

PROVIDER Update



REGULATORY | SEPTEMBER 28, 2023 | UPDATE 23-1113m | 4 PAGES

Updates to Proposition 56 Directed Payments for Physician Services

Follow the guidelines to avoid payment processing delays for certain physician services

Updates to Prop 56 directed payments for specific physician services were made on July 25, 2023, with All Plan Letter (APL) 23-019, *Proposition 56 Directed Payments for Physician Services*, issued by the Department of Health Care Service (DHCS).

Requirements for add-on payments

A qualifying physician service is one provided by an eligible participating physician or other provider where a listed service in the table at the end of this communication is provided to a Medi-Cal member for the dates of service noted.

- Supplemental payments for specific physician services are in addition to:
 - Base provider compensation under the *Provider Participation Agreement (PPA)*.
 - Contracting rates with primary care physicians (PCPs) or participating physician groups (PPGs).
- 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 within one year after the date of service.
- Ensure the participating physician group (PPG) submits your encounters timely and accurately, if contracted through a PPG.

Excluded from add-on payments

The following are not eligible for Prop 56 payments for certain physician services:

- Federally Qualified Health Centers.
- Rural Health Clinics.
- American Indian Health Programs.
- Cost-based reimbursement clinics.

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

- Dually eligible members with Medi-Cal and Medicare Part B (regardless of enrollment in Part A or Part D).
- Prepaid ambulatory health plans.

Timeline for payments

Payments are made in accordance with the timely payment standards in their 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 an itemization of payments

Upon request for claims or encounters, participating physicians or other providers will receive an Excel file that uniquely identifies the qualifying service for which payment was made.

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:

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

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, 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](#)

Specific physician services eligible for uniform dollar add-on rates

Directed payments are in addition to other payments eligible providers would normally receive from Health Net or its subcontractors. The uniform and fixed dollar add-on amounts of the directed payments vary by procedure code and apply to the specified dates of service:

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CPT Code	Description	Uniform Dollar Add-On Amount	Dates of Service
90791	Psychiatric Diagnostic Evaluation	\$35.00	7/1/2017–Ongoing
90792	Psychiatric Diagnostic Evaluation with Medical Services	\$35.00	7/1/2017–Ongoing
90863 ¹	Pharmacologic Management	\$5.00	7/1/2017–12/31/2020
99201	Office/Outpatient Visit New	\$10.00	7/1/2017–6/30/2018
99201 ²	Office/Outpatient Visit New	\$18.00	7/1/2018–12/31/2021
99202	Office/Outpatient Visit New	\$15.00	7/1/2017–6/30/2018
99202	Office/Outpatient Visit New	\$35.00	7/1/2018–Ongoing
99203	Office/Outpatient Visit New	\$25.00	7/1/2017–6/30/2018
99203	Office/Outpatient Visit New	\$43.00	7/1/2018–Ongoing
99204	Office/Outpatient Visit New	\$25.00	7/1/2017–6/30/2018
99204	Office/Outpatient Visit New	\$83.00	7/1/2018–Ongoing
99205	Office/Outpatient Visit New	\$50.00	7/1/2017–6/30/2018
99205	Office/Outpatient Visit New	\$107.00	7/1/2018–Ongoing
99211	Office/Outpatient Visit Established	\$10.00	7/1/2017–Ongoing
99212	Office/Outpatient Visit Established	\$15.00	7/1/2017–6/30/2018
99212	Office/Outpatient Visit Established	\$23.00	7/1/2018–Ongoing
99213	Office/Outpatient Visit Established	\$15.00	7/1/2017–6/30/2018
99213	Office/Outpatient Visit Established	\$44.00	7/1/2018–Ongoing
99214	Office/Outpatient Visit Established	\$25.00	7/1/2017–6/30/2018
99214	Office/Outpatient Visit Established	\$62.00	7/1/2018–Ongoing
99215	Office/Outpatient Visit Established	\$25.00	7/1/2017–6/30/2018
99215	Office/Outpatient Visit Established	\$76.00	7/1/2018–Ongoing

99381	Initial Comprehensive Preventive Medicine Evaluation & Management (E&M) (< 1 year)	\$77.00	7/1/2018–Ongoing
99382	Initial Comprehensive Preventive Medicine E&M (ages 1-4)	\$80.00	7/1/2018–Ongoing
99383	Initial Comprehensive Preventive Medicine E&M (ages 5-11)	\$77.00	7/1/2018–Ongoing
99384	Initial Comprehensive Preventive Medicine E&M (ages 12-17)	\$83.00	7/1/2018–Ongoing
99385	Initial Comprehensive Preventive Medicine E&M (ages 18-39)	\$30.00	7/1/2018–Ongoing
99391	Periodic Comprehensive Preventive Medicine E&M (<1 Year)	\$75.00	7/1/2018–Ongoing
99392	Periodic Comprehensive Preventive Medicine E&M (ages 1-4)	\$79.00	7/1/2018–Ongoing
99393	Periodic Comprehensive Preventive Medicine E&M (ages 5-11)	\$72.00	7/1/2018–Ongoing
99394	Periodic Comprehensive Preventive Medicine E&M (ages 12-17)	\$72.00	7/1/2018–Ongoing
99395	Periodic Comprehensive Preventive Medicine E&M (ages 18-39)	\$27.00	7/1/2018–Ongoing

¹99201 was terminated as of 12/31/2021 – www.cms.gov/files/document/physician-fee-schedule-pfs-paymentofficeoutpatient-evaluation-and-management-em-visits-fact-sheet.pdf.

²90863 was terminated 12/31/2020 because it is no longer reimbursable after DOS 9/1/2020 – https://files.medical.ca.gov/pubsdoco/newsroom/newsroom_30612.aspx.

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.