

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.

THIS UPDATE APPLIES TO:

- Physicians
- Participating Physician Groups
- Ancillary Providers

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- American Indian Health Programs.
- 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 Health Net*, on behalf of CalViva Health, 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.

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:

<p>Capitated encounters (claims submitted through a PPG)</p>	<p>Direct Network claims (claims submitted directly to the Plan)</p>
<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). - 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).
<p>Email for Inquiries: HNCA_DirectPay@healthnet.com Disputes: HNCA_EncDisputes@healthnet.com</p>	<p>Email HN_Provider_Relations@healthnet.com</p>

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 Encounters*.

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 eligible¹ providers would normally receive from the Plan 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 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
11976²	Remove contraceptive capsule	\$399.00	7/1/2019 – Ongoing

Procedure code¹	Description	Uniform dollar add-on amount	Dates of service²
11981²	Insert drug implant device	\$835.00	7/1/2019 – Ongoing
55250²	Removal of sperm duct(s)	\$521.00	7/1/2019 – Ongoing
58300²	Insert intrauterine device	\$673.00	7/1/2019 – Ongoing
58301²	Remove intrauterine device	\$195.00	7/1/2019 – Ongoing
58340²	Catheter for hystero-graphy	\$371.00	7/1/2019 – Ongoing
58555²	Hysteroscopy diagnostic separate procedure	\$322.00	7/1/2019 – 12/31/2019
58565²	Hysteroscopy sterilization	\$1,476.00	7/1/2019 – 12/31/2019
58600²	Division of fallopian tube	\$1,515.00	7/1/2019 – Ongoing
58615²	Occlude fallopian tube(s)	\$1,115.00	7/1/2019 – Ongoing
58661²	Laparoscopy remove adnexa	\$978.00	7/1/2019 – Ongoing
58670²	Laparoscopy tubal cautery	\$843.00	7/1/2019 – Ongoing
58671²	Laparoscopy tubal block	\$892.00	7/1/2019 – Ongoing
58700²	Removal of fallopian tube	\$1,216.00	7/1/2019 – Ongoing
81025	Urine pregnancy test	\$6.00	7/1/2019 – Ongoing

¹ 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.

² “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 CalViva Health at 888-893-1569.