

**DEPARTMENT OF HEALTH CARE SERVICES
NOTICE OF GENERAL PUBLIC INTEREST
RELEASE DATE: AUGUST 18, 2021**

PROPOSED STATE PLAN AMENDMENT TO EXTEND PROPOSITION 56 SUPPLEMENTAL PAYMENTS FOR SPECIFIC FAMILY PLANNING SERVICES UNDER THE MEDI-CAL PROGRAM

This notice is to provide information of public interest about a proposed State Plan Amendment (SPA) by the Department of Health Care Services (DHCS). The proposed SPA 21-0034 will seek to extend supplemental payments under the Medi-Cal program for specific family planning services starting January 1, 2022.

On November 8, 2016, California voters approved the California Healthcare, Research and Prevention Tobacco Tax Act (commonly known as Proposition 56) to increase the excise tax rate on cigarettes and tobacco products. The Budget Act of 2020 continued the appropriation of Proposition 56 funds for specified DHCS health care expenditures in accordance with the annual state budget process.

DHCS is seeking federal authority to extend supplemental payments for specific family planning services rendered under the Medi-Cal program to increase access to family planning services. Providers qualified to offer family planning services are eligible to receive supplemental payments for procedure codes rendered for specified family planning services. The Budget Act of 2020 includes funds to be allocated for the continuance of supplemental payments for specific family planning procedure codes under the following family planning service categories: long-acting reversible contraceptives, pregnancy testing, sterilization procedures (both male and female), emergency contraceptives, and other contraceptives (other than oral contraceptives) when provided as a medical benefit. SPA 21-0034 continues the supplemental payments for the following procedure codes and amounts as follows:

Procedure Code	Description	Supplemental Payment
J7296	LEVONORGESTREL-RELEASING IU COC SYS 19.5 MG	\$2,727
J7297	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 52 MG	\$2,053
J7298	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 52 MG	\$2,727
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	\$2,426
J7301	LEVONORGESTREL-RLS INTRAUTERINE COC SYS 13.5 MG	\$2,271
J7307	ETONOGESTREL CNTRACPT IMPL SYS INCL IMPL & SPL	\$2,671
J3490U8	DEPO-PROVERA	\$340

Procedure Code	Description	Supplemental Payment
J7303*	CONTRACEPTIVE VAGINAL RING	\$301
J7294**	CONTRACEPTIVE VAGINAL RING: SEGESTERONE ACETATE AND ETHINYL ESTRADIOL	\$301
J7295**	CONTRACEPTIVE VAGINAL RING: ETHINYL ESTRADIOL AND ETONOGESTREL	\$301
J7304U1***	CONTRACEPTIVE PATCH: NORELGESTROMIN AND ETHINYL ESTRADIOL	\$110
J7304U2***	CONTRACEPTIVE PATCH: LEVONORGESTREL AND ETHINYL ESTRADIOL	\$110
J3490U5	EMERG CONTRACEPTION: ULIPRISTAL ACETATE 30 mg	\$72
J3490U6	EMERG CONTRACEPTION: LEVONORGESTREL 0.75 mg(2) & 1.5 mg (1)	\$50
58300	INSERT INTRAUTERINE DEVICE	\$673
58301	REMOVE INTRAUTERINE DEVICE	\$195
81025	URINE PREGNANCY TEST	\$6
55250	REMOVAL OF SPERM DUCT(S)	\$521
58340	CATHETER FOR HYSTEROGRAPHY	\$371
58555****	HYSTEROSCOPY DX SEP PROC	\$322
58565****	HYSTEROSCOPY STERILIZATION	\$1,476
58600	DIVISION OF FALLOPIAN TUBE	\$1,515
58615	OCCLUDE FALLOPIAN TUBE	\$1,115
58661	LAPAROSCOPY REMOVE ADNEXA	\$978
58670	LAPAROSCOPY TUBAL CAUTERY	\$843
58671	LAPAROSCOPY TUBAL BLOCK	\$892
58700	REMOVAL OF FALLOPIAN TUBE	\$1,216

*As part of the Centers for Medicare & Medicaid (CMS) 4th Quarter HCPCS/CPT procedure code updates, effective October 1, 2021, procedure code J7303 (CONTRACEPTIVE VAGINAL RING) is being end-dated.

** As part of the CMS 4th Quarter HCPCS/CPT procedure code updates, effective October 1, 2021, procedure codes J7294 (SEGESTERONE ACETATE AND ETHINYL ESTRADIOL) and J7295 (ETHINYL ESTRADIOL AND ETONOGESTREL) are being added as a Medi-Cal benefit.

***Effective October 1, 2021, DHCS is adding a new FDA-approved contraceptive patch, LEVONORGESTREL AND ETHINYL ESTRADIOL. Modifiers will be added to J7304 to allow for billing of both FDA-approved patches covered under the Medi-Cal program.

****DHCS is removing procedure codes 58555 (HYSTEROSCOPY DIAGNOSTIC) and 58565 (HYSTEROSCOPY STERILIZATION). The product billed with procedure code 58565, Essure®, is no longer manufactured or distributed for use in the United States effective December 31, 2019. Therefore, DHCS will remove 58565 and 58555 (under family planning, 58555 is covered only when 58565 was attempted and bilateral placement of micro-insert failed) as a covered benefit under the Medi-Cal program.

DHCS estimates the budgetary impact of approximately \$21 million Total Fund (annual cost of approximately \$2.1 million General Fund) for Fiscal Year 2021-22 and ongoing.

The effective date of the proposed SPA is January 1, 2022. All proposed SPAs are subject to approval by CMS.

PUBLIC REVIEW AND COMMENTS

Upon submission to CMS, a copy of the proposed SPA 21-0034 will be published at the following internet address:

[Pending State Plan Amendments 2021](#)

If you would like to view the SPA in person once it becomes available, please visit your local county welfare department. You may also request a copy of proposed SPA 21-0034 using the mailing or email addresses listed below.

Written comments may be sent to the following address:

Department of Health Care Services
Office of Family Planning
Attn: Christina Moreno
P.O. Box 997413, MS 8400
Sacramento, California 95899-7417

Comments may also be emailed to PublicInput@dhcs.ca.gov. Please indicate SPA 21-0034 in the subject line or message.

A copy of submitted public comments to SPA 21-0034 may be requested in writing to the mailing or email addresses identified above.