

Payment for Medi-Cal Providers

Effective January 1, 2020, Medi-Cal providers became eligible for a \$29 payment for conducting ACE screenings for child and adult patients with full-scope Medi-Cal. Payment is not available for patients age 65 and older or for those who are dually eligible for Medi-Cal and Medicare Part B (regardless of enrollment in Medicare Part A or Part D).

Qualifying ACE screenings are eligible for payment in any clinical setting in which billing occurs through Medi-Cal fee-for-service or to a network provider of a Medi-Cal managed care plan.

- **Medi-Cal Managed Care**
Network providers will receive payment from managed care plans in addition to whatever the provider is paid by the managed care plan for the accompanying office visit.
- **Fee-for-Service**
Payments will follow the typical process and will be paid directly to the provider submitting the claim.

Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Cost-Based Reimbursement Clinic (CBRCs), and Indian Health Services (IHS) are also eligible for the \$29 payment.

See list of [Providers Eligible for Medi-Cal Payment](#) to qualify.

Medi-Cal Billing

Providers must document all of the following:

- ✓ The screening tool that was used;
- ✓ That the completed screen was reviewed;
- ✓ The results of the screen;
- ✓ The interpretation of results; and
- ✓ What was discussed with the member and/or family, and any appropriate actions taken.

This documentation must remain in the beneficiary's medical record, and be available upon request.

Medi-Cal Billing Codes

The following Healthcare Common Procedure Coding System (HCPCS) should be used to bill Medi-Cal based on ACE screening results:

HCPCS: G9919

- Screening performed – result indicates patient is at high risk for toxic stress; education and interventions (as necessary) provided*

- Providers must bill this HCPCS code when the patient's ACE score is 4 or greater (high risk)
- Payment: \$29

HCPCS: G9920

- Screening performed—result indicates patient is at lower risk for toxic stress; education and interventions (as necessary) provided*
- Providers must bill this HCPCS code when the patient's ACE score is between 0 – 3 (lower risk)
- Payment: \$29

** Billing and coding are based solely on the total ACE score. The ACE score refers to the total reported categories of exposure from among the 10 ACEs, indicated in the ACE Questionnaire for Adults or Part 1 of the pediatric PEARLS. ACE scores range from 0 to 10.*

Screening Frequency

Medi-Cal payment is available for ACE screenings based on the following schedule:

- **Children and adolescents under age 21:** Permitted for periodic ACE rescreening as determined appropriate and medically necessary, not more than once per year, per clinician (per managed care plan).
- **Adults age 21 through age 64:** Permitted once in their adult lifetime (through age 64), per clinician (per managed care plan).

Billing for ACE Screening via Telehealth

Providers may screen a patient for ACEs via telehealth if the provider believes that the ACE screening can be administered in a clinically appropriate manner via telehealth, per new DHCS guidance in response to COVID-19.