



# Pass Through/Supplemental Payments FAQ



## What is Proposition 56?

Proposition 56 is the California Healthcare, Research and Prevention Tobacco Tax Act of 2016, sometimes called the Tobacco Tax Act or just Prop 56. The proposition increased taxes on cigarettes, e-cigarettes and tobacco products to fund specific healthcare expenses. DHCS provides guidance and other requirements to Medi-Cal managed care plans on how funds are to be distributed to eligible providers Through All Plan Letters (APLs).

## Are there other non-Prop 56 payments?

Yes, Medi-Cal Ground Emergency Medical Transportation (GEMT) Supplemental Reimbursement Program is a supplemental payment that is not funded by Prop 56. This is a voluntary Certified Public Expenditure (CPE) program that provides additional funding for GEMT providers for Medi-Cal members.

Another example are provider Incentive payments. These include Care Based Incentives (CBI) and Specialty Care Incentives (SCI). See the Alliance website for more information.

## Why am I getting this payment?

Through claims data the Alliance has identified an eligible service and has made the appropriate supplemental payment(s). Please refer to the APLs and References for more details.

## How do I post these payments?

The Alliance cannot answer this for you. You will need to determine within your organization how you will post these payments to your account.

## Am I eligible to receive these payments?

Contracted providers who may bill the codes outline in the APLs are eligible to receive Prop 56 supplemental payments. FQHC, RHC, and non-contracted providers are excluded from the eligible providers list. Please refer to the Pass Through Payments Grid for eligibility details on other payment types.

## How frequently will I receive payments and what dates are they capturing?

Supplemental payments occur after the claim payment. The supplemental check cycles run monthly during the third week of the month. Payments are based on paid claims from the previous month. Some supplemental payments may occur up to 90 days after the claim is paid.

## How do I identify these payments on my RA?

You will see the information identifying the payment in the Procedure Code column of your RA. For Prop 56 payments you will see the procedure code followed by "PROP56" and for Value-Based Payments you will see the Three-Digit Measure ID followed by "PROP56."



# Pass Through/Supplemental Payments FAQ



## Who do I call if I have questions?

You should call your Provider Services Representative or Claims at 831-430-5503.

## How do I file a grievance?

To file a dispute, complete the PIF form found on our website [Provider Inquiry Form](#) and submit to:

Email: <mailto:COID@ccah-alliance.org>

Fax: 831-430-5569

Regular mail:

Central California Alliance for Health  
ATTN: Provider Inquiries and Disputes  
1600 Green Hills Road, Suite 101  
Scotts Valley, CA 95066

## References

### Links:

[DHCS Prop 56 Webpage](#)

[Prop 56 Provider Memo from the Alliance](#)

[DHCS GEMT Program Webpage](#)

[The Alliance Provider Incentives Webpage](#)

[DHCS Value Based Payment Program Webpage](#)

[The Alliance Provider News: Value-Based Payment Program](#)

[DHCS Trauma Care Website \(ACEs\)](#)



# Pass Through/Supplemental Payments FAQ



## Coding and Rates Guide:

Physician Services DOS between July 1, 2017-June 30, 2018		
CPT	Description	Payment
99201	Office/Outpatient Visit New	\$10.00
99202	Office/Outpatient Visit New	\$15.00
99203	Office/Outpatient Visit New	\$25.00
99204	Office/Outpatient Visit New	\$25.00
99205	Office/Outpatient Visit New	\$50.00
99211	Office/Outpatient Visit Est	\$10.00
99212	Office/Outpatient Visit Est	\$15.00
99213	Office/Outpatient Visit Est	\$15.00
99214	Office/Outpatient Visit Est	\$25.00
99215	Office/Outpatient Visit Est	\$25.00
90791	Psychiatric Diagnostic Eval	\$35.00
90792	Psychiatric Diagnostic Eval with Medical Services	\$35.00



# Pass Through/Supplemental Payments FAQ



<b>90863</b>	Pharmacologic Management	\$5.00
Physician Services DOS between July 1, 2018-June 30, 2019		
<b>CPT</b>	<b>Description</b>	<b>Payment</b>
<b>99201</b>	Office/Outpatient Visit New	\$18.00
<b>99202</b>	Office/Outpatient Visit New	\$35.00
<b>99203</b>	Office/Outpatient Visit New	\$43.00
<b>99204</b>	Office/Outpatient Visit New	\$83.00
<b>99205</b>	Office/Outpatient Visit New	\$107.00
<b>99211</b>	Office/Outpatient Visit Est	\$10.00
<b>99212</b>	Office/Outpatient Visit Est	\$23.00
<b>99213</b>	Office/Outpatient Visit Est	\$44.00
<b>99214</b>	Office/Outpatient Visit Est	\$62.00
<b>99215</b>	Office/Outpatient Visit Est	\$76.00
<b>90791</b>	Psychiatric Diagnostic Eval	\$35.00
<b>90792</b>	Psychiatric Diagnostic Eval with Medical Services	\$35.00
<b>90863</b>	Pharmacologic Management	\$5.00
<b>99381</b>	Initial Comprehensive Preventive Med E&M (<1 year old)	\$77.00
<b>99382</b>	Initial comprehensive preventive med E&M (1-4 years old)	\$80.00
<b>99383</b>	Initial comprehensive preventive med E&M (5-11 years old)	\$77.00
<b>99384</b>	Initial comprehensive preventive med E&M (12-17 years old)	\$83.00
<b>99385</b>	Initial comprehensive preventive med E&M (18-39 years old)	\$30.00



# Pass Through/Supplemental Payments FAQ



<b>99391</b>	Periodic comprehensive preventive med E&M (<1 year old)	\$75.00
<b>99392</b>	Periodic comprehensive preventive med E&M (1-4 years old)	\$79.00
<b>99393</b>	Periodic comprehensive preventive med E&M (5-11 years old)	\$72.00
<b>99394</b>	Periodic comprehensive preventive med E&M (12-17 years old)	\$72.00
<b>99395</b>	Periodic comprehensive preventive med E&M (18-39 years old)	\$27.00
Physician Services DOS on or after July 1, 2019		
CPT	Description	Payment
<b>99201</b>	Office/Outpatient Visit New	\$18.00
<b>99202</b>	Office/Outpatient Visit New	\$35.00
<b>99203</b>	Office/Outpatient Visit New	\$43.00
<b>99204</b>	Office/Outpatient Visit New	\$83.00
<b>99205</b>	Office/Outpatient Visit New	\$107.00
<b>99211</b>	Office/Outpatient Visit Est	\$10.00
<b>99212</b>	Office/Outpatient Visit Est	\$23.00
<b>99213</b>	Office/Outpatient Visit Est	\$44.00
<b>99214</b>	Office/Outpatient Visit Est	\$62.00
<b>99215</b>	Office/Outpatient Visit Est	\$76.00
<b>90791</b>	Psychiatric Diagnostic Eval	\$35.00
<b>90792</b>	Psychiatric Diagnostic Eval with Medical Services	\$35.00
<b>90863</b>	Pharmacologic Management	\$5.00
<b>99381</b>	Initial Comprehensive Preventive Med E&M (<1 year old)	\$77.00



# Pass Through/Supplemental Payments FAQ



<b>99382</b>	Initial comprehensive preventive med E&M (1-4 years old)	\$80.00
<b>99383</b>	Initial comprehensive preventive med E&M (5-11 years old)	\$77.00
<b>99384</b>	Initial comprehensive preventive med E&M (12-17 years old)	\$83.00
<b>99385</b>	Initial comprehensive preventive med E&M (18-39 years old)	\$30.00
<b>99391</b>	Periodic comprehensive preventive med E&M (<1 year old)	\$75.00
<b>99392</b>	Periodic comprehensive preventive med E&M (1-4 years old)	\$79.00
<b>99393</b>	Periodic comprehensive preventive med E&M (5-11 years old)	\$72.00
<b>99394</b>	Periodic comprehensive preventive med E&M (12-17 years old)	\$72.00
<b>99395</b>	Periodic comprehensive preventive med E&M (18-39 years old)	\$27.00
Women's Health/Abortion Services DOS on or after July 1, 2017		
<b>CPT</b>	<b>Description</b>	<b>Payment</b>
<b>59840</b>	Induced Abortion, By Dilation and Curettage	\$400.00
<b>59841</b>	Induced Abortion, By Dilation and Evacuation	\$700.00
Family Planning Services DOS on or after July 1, 2019		
<b>CPT</b>	<b>Description</b>	<b>Payment</b>
<b>J7926</b>	LEVONORGESTREL-RELEASING IU COC SYS 19.5 MG	\$2,727.00
<b>J7927</b>	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 52 MG	\$2,053.00
<b>J7928</b>	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 52 MG	\$2,727.00
<b>J7300</b>	INTRAUTERINE COPPER CONTRACEPTIVE	\$2,426.00
<b>J7301</b>	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 13.5 MG	\$2,271.00



# Pass Through/Supplemental Payments FAQ



<b>J7307</b>	ETONOGESTREL CNTRACPT IMPL SYS INCL IMPL & SPL	\$2,671.00
<b>J3490/U8</b>	DEPO-PROVERA	\$340.00
<b>J7303</b>	CONTRACEPTIVE VAGINAL RING <b>End Date: 12/31/2021</b>	\$301.00
<b>J7304</b>	CONTRACEPTIVE PATCH <b>End Date: 12/31/2021</b>	\$110.00
<b>J3490/U5</b>	EMERG CONTRACEPTION: ULIPRISTAL ACETATE 30 MG	\$72.00
<b>J3490/U6</b>	EMERG CONTRACEPTION: LEVONORGESTREL 0.75 MG (2) & 1.5 MG (1)	\$50.00
<b>11976</b>	REMOVE CONTRACEPTIVE CAPSULE	\$399.00
<b>11981</b>	INSERT DRUG IMPLANT DEVICE	\$835.00
<b>58300</b>	INSERT INTRAUTERINE DEVICE	\$673.00
<b>58301</b>	REMOVE INTRAUTERINE DEVICE	\$195.00
<b>81025</b>	URINE PREGNANGY TEST	\$6.00
<b>55250</b>	REMOVAL OF SPERM DUCT(S)	\$521.00
<b>58340</b>	CATHETER FOR HYSTEROGRAPHY	\$371.00
<b>58555</b>	HYSTEROSCOPY DX SEP PROC <b>End Date: 12/31/2021</b>	\$322.00
<b>58565</b>	HYSTEROSCOPY STERILIZATION <b>End Date: 12/31/2021</b>	\$1,476.00
<b>58600</b>	DIVISION OF FALLOPIAN TUBE	\$1,515.00
<b>58615</b>	OCCLUDE FALLOPIAN TUBE(S)	\$1,115.00
<b>58661</b>	LAPAROSCOPY REMOVE ADNEXA	\$978.00
<b>58670</b>	LAPAROSCOPY TUBAL CAUTERY	\$843.00
<b>58670</b>	LAPAROSCOPY TUBAL BLOCK	\$892.00
<b>58700</b>	REMOVAL OF FALLOPIAN TUBE	\$1,216.00



# Pass Through/Supplemental Payments FAQ



Family Planning Services DOS on or after January 1, 2022 – December 31, 2022		
<b>J7294</b>	Contraceptive vaginal ring: segesterone acetate and ethinyl estradiol	\$301.00
<b>J7295</b>	Contraceptive vaginal ring: ethinyl estradiol and etonogestrel	\$301.00
<b>J7304/U1</b>	Contraceptive patch: norelgestromin and ethinyl estradiol	\$110.00
<b>J7304/U2</b>	Contraceptive patch: levonorgestrel and ethinyl estradiol	\$110.00
Family Planning Services DOS on or after January 1, 2022		
<b>J7304/U1</b>	Contraceptive patch: norelgestromin and ethinyl estradiol	\$110.00
<b>J7304/U2</b>	Contraceptive patch: levonorgestrel and ethinyl estradiol	\$110.00
Developmental Screening Services DOS on or after January 1, 2020		
CPT	Description	Payment
<b>96110 w/o modifier KX</b>	Developmental screening, with scoring and documentation, per standardized instrument	\$59.90
ACES Screening Services DOS on or after January 1, 2020		
HCPCS	Description	Payment
<b>G9919</b>	Screening performed – results positive and provision of recommendations provided. Providers must bill this HCPCS code when the patient’s ACE score is 4 or greater (high risk).	\$29.00





# Pass Through/Supplemental Payments FAQ



<b>G9920</b>	Screening performed – results negative. Providers must bill this HCPCS code when the patient’s ACE score is between 0 - 3 (lower risk).	\$29.00
GEMT Services DOS from July 1, 2018 to June 20, 2019		
<b>CPT</b>	<b>Description</b>	<b>Payment</b>
<b>A0429</b>	Ambulance Service, Basic Life Support, Emergency Transport	\$339.00
<b>A0427</b>	Ambulance Service, Advanced Life Support, Emergency Transport, Level 1	\$339.00
<b>A0433</b>	Advanced Life Support, Level 2	\$339.00

VBP Program Services DOS on or after July 1, 2019				
Domain	Measure	Measure ID	Add-on Amount for Non-at-Risk Members	Add-on for At-Risk Members
<b>Prenatal/Postpartum Care Bundle</b>	Prenatal Pertussis ('Whooping Cough') Vaccine	001	\$25.00	\$37.50
	Prenatal Care Visit	002	\$70.00	\$105.00
	Postpartum Care Visits - Early	003	\$70.00	\$105.00
	Postpartum Care Visits - Late	004	\$70.00	\$35.00
	Postpartum Birth Control	005	\$25.00	\$37.50
<b>Early Childhood Bundle</b>	Well Child Visits in First 15 Months of Life	006-008	\$70.00	\$105.00
	Well Child Visits in 3rd – 6th Years of	009-012	\$70.00	\$105.00



# Pass Through/Supplemental Payments FAQ



	Life			
	All Childhood Vaccines for Two Year Olds	013-019	\$25.00	\$37.50
	Blood Lead Screening	020	\$25.00	\$60.00
	Dental Fluoride Varnish	021	\$25.00	\$37.50
<b>Chronic Disease</b>	Controlling High Blood Pressure	022	\$40.00	\$60.00
	Diabetes Care	023	\$80.00	\$120.00
	Control of Persistent Asthma	024	\$40.00	\$60.00
	Tobacco Use Screening	025	\$25.00	\$37.50
	Adult Influenza ('Flu') Vaccine	026-027	\$25.00	\$37.50
<b>Behavioral Health</b>	Screening for Clinical Depression	028	\$50.00	\$75.00
<b>Integration Bundle</b>	Management of Depression Medication	029	\$40.00	\$60.00
	Screening for Unhealthy Alcohol Use	030	\$50.00	\$75.00



# Pass Through/Supplemental Payments FAQ



**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**  
[www.thealliance.health](http://www.thealliance.health)



# Pass Through/Supplemental Payments FAQ



## PASS THROUGH PAYMENT GRID

Program Info						Provider Payment Info			
	APL # Link	Payment Type	Effective Date	Eligible Provider Type	Excluded Provider Type	Paid By	Payment Frequency	Codes/Rates	RA Display Example*
Prop 56 Supplemental Payments									
<b>Physician Services</b>	<a href="#">APL 19-015</a>	Supplemental – paid per procedure	7/1/2017	Network Providers	Medicare Part B, FQHCs, RHCs, IHCPs, CBRCs	Separate Check Run	Monthly	23 codes	ProcCodePROP56  <span style="border: 1px solid black; padding: 2px;">81025PROP56</span>
<b>Women’s Health/Abortion Services (Hyde)</b>	<a href="#">APL 19-013</a>	Supplemental - Claims Payment, Flat Rate Paid Per Procedure	7/1/2019	Network and Non-network providers, FQHCs, RHCs, IHCPs, CBRCs	None	Separate Check Run	Monthly	59840/\$400 59841/\$700	59840PROP56 59841PROP56

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

[www.ccah-alliance.org](http://www.ccah-alliance.org)



# Pass Through/Supplemental Payments FAQ



Prop 56 Pass Through Payments									
<b>Value-Based Payment Project</b>	<a href="#">APL 20-014</a>	Supplemental - tied to Quality Measures	DOS on or after July 1, 2019	Network Providers. Beacon Providers	Medicare Part B, FQHCs, RHCs, IHCPs, CBRCs	Paid via separate check	Monthly  Plus annual reconciliation	Varied/Varies per measure	Three-Digit Measure ID PROP56  <span style="border: 1px solid black; padding: 2px;">005PROP56</span>
<b>Behavioral Health Incentive</b>	<a href="#">DHCS FAQ</a>	Delivery System Reform Initiative	1/1/2020	Network Providers	TBD	Paid via separate check	Quarterly		
<b>Family Planning Services</b>	<a href="#">APL 20-013</a>	Supplemental – paid per procedure	DOS on or after July 1, 2019	Qualified contracted and non-contracted Providers	Medicare Part B	Separate Check Run	Monthly	26 codes (see APL)/a uniform and fixed dollar add-on amount for the specified family planning services	ProcCodePROP56



# Pass Through/Supplemental Payments FAQ



<b>Family Planning Services</b>	<a href="#">APL 23-008</a>	Supplemental – paid per procedure	DOS on or after July 1, 2022	Qualified contracted and non-contracted Providers	Medicare Part B, FQHC, RHC, AIHSP and Cost Based Reimb. Clinics	Separate Check Run	Monthly	Codes as described in the APL/a uniform and fixed dollar add-on amount for the specified family planning services	ProcCodePROP56
<b>Developmental Screening Services</b>	<a href="#">APL 19-016</a>	Supplemental – paid per procedure	1/1/2020	Network Provider, in accordance with the AAP/Bright Futures periodicity schedule, FQHCs, RHCs, IHCPs, CBRCs	None	Separate Check Run	Monthly	96110 without modifier KX/\$59 in addition to claims payment	96110PROP56



# Pass Through/Supplemental Payments FAQ



<b>Adverse Childhood Experiences (ACE) Screening Services</b>	<a href="#">APL 19-018</a>	New Benefit - Claims Payment Paid Per Procedure	1/1/2020	Qualified Network Providers*See below	None	Paid via standard claims payment processing schedule	Within 90 days of receiving clean claim	G9919/\$29 G9920/\$29	
Non-Prop 56 Pass Through Payments									
<b>GEMT - Ground Emergency Medical Transport</b>	<a href="#">APL 19-007</a>	Supplemental - increased reimbursement rates for specified GEMT services	DOS 7/1/18-6/30/19	Non-contracted GEMT providers		Claims Payment (Fee For Service Reimbursement)	Within 90 days of receiving clean claim	A0429/\$339 A0427/\$339 A0433 \$339	



# Pass Through/Supplemental Payments FAQ



**HEALTHY PEOPLE. HEALTHY COMMUNITIES.**

[www.ccah-alliance.org](http://www.ccah-alliance.org)