

## Updates to Prop 56 Directed Payments for Developmental Screening Services

Follow the guidelines below to avoid delays in processing payments for qualifying services.

On June 9, 2023, the Department of Health Care Service (DHCS) issued All Plan Letter (APL) 23-016 to Medi-Cal managed care plans with updated guidance on directed payments for developmental screening services provided by participating physicians and other providers. Participating physicians and other providers are paid \$59.90 for each qualifying developmental screening claim submitted for dates of service on or after January 1, 2020. This payment began through Proposition 56, effective January 1, 2020. This update notifies you that payments will continue through the end of 2023. Review the details below to stay current with DHCS requirements.

To review the complete detail of APL 23-016 and additional DHCS APLs, access [www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx](http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx).

### Updates on eligibility, payment and documentation

#### • Eligibility

- Developmental screening must be provided in accordance with the AAP/Bright Futures periodicity schedule and guidelines at nine months, 18 months, and 30 months of age and when medically necessary based on developmental surveillance.
- A qualifying developmental screening service must be performed using a standardized tool that meets all the following Centers for Medicare & Medicaid Services criteria: developmental domains, established reliability, established findings regarding the validity, established sensitivity/specificity.

#### • Payment

- You cannot receive payment for members who are dually eligible for Medi-Cal and Medicare Part B.
- Only general developmental screenings using **CPT code 96110 without modifier KX** are eligible for a directed payment. Modifier KX is used to document screening for Autism Spectrum Disorder (ASD) and is excluded from this directed payment.

#### THIS UPDATE APPLIES TO:

- Physicians
- Participating Physician Groups
- Hospitals
- Ancillary Providers

#### PROVIDER SERVICES

888-893-1569  
[www.healthnet.com](http://www.healthnet.com)

#### PROVIDER PORTAL

[provider.healthnetcalifornia.com](http://provider.healthnetcalifornia.com)

CPT Code	Description	Directed Payment
96110 without modifier KX	Developmental screening, with scoring and documentation, per standardized instrument	\$59.90

**• Documentation**

- You must document the tool that was used; the completed screen that was reviewed; the results of the screen; the interpretation of results; discussion with the member and/or family; and any appropriate actions taken. This documentation must remain in the member’s medical record and be available upon request by the member and/or member’s parent(s)/guardian(s).
- You must document the completion of the developmental screening with CPT code 96110 without the modifier KX. Additional developmental screenings are also eligible for directed payment when medically necessary due to identified risks on developmental surveillance.

**Avoid processing delays**

- Submit a clean claim or accepted encounter 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.

**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 Plan or subcontractors no later than one year after the date of service.

**Request an itemization of payments**

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

**Provider inquires 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 the Plan)
<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)/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 inquires: HNCA_DirectPay@healthnet.com Email for disputes: HNCA_EncDisputes@healthnet.com	Email for disputes: HN_Provider_Relations@healthnet.com

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

### **Information for submitting clean claim or encounter**

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 at [providerlibrary.healthnetcalifornia.com](https://providerlibrary.healthnetcalifornia.com). Once there, select *Medi-Cal > Provider Manual > 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

### **Additional information**

Providers are encouraged to access the provider portal online at [provider.healthnetcalifornia.com](https://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.