



December 18, 2019

New Prop 56 Incentives Available

Department of Health Care Services (DHCS) has informed the Alliance of new incentives available as a result of the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Prop 56). The new Prop 56 incentives include:

- * Adverse Childhood Experiences Screening Services (ACE) (effective January 1, 2020)
- * Developmental Screenings (effective January 1, 2020)
- * Family Planning (effective July 1, 2019)

Note: Members who are enrolled in Medi-Cal and Medicare Part B (regardless of enrollment in Medicare Part A or Part D will not qualify for payment).

Adverse Childhood Experiences Screening Services (ACE)

Early indication of trauma and providing the appropriate treatment are critical tools for reducing long-term health care costs for both children and adults. Members that have experienced trauma in childhood are at a significantly increased risk of heart disease and diabetes. Recommended tools for assessing ACE:

- * **Children (≥19 Years old):** Pediatric ACEs and Related Life-events Screener (PEARLS) is recommended.
- * **Adults (19 years and older):** Adverse Childhood Experiences (ACEs) assessment.

DHCS will provide and/or authorize trauma-informed care training for Providers and their ancillary office staff. Providers are required to complete ACE training prior to administering assessments. DHCS must approve any other trauma-informed care training that is not provided by DHCS. The training will be available as in-person training, online training, as well as regional convenings. Please see the DHCS website at <https://www.dhcs.ca.gov/provgovpart/Pages/TraumaCare.aspx> for more information on trainings.

ACE is considered a new benefit, and rendering providers will receive payment using the following HCPCS codes:

ACE Payment			
HCPC Codes	Description	Directed Payment	Notes
G9919	Screening performed: results in positive and provision of recommendations provided	\$29.00	Providers must bill this HCPCS code when the patient's screening is determined to be "high risk", a score of 4 or greater.
G9920	Screening performed: results negative	\$29.00	Providers must bill this HCPCS code when the patient's screening is determined to be "lower risk", a score between 0-3



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Family Planning

Rendering providers that provide family planning services will receive an additional payment for the delivery of effective, efficient, and affordable health care services. Adequate and timely access is essential to family planning services. **Note: Federally Qualified Health Centers (FQHCs) will not qualify for the following payments.**

Family Planning Payment		
Procedure Code	Directed Payment	Description
J7296	\$2,727.00	LEVONORGESTREL-RELEASING IU COC SYS 19.5 MG
J7297	\$2,053.00	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 52 MG
J7298	\$2,727.00	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 52 MG
J7300	\$2,426.00	INTRAUTERINE COPPER CONTRACEPTIVE
J7301	\$2,271.00	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 13.5 MG
J7307	\$2,671.00	ETONOGESTREL CNTRACPT IMPL SYS INCL IMPL & SPL
J3490U8	\$340.00	DEPO-PROVERA
J7303	\$301.00	CONTRACEPTIVE VAGINAL RING
J7304	\$110.00	CONTRACEPTIVE PATCH
J3490U5	\$72.00	EMERG CONTRACEPTION: ULIPRISTAL ACETATE 30 MG
J3490U6	\$50.00	EMERG CONTRACEPTION: LEVONORGESTREL 0.75 MG (2) & 1.5 MG (1)
11976	\$399.00	REMOVE CONTRACEPTIVE CAPSULE
11981	\$835.00	INSERT DRUG IMPLANT DEVICE
58300	\$673.00	INSERT INTRAUTERINE DEVICE
58301	\$195.00	REMOVE INTRAUTERINE DEVICE
81025	\$6.00	URINE PREGNANGY TEST
55250	\$521.00	REMOVAL OF SPERM DUCT(S)
58340	\$371.00	CATHETER FOR HYSTEROGRAPHY
58555	\$322.00	HYSTEROSCOPY DX SEP PROC
58565	\$1,476.00	HYSTEROSCOPY STERILIZATION
58600	\$1,515.00	DIVISION OF FALLOPIAN TUBE
58615	\$1,115.00	OCCLUDE FALLOPIAN TUBE(S)
58661	\$978.00	LAPAROSCOPY REMOVE ADNEXA
58670	\$843.00	LAPAROSCOPY TUBAL CAUTERY
58671	\$892.00	LAPAROSCOPY TUBAL BLOCK
58700	\$1,216.00	REMOVAL OF FALLOPIAN TUBE



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Developmental Screenings

Developmental screenings identifies areas in which a child’s development may differ from same-age norms. Repeated and regular screenings are necessary to ensure timely identification of problems and allows for early intervention. Alliance network providers are required to adhere to the American Academy of Pediatrics (AAP)/Bright Futures periodicity schedule and guidelines for pediatric periodic health visits. The Bright Futures periodicity schedule requires developmental surveillance to occur during every periodic pediatric health visit using a standardized developmental screening tool at 9 months, 18 months and 30 months. The 30-month developmental screening may be performed at the 24-month periodic health visit.

Rendering providers who submit the following CPT Code will receive a supplemental payment of:

Developmental Screening		
Procedure Code	Directed payment	Notes
CPT Code 96110 <u>without</u> modifier KX	\$59.50	Developmental screening, with scoring and documentation, per standardized instrument