

October 3, 2024

Continuing Proposition 56 Payments for Developmental Screening Services

Dear providers,

The Health Plan of San Mateo (HPSM) issues additional payments to providers conducting developmental screening services for members. Providers began receiving this payment through Proposition 56 effective January 1, 2020. This notice is to let providers know they will continue to receive this payment through the end of 2024.

Network providers are paid \$59.90 for each qualifying developmental screening claim submitted for date of service on or after January 1, 2020. This is in addition to the contracted rate. HPSM distributes the payments via remittance advice every other month based on qualifying claims paid during the two-month period prior.

Learn more about additional payments through Prop 56 here:

<https://www.dhcs.ca.gov/provgovpart/Prop-56/Pages/Prop56-Provider-Physician.aspx>

Here are additional notes on payment and eligibility:

- Providers cannot receive payment for members who are dually eligible for HPSM and Medicare Part B.
- Only general developmental screenings using CPT code 96110 without modifier KX are eligible. Modifier KX is used to document screening for Autism Spectrum Disorder (ASD) and is excluded from this directed payment.
- Developmental screening must be provided in accordance with the AAP/Bright Futures periodicity schedule and guidelines at nine months, 18 months, and 30 months of age and when medically necessary based on developmental surveillance.
- A qualifying developmental screening service must be performed using a standardized tool that meets all of the following CMS criteria: developmental domains; established reliability; established findings regarding the validity; established sensitivity/specificity.
- Providers must document: the tool that was used; the completed screen that was reviewed; the results of the screen; the interpretation of results; discussion with the member and/or

family; and any appropriate actions taken. This documentation must remain in the member's medical record and be available upon request by the member and/or member's parent(s)/guardian(s).

- The provider must document completion of the developmental screening with CPT code 96110 without the modifier KX. Additional developmental screenings are also eligible for directed payment when medically necessary due to identified risks on developmental surveillance.

Questions regarding underpaid or unpaid directed payments can be sent to HPSM's Claims Department at ClaimsInquiries@hpsm.org or **650-616-2106**.

Payment for HPSM members assigned to Kaiser as their primary care physician will be distributed by Kaiser. Other directed payments can be disputed using HPSM's provider dispute process:

<https://www.hpsm.org/provider/claims/disputes-and-appeals>

For case management support or for more information about our care management program, please contact the HPSM Integrated Care Management team at CareCoordinationRequests@hpsm.org or **650-616-2060**.

To learn more about how to properly file a claim, responsible payer, or more, please review section 4 of our Provider Manual: <https://www.hpsm.org/provider/resources/manual/claims>

Thank you,

The Health Plan of San Mateo