Intrauterine copper contraceptive	\$2,426.00	7/1/2019 – Ongoing
J7301	Levonorgestrel-releasing intrauterine COC sys 13.5 mg	\$2,271.00	7/1/2019 – Ongoing
J7303	Contraceptive vaginal ring	\$301.00	7/1/2019 –12/31/2021
J7304	Contraceptive patch	\$110.00	7/1/2019 –12/31/2021
J7304U1	Contraceptive patch: norelgestromin and ethinyl estradiol	\$110.00	1/1/2022 – Ongoing
J7304U2	Contraceptive patch: levonorgestrel and ethinyl estradiol	\$110.00	1/1/2022 – Ongoing
J7307	Etonogestrel contraceptive implant system including implant and supplies	\$2,671.00	7/1/2019 – Ongoing
J3490U5	Emergency contraception: ulipristal acetate 30 mg	\$72.00	7/1/2019 – Ongoing
J3490U6	Emergency contraception: levonorgestrel 0.75 mg (2) & 1.5 mg (1)	\$50.00	7/1/2019 – Ongoing
J3490U8	Depo-provera	\$340.00	7/1/2019 – Ongoing
11976	Remove contraceptive capsule	\$399.00	7/1/2019 – Ongoing

Procedure code¹	Description	Uniform dollar add-on amount	Dates of service²
11981	Insert drug implant device	\$835.00	7/1/2019 – Ongoing
58300	Insert intrauterine device	\$673.00	7/1/2019 – Ongoing
58301	Remove intrauterine device	\$195.00	7/1/2019 – Ongoing
55250	Removal of sperm duct(s)	\$521.00	7/1/2019 – Ongoing
58340	Catheter for hystero-graphy	\$371.00	7/1/2019 – Ongoing
58555	Hysteroscopy diagnostic separate procedure	\$322.00	7/1/2019 –12/31/2019
58565	Hysteroscopy sterilization	\$1,476.00	7/1/2019 –12/31/2019
58600	Division of fallopian tube	\$1,515.00	7/1/2019 – Ongoing
58615	Occlude fallopian tube(s)	\$1,115.00	7/1/2019 – Ongoing
58661	Laparoscopy remove adnexa	\$978.00	7/1/2019 – Ongoing
58670	Laparoscopy tubal cautery	\$843.00	7/1/2019 – Ongoing
58671	Laparoscopy tubal block	\$892.00	7/1/2019 – Ongoing
58700	Removal of fallopian tube	\$1,216.00	7/1/2019 – Ongoing
81025	Urine pregnancy test	\$6.00	7/1/2019 – Ongoing

¹Services billed for the following Current Procedural Terminology codes with modifiers UA or UB are excluded from these directed payments: 11976, 11981, 58300, 58301, 55250, 58340, 58555, 58565, 58600, 58615, 58661, 58670, 58671, and 58700.

²“Ongoing” means the directed payment is in effect, subject to CMS approval and future budgetary authorization and appropriation by the California Legislature, until discontinued by DHCS via an amendment to this APL.