

# PROVIDER Update



REGULATORY | AUGUST 31, 2023 | UPDATE 23-967m | 4 PAGES

## New Changes to Prop 56 Directed Payments for Family Planning Services

### Follow the guidelines to avoid delays in processing add-on payments for qualifying services

Updates to Prop 56 directed payments for family planning services were made on June 27, 2023, with All Plan Letter (APL) 23-008 (Revised) issued by the Department of Health Care Service (DHCS).

#### Requirements for add-on payments

A qualified physician or other provider is one who is licensed to furnish family planning services within their scope of practice, is an enrolled Medi-Cal provider, and furnishes family planning services to a Medi-Cal member.

- Qualified participating and non-participating physicians or other providers who perform family planning services are eligible for the directed payments.
- Members can choose any qualified family planning provider, including non-participating, without a prior authorization to obtain these services.
- Both professional and facility claims are eligible for reimbursement for payments under this program, but not both for the same service.

#### Avoid processing delays

- Submit a clean claim or accepted encounter with one of the qualifying CPT codes listed in the table at the end of this communication 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

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The following are not eligible for Prop 56 payments for family planning services:

- Services for the following CPT codes billed with modifier UA or UB are excluded from add-on directed payments: 11976, 11981, 55250, 58300, 58301, 58340, 58555, 58565, 58600, 58615, 58661, 58670, 58671, and 58700.
- Federally Qualified Health Centers.
- Rural Health Clinics.
- American Indian Health Programs.

#### 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  
800-675-6110

#### PROVIDER PORTAL

provider.healthnetcalifornia.com

#### PROVIDER COMMUNICATIONS

provider.communications@healthnet.com

- Cost-based reimbursement clinics.
- 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 the Contract for Clean Claims or accepted encounters that are received by the Health Net\* or its subcontractors no later than one year after the date of service.

The Remittance Advice will have Information about add-on payments.

### Request an itemization of payments

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

### 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: <a href="mailto:HNCA_DirectPay@healthnet.com">HNCA_DirectPay@healthnet.com</a> Disputes: <a href="mailto:HNCA_EncDisputes@healthnet.com">HNCA_EncDisputes@healthnet.com</a>	Email: <a href="mailto:HN_Provider_Relations@healthnet.com">HN_Provider_Relations@healthnet.com</a>

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](#)

### Family planning services eligible for uniform dollar add-on rates

Directed payments are in addition to other payments eligible<sup>1</sup> 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:

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Procedure code <sup>1</sup>	Description	Uniform dollar add-on amount	Dates of service <sup>2</sup>
<b>J7294</b>	Contraceptive vaginal ring: segesterone acetate and ethinyl estradiol	\$301.00	1/1/2022 – Ongoing
<b>J7295</b>	Contraceptive vaginal ring: ethinyl estradiol and etonogestrel	\$301.00	1/1/2022 – Ongoing
<b>J7296</b>	Levonorgestrel-releasing intrauterine device (IUD) combined oral contraceptive (COC) sys 19.5 mg	\$2,727.00	7/1/2019 – Ongoing
<b>J7297</b>	Levonorgestrel-releasing intrauterine COC sys 52 mg	\$2,053.00	7/1/2019 – Ongoing
<b>J7298</b>	Levonorgestrel-releasing intrauterine COC sys 52 mg	\$2,727.00	7/1/2019 – Ongoing
<b>J7300</b>	Intrauterine copper contraceptive	\$2,426.00	7/1/2019 – Ongoing
<b>J7301</b>	Levonorgestrel-releasing intrauterine COC sys 13.5 mg	\$2,271.00	7/1/2019 – Ongoing
<b>J7303</b>	Contraceptive vaginal ring	\$301.00	7/1/2019 – 12/31/2021
<b>J7304</b>	Contraceptive patch	\$110.00	7/1/2019 – 12/31/2021
<b>J7304U1</b>	Contraceptive patch: norelgestromin and ethinyl estradiol	\$110.00	1/1/2022 – Ongoing
<b>J7304U2</b>	Contraceptive patch: levonorgestrel and ethinyl estradiol	\$110.00	1/1/2022 – Ongoing
<b>J7307</b>	Etonogestrel contraceptive implant system including implant and supplies	\$2,671.00	7/1/2019 – Ongoing
<b>J3490U5</b>	Emergency contraception: ulipristal acetate 30 mg	\$72.00	7/1/2019 – Ongoing
<b>J3490U6</b>	Emergency contraception: levonorgestrel 0.75 mg (2) & 1.5 mg (1)	\$50.00	7/1/2019 – Ongoing
<b>J3490U8</b>	Depo-provera	\$340.00	7/1/2019 – Ongoing
<b>11976<sup>2</sup></b>	Remove contraceptive capsule	\$399.00	7/1/2019 – Ongoing
<b>11981<sup>2</sup></b>	Insert drug implant device	\$835.00	7/1/2019 – Ongoing

<b>Procedure code<sup>1</sup></b>	<b>Description</b>	<b>Uniform dollar add-on amount</b>	<b>Dates of service<sup>2</sup></b>
<b>55250<sup>2</sup></b>	Removal of sperm duct(s)	\$521.00	7/1/2019 – Ongoing
<b>58300<sup>2</sup></b>	Insert intrauterine device	\$673.00	7/1/2019 – Ongoing
<b>58301<sup>2</sup></b>	Remove intrauterine device	\$195.00	7/1/2019 – Ongoing
<b>58340<sup>2</sup></b>	Catheter for hystero-graphy	\$371.00	7/1/2019 – Ongoing
<b>58555<sup>2</sup></b>	Hysteroscopy diagnostic separate procedure	\$322.00	7/1/2019 – 12/31/2019
<b>58565<sup>2</sup></b>	Hysteroscopy sterilization	\$1,476.00	7/1/2019 – 12/31/2019
<b>58600<sup>2</sup></b>	Division of fallopian tube	\$1,515.00	7/1/2019 – Ongoing
<b>58615<sup>2</sup></b>	Occlude fallopian tube(s)	\$1,115.00	7/1/2019 – Ongoing
<b>58661<sup>2</sup></b>	Laparoscopy remove adnexa	\$978.00	7/1/2019 – Ongoing
<b>58670<sup>2</sup></b>	Laparoscopy tubal cautery	\$843.00	7/1/2019 – Ongoing
<b>58671<sup>2</sup></b>	Laparoscopy tubal block	\$892.00	7/1/2019 – Ongoing
<b>58700<sup>2</sup></b>	Removal of fallopian tube	\$1,216.00	7/1/2019 – Ongoing
<b>81025</b>	Urine pregnancy test	\$6.00	7/1/2019 – Ongoing

<sup>1</sup> Services billed for the above CPT codes with modifiers UA or UB are excluded from these directed payments: 11976, 11981, 55250, 58300, 58301, 58340, 58555, 58565, 58600, 58615, 58661, 58670, 58671, and 58700.

<sup>2</sup> “Ongoing” means the directed payment is in effect, subject to Centers for Medicare & Medicaid approval and future appropriation of funds by the California Legislature, until discontinued by DHCS via an amendment to this APL.

### **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.