

# PROVIDER Update



REGULATORY | SEPTEMBER 27, 2023 | UPDATE 23-1100m | 3 PAGES

## Submit Clean Claims or Encounters to Receive Payment for Pregnancy Termination Services

### Follow the guidelines to avoid delays in processing payment for private services

Updates to Prop 56 directed payments for pregnancy termination services were made on June 9, 2023, with All Plan Letter (APL) 23-015, *Prop 56 Directed Payments for Private Services*, issued by the Department of Health Care Service (DHCS). The APL includes a title change from 'Hyde' to 'Private Services.'

#### Use specific codes for induced abortion

An individual rendering provider who is qualified to provide and bill for medical pregnancy termination services must use one of the procedure codes in the table below to receive the amount for that code. The payment amount applies to contracted and noncontracted providers.

CPT Copyright 2017 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association.

Procedure code	Description	Minimum fee schedule amount	Dates of service
59840	Induced abortion (by dilation and curettage)	\$400	July 1, 2017 – ongoing
59841	Induced abortion (by dilation and evacuation)	\$700	

DHCS will continue this directed payment arrangement on an annual basis for the length of the program.

#### Avoid processing delays

- Submit a clean claim or accepted encounter with one of the qualifying CPT codes listed in the table above within one year from the date of service.
- Ensure the participating physician group (PPG) submits your encounters timely and accurately, if contracted through a PPG.

#### THIS UPDATE APPLIES TO:

- Physicians
- Participating Physician Groups
- Ancillary Providers

#### LINES OF BUSINESS:

- Medi-Cal
  - Kern
  - Los Angeles
  - Riverside
  - Sacramento
  - San Bernardino
  - San Diego
  - San Joaquin
  - Stanislaus
  - Tulare

#### PROVIDER SERVICES

provider\_services@healthnet.com

#### Medi-Cal (including CS and ECM providers)

– 800-675-6110

#### PROVIDER PORTAL

provider.healthnetcalifornia.com

#### PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

---

## Timeline for payments

Payments are made in accordance with the timely payment standards in the Contract for Clean Claims or accepted encounters that are received by Health Net\* or its subcontractors no later than one year after the date of service.

A cost avoid or post-payment recovery is made if a member is found to have other health care coverage.

## Request for itemization of payments

For claims or encounters, physicians or other providers will receive an Excel file of their payments upon request.

## Provider inquiries and disputes

If you have a question about a missing supplemental payment, or you already submitted an inquiry and disagree with the outcome, include the minimum information required found under the appropriate column in the table below:

<b>Capitated encounters (claims submitted through a PPG)</b>	<b>Direct Network claims (claims submitted directly to Health Net)</b>
<ul style="list-style-type: none"><li>• Impacted Taxpayer Identification Numbers (TIN(s)) and National Provider Identifiers (NPI(s)).</li><li>• Member level detail on an Excel spreadsheet, including:<ul style="list-style-type: none"><li>- Patient name.</li><li>- Date of birth.</li><li>- Client Index Number (CIN) ID.</li><li>- Date of service.</li><li>- CPTs submitted along with any modifiers.</li><li>- Patient control number(s)/PPG claim number(s).</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Impacted TIN(s) and NPI(s).</li><li>• Member level detail on an Excel spreadsheet, including:<ul style="list-style-type: none"><li>- Patient name.</li><li>- Date of birth.</li><li>- CIN ID.</li><li>- Date of service.</li><li>- CPTs submitted along with any modifiers.</li><li>- Patient control number(s).</li><li>- Claim number(s).</li></ul></li></ul>
Email for: Inquiries: HNCA_DirectPay@healthnet.com Disputes: HNCA_EncDisputes@healthnet.com	Email: HN_Provider_Relations@healthnet.com

More information about appeals, grievances and disputes is available in the Medi-Cal Provider Operations Manual at [bit.ly/HNAppealsDisputes](http://bit.ly/HNAppealsDisputes).

## Clean claims or encounters

More information about submitting a clean claim or encounter is available in the Medi-Cal Provider Operations Manual, which can be accessed in the Provider Library. Go to [providerlibrary.healthnetcalifornia.com](http://providerlibrary.healthnetcalifornia.com), then select *Medi-Cal > Claims and Provider Reimbursement or Encounter*.

Found under Claims and Provider Reimbursement:

- [Claims Submission Requirements](#)
- [CMS 1500 Billing Instructions](#)
- [UB04 Billing Instructions](#)
- [Capitated Claims Billing Information](#)

---

Found under Encounters:

- [Dual-Risk Contract Encounter Data Submission](#)
- [Professional and Institutional Capitated Encounter Submission Requirements](#)

**Additional information**

If you have questions regarding the information contained in this update), contact the Health Net Medi-Cal Provider Services Center at 800-675-6110.