

DHCS Value Based Payments/Proposition 56 Reimbursements Wellness Visits, Immunizations, Screenings & Tests

This is a reminder that visits for HPSJ patients should include the following services – and your practice may qualify for additional VBP/Prop 56 reimbursement. Please enter all administered vaccines into the CAIR or RIDE registry within 14 days. ¹

Measure	CPT/HCPCS	Diagnosis	Add-On	At Risk Add-On ³
Child				
Well Child Visit (6, 9 & 12 months) <ul style="list-style-type: none"> Don't forget hearing/vision screening as appropriate Separate payment to each rendering provider for successfully completing each of the three well child visits at the following times: <ul style="list-style-type: none"> 6-month visit – the first well care visit between 172 and 263 days of life 9-month visit – the first well care visit between 264 and 355 days of life 12-month visit – the first well care visit between 356 and 447 days of life 	99381, 99382, 99391, 99392	Z00.121, Z00.129, Z00.8, Z02.2, Z02.5, Z02.6, Z02.71, Z02.82, Z76.1, Z76.2	\$70 ⁰⁰	\$105 ⁰⁰
Well Child Visit (3, 4, 5 & 6 years) <ul style="list-style-type: none"> Don't forget hearing/vision screening Payment for the first well-child visit in each year age group (3, 4, 5, or 6-year old's) 	99382, 99383, 99392, 99393	Z00.121, Z00.129, Z00.8, Z02.2, Z02.5, Z02.6, Z02.71, Z02.82, Z76.1, Z76.2	\$70 ⁰⁰	\$105 ⁰⁰
Childhood Vaccines ² <p>2 months: DTaP, Hep B, Hib, PCV, Rotavirus, IPV</p> <p>4 months: DTaP, Hib, PCV, Rotavirus, IPV</p> <p>6 months: DTaP, Hep B, PCV, Hib & Rotavirus if needed, IPV, can start Influenza (Flu)</p> <p>12 months: MMR, Hepatitis A, Varicella, Hib if needed, PCV</p> <p>15-18 months: DTap</p> <p>2 years: Hepatitis A, 2nd Flu shot needed</p> <p>DHCS' VBP program only covers up to age 2 vaccinations. Payment is given after the final vaccine for each series (for example DTaP, 2ndFlu, etc.) Up to 7 payments per patient per year.</p> <p>Additional childhood vaccines are included here as reminders for your practice:</p> <p>4 years: DTaP, IPV, Varicella, MMR</p> <p>11 years: HPV (2-3 doses, 6 months apart), Tdap, MCV</p> <p>16 years: MCV booster</p>	90700, 90713, 90740, 90744, 90747, 90748, 90644-90648, 90748, 90670, 90681, 90680, 90655, 90657, 90662, 90673, 90685, 90868, 90688, 90689, 90723, 90698		\$25 ⁰⁰	\$37 ⁰⁰
Blood Lead Screenings <ol style="list-style-type: none"> 12 months 24 months <p>Note: DHCS' VBP program only provides additional reimbursement up to 24 months of age.</p> <p>If a child has no record of screening, it is recommended that they have one test between 24-72 months of age, however that test will be ineligible for VBP payment.</p>	83655		\$25 ⁰⁰	\$37 ⁵⁰
Dental Fluoride Varnish – 6 months through age 5	99188 or D1206		\$25 ⁰⁰	\$37 ⁵⁰

Measure	CPT/HCPCS	Diagnosis	Add-On	At Risk Add-On ³
Prenatal & Postpartum				
Prenatal Pertussis (TDaP vaccine) Payment may only occur once per delivery per patient	90715	009 or Z34 series	\$25 ⁰⁰	\$37 ⁵⁰
Prenatal Care Visit – routine outpatient only <ul style="list-style-type: none"> No more than one payment per pregnancy per plan Note: Payment for the first visit in a plan that is for pregnancy at any time during the pregnancy	Z1032 (<i>preferred CPT for measure</i>), 99201-05, 99211-15, 99241-45	009 or Z34 series	\$70 ⁰⁰	\$105 ⁰⁰
Postpartum Visit <ul style="list-style-type: none"> Payment to rendering provider for provision of an Early Postpartum Visit (between 1-21 days postdelivery) Payment to rendering provider for provision of a Late Postpartum Visit (22-84 days postdelivery) Payment to the first visit in the time period (Early or Late) Note: No more than one payment per time period (Early or Late)	Z1038 (<i>preferred CPT for measure</i>), 99201-05, 99211-15, 99241-45	Z39.2 **Please indicate delivery date in Box 15 of the CMS-1500 form	\$70 ⁰⁰	\$105 ⁰⁰
Postpartum Birth Control <ul style="list-style-type: none"> Payment to rendering or prescribing provider for provision of most effective method, moderately effective method, or long-acting reversible method of contraception within 60 days of delivery Payment to the first occurrence of contraception in the time period Note: No more than one payment per delivery	MCL covered: Valid contraceptive code		\$25 ⁰⁰	\$37 ⁵⁰
Info Adult				
Control of Persistent Asthma – starting at age 5	99201-05, 99211-15, 99241-45	J45 series	\$40 ⁰⁰	\$60 ⁰⁰
Tobacco Use Screening – starting at age 12	99406, 99407, G0436, G0437, 4004F, 1036F		\$25 ⁰⁰	\$37 ⁵⁰
Screening Clinical Depression – starting at age 12	G8431 or G8510		\$50 ⁰⁰	\$75 ⁰⁰
Management of Depression Medication – starting at age 18	99201-05, 99211-15, 99241-45	F32.0, F32.1, F32.2, F32.3, F32.4, F32.9, F33.0, F33.1, F33.2, F33.3, F33.41, F33.9	\$40 ⁰⁰	\$60 ⁰⁰
Controlling High Blood Pressure – starting at age 18	3074F, 3075F, 3078F, 3079F	I10	\$40 ⁰⁰	\$60 ⁰⁰
Diabetes Care – starting at age 18	3044F, 3046F, 3051F, 3052F		\$80 ⁰⁰	\$120 ⁰⁰
Unhealthy Alcohol Use Screening – age 18 and older Note: No more than one payment per provider per patient per year	G0442 or G0443 Note: add modifier 59		\$50 ⁰⁰	\$75 ⁰⁰
Adult Influenza (“Flu”) Vaccine – starting at age 19 <ul style="list-style-type: none"> Payment to rendering or prescribing provider for up to two flu shots given throughout the year for patients 19 and older at the time of the flu shot No more than one payment per patient per quarter for the first quarter of the year (January through March) or the last quarter of the year (October through December) If more than one provider gives the shot in the quarter only the first provider gets paid in that quarter 	90630, 90654, 90655, 90656, 90657, 90658, 90660, 90662, 90673, 90674, 90682, 90685, 90686, 90688, 90689, 90756		\$25 ⁰⁰	\$37 ⁵⁰

¹ Encounters occurring at Federally Qualified Health Centers (FQHCs), Rural Health Clinics, American Indian Health Clinics and Cost Based Reimbursement Clinics will be excluded from VBP payment.

² **Vaccines:** **DTaP** – Diphtheria, Tetanus, Pertussis. **Hep B** – Hepatitis B. **Hib** – Haemophilus influenza type b. **PCV** – Pneumococcal conjugate vaccine. **IPV** – Polio vaccine. **MMR** – Measles, Mumps, and Rubella. **HPV** – Human papillomavirus. **Tdap** – Diphtheria, Tetanus, Pertussis. **MCV** – Meningococcal conjugate vaccine

³ **Alternate reimbursement for At Risk Add-On/s:** Serious Mental Illness, Substance Use Disorder or (Homeless Z59.0, Inadequate housing Z59.1) diagnosis.