



FAQs on Proposition 56 Directed Payments for Family Planning Services

What is Proposition 56 Directed Payment for Family Planning Services?

- Assembly Bill (AB) 74, Section 2, Item 4260-101-3305 appropriates Proposition 56 funding to support family planning services in the Medi-Cal managed care program. Effective January 1, 2022, DHCS has made this program into the form of a directed payment arrangement.
- DHCS intends to continue this directed payment arrangement on an annual basis for the duration of the program subject to future appropriation of funds and CMS approval.

What Provider types are eligible for this supplemental payment?

- All (contracted and non-contracted) providers who have rendered qualified family planning professional services are eligible for supplemental payment.

Which service settings are excluded from this directed payment?

- The services rendered in the following settings are excluded: Federally Qualified Health Center (FQHC), Rural Health Center (RHC), Cost Based Reimbursement Clinic (CBRC), and Indian Health Setting (IHS).

Who are the eligible Members?

- The physician must have rendered qualified services to Medicaid Members who are **not**:
 - o Full dual Members (eligible for both Medicare Part A & Part B coverage); or
 - o Partial dual Members that are eligible for Medicare Part B coverage only.

What is the effective period for this directed payment and the eligible (qualified) procedure codes and directed payment amount?

- For services rendered between July 1st, 2019, and December 31, 2021, the following codes are eligible (qualified) for this directed payment.

Procedure Code	Description	Directed Payment
J7296	LEVONORGESTREL-RELEASING IU COC SYS 19.5 MG	\$2,727.00
J7297	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 52 MG	\$2,053.00
J7298	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 52 MG	\$2,727.00
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	\$2,426.00
J7301	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 13.5 MG	\$2,271.00
J7307	ETONOGESTREL CNTRACPT IMPL SYS INCL IMPL & SPL	\$2,671.00
J3490U8	DEPO-PROVERA	\$340.00
J7303	CONTRACEPTIVE VAGINAL RING	\$301.00
J7304	CONTRACEPTIVE PATCH	\$110.00
J3490U5	EMERG CONTRACEPTION: ULIPRISTAL ACETATE 30 MG	\$72.00
J3490U6	EMERG CONTRACEPTION: LEVONORGESTREL 0.75 MG (2) & 1.5 MG (1)	\$50.00

11976	REMOVE CONTRACEPTIVE CAPSULE	\$399.00
11981	INSERT DRUG IMPLANT DEVICE	\$835.00
58300	INSERT INTRAUTERINE DEVICE	\$673.00
58301	REMOVE INTRAUTERINE DEVICE	\$195.00
81025	URINE PREGNANGY TEST	\$6.00
55250	REMOVAL OF SPERM DUCT(S)	\$521.00
58340	CATHETER FOR HYSTEROGRAPHY	\$371.00
58555	HYSTEROSCOPY DX SEP PROC	\$322.00
58565	HYSTEROSCOPY STERILIZATION	\$1,476.00
58600	DIVISION OF FALLOPIAN TUBE	\$1,515.00
58615	OCCLUDE FALLOPIAN TUBE(S)	\$1,115.00
58661	LAPAROSCOPY REMOVE ADNEXA	\$978.00
58670	LAPAROSCOPY TUBAL CAUTERY	\$843.00
58671	LAPAROSCOPY TUBAL BLOCK	\$892.00
58700	REMOVAL OF FALLOPIAN TUBE	\$1,216.00

- For services rendered on or after January 1st, 2022, the following codes are eligible (qualified) for this directed payment.

Procedure Code	Description	Directed Payment
J7296	LEVONORGESTREL-RELEASING IU COC SYS 19.5 MG	\$2,727.00
J7297	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 52 MG	\$2,053.00
J7298	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 52 MG	\$2,727.00
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	\$2,426.00
J7301	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 13.5 MG	\$2,271.00
J7307	ETONOGESTREL CNTRACPT IMPL SYS INCL IMPL & SPL	\$2,671.00
J3490U8	DEPO-PROVERA	\$340.00
J7294	CONTRACEPTIVE VAGINAL RING: SEGESTERONE ACETATE AND ETHINYL ESTRADIOL	\$301.00
J7295	CONTRACEPTIVE VAGINAL RING: ETHINYL ESTRADIOL AND ETONOGESTREL	\$301.00
J7304U1	CONTRACEPTIVE PATCH: NORELGESTROMIN AND ETHINYL ESTRADIOL	\$110.00
J7304U2	CONTRACEPTIVE PATCH: LEVONORGESTREL AND ETHINYL ESTRADIOL	\$110.00
J3490U5	EMERG CONTRACEPTION: ULIPRISTAL ACETATE 30 mg	\$72.00
J3490U6	EMERG CONTRACEPTION: LEVONORGESTREL 0.75 mg (2) & 1.5 mg (1)	\$50.00
11976	REMOVE CONTRACEPTIVE CAPSULE	\$399.00
11981	INSERT DRUG IMPLANT DEVICE	\$835.00
58300	INSERT INTRAUTERINE DEVICE	\$673.00
58301	REMOVE INTRAUTERINE DEVICE	\$195.00
81025	URINE PREGNANCY TEST	\$6.00
55250	REMOVAL OF SPERM DUCT(S)	\$521.00
58340	CATHETER FOR HYSTEROGRAPHY	\$371.00
58600	DIVISION OF FALLOPIAN TUBE	\$1,515.00
58615	OCCLUDE FALLOPIAN TUBE	\$1,115.00
58661	LAPAROSCOPY REMOVE ADNEXA	\$978.00

58670	LAPAROSCOPY TUBAL CAUTERY	\$843.00
58671	LAPAROSCOPY TUBAL BLOCK	\$892.00
58700	REMOVAL OF FALLOPIAN TUBE	\$1,216.00

How do we determine the payee for these payments?

- IEHP will pay the Prop 56 directed payment to the billing Provider and billing tax ID associated with the eligible professional claim or encounter.

How often will payments be disbursed?

- IEHP will pay Prop 56 family planning payments on a monthly basis. For each payment cycle, we will pay Prop 56 payments for claims and encounter data adjudicated and/or received by the cutoff date for the corresponding service months. The most current payment schedule can be found at: www.iehp.org > For Providers > Plan Updates > Correspondence.
- Prop 56 family planning payments are processed separately after the initial claim submission is adjudicated. Providers **will not find** Prop 56 family planning payments in the initial claim payment.

What is the Provider Dispute process related to Prop 56 payments?

- If a provider has a dispute regarding family planning directed payment, the provider is to complete the applicable dispute form (claim or encounter). The Prop56 Dispute Forms can be found on the Provider portal at: www.iehp.org > For Providers > Plan Updates > Correspondence.

The completed Dispute form should be emailed to: Prop56Inquiry@iehp.org.

- Please only include claims without family planning directed payment in the dispute form.
- If there are more than 20 disputed claims, please submit them in a spreadsheet to expediate the review process.
- Please always include a valid email address with the dispute. The primary method of communication for family planning directed payment disputes is by email.

What is the turnaround time for a resolution for Provider disputes?

- IEHP will provide written notification of the Provider dispute results (via mail) within 30 working days from date of receipt.

How long does a Provider have to file a dispute regarding Prop 56 payments?

- A provider has 365 calendar days from the family planning directed payment date to file a dispute.
- DHCS allows 90 calendar days from the date of receipt of a clean claim to issue family planning directed payment. Disputes submitted prior to this 90-day window will lead to denial or rejection of the dispute.