

# Child Health and Disability Prevention

## *Frequently Asked Questions*

Child Health and Disability Prevention (**CHDP**) providers who bill CHDP should have started billing L.A. Care Health Plan (L.A. Care) in accordance with the federal Health Insurance Portability and Accountability Act (HIPAA) national standards. The transition from billing the two-character CHDP codes on the Confidential Screening/Billing Report (PM 160) to billing with CPT-4 and ICD-10 national codes on the CMS-1500, UB-04 claim form, or electronic equivalent. The changes have/or will occur in the following phases:

### **Phase 1:**

Transitions clinical laboratory-only services effective for dates of service *on or after February 1, 2017*.

### **Phase 2:**

Transitions the remaining CHDP services with effective dates of service *on or after July 1, 2017*.

### **Phase 3:**

CHDP School based services transition to national standards in *the fourth quarter 2018*.

## **Codes**

### **1. What national codes should providers submit?**

CPT-4 codes determined to be most appropriate for current CHDP services. A list of national codes “crosswalked” to the two-character CHDP local codes are available in the article “CHDP Phase 2: HIPAA Code Conversion and Claim Form Transition.”

[https://files.medi-cal.ca.gov/pubsdoco/chdp/articles/25768.02\\_Cd\\_Conv\\_Table.pdf](https://files.medi-cal.ca.gov/pubsdoco/chdp/articles/25768.02_Cd_Conv_Table.pdf)

### **2. ICD-10-CM diagnosis codes:**

- BMI Percentile – Z68.51 – Z68.54
- Nutrition Counseling – Z71.3
- Physical activity Counseling – Z71.82

## **Billing Limitations**

### **1. Can claims still be submitted one year from the date of service?**

No, claims processed by L.A. Care are subject to the six month billing limitation. After six months, reimbursement will be cut-back unless a valid late submission reason is entered on the claim, with supporting documentation as appropriate.



## Claim Form

**1. Which claim form is used for services provided on or after the transition?**

For paper submissions, providers will bill using the CMS-1500 or Outpatient UB-04 claim form, or for electronic submissions the ANSI X12N 837 professional (837P) or 837 institutional (837I) electronic claim format.

**2. If providers submit incorrect information on a hard copy CMS-1500 or UB-04 claim form can they resubmit with a correct claim?**

Yes, a corrected claim can be submitted to L.A. Care.

**3. Can CHDP providers use the Additional Claim Information field (Box 19) on the CMS-1500 claim form or the Remarks field (Box 80) on the UB-04 claim form?**

Yes, box 19 on the CMS 1500 and Box 80 on the UB-04 will be available to enter documentation such as, delay reason remarks and additional information as needed.

**4. Should the date of the next periodic health exam be entered on the CMS-1500 or UB-04? If so, where is it entered on the claim?**

The national claim forms do not have fields to capture the date for the next required periodic exam. CHDP well-child health assessments and immunizations should be rendered in accordance with the American Academy of Pediatrics (AAP) Bright Futures periodicity schedule. See both the CHDP Bright Futures Schedule for Health Assessments by Age Group and CHDP/Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Periodicity Schedule for Dental Referral by Age PDFs for guidelines.

[https://files.medi-cal.ca.gov/pubsdoco/publications/masters-other/chdp/forms/periodbright\\_c01.pdf](https://files.medi-cal.ca.gov/pubsdoco/publications/masters-other/chdp/forms/periodbright_c01.pdf)

## Vaccine for Children Program (VFC)

**1. Are CHDP providers required to participate in the Vaccine for Children program?**

Yes, all CHDP providers must participate in the Vaccine for Children program.

**2. Is there a cost to providers for VFC Vaccines?**

No, vaccines from the VFC program are available at no cost to the provider.

**3. Does the CHDP program reimburse providers for the cost of vaccines?**

No, the CHDP program reimburses only an administration fee for vaccines provided through the VFC program to individuals younger than 19 years of age.



**4. How do providers get the vaccines?**

The Department of Health Care Services (DHCS), Immunization Branch, takes vaccine supply orders from health care providers participating in the VFC program and arranges for shipment of orders.

**5. Can a provider administer vaccines to members over the age of 19?**

The VFC program does not supply vaccines for individuals 19 and 20 years of age. Providers will be reimbursed at the current market rate plus the administration fee.

## **Billing**

**1. Physicians bill lab codes for services performed during the CHDP exam. Should physicians continue billing for those services the same way?**

Physicians should bill for these services in accordance with Medi-Cal guidelines.

**2. How do CHDP providers bill a partial screening service for services provided on or after the transition?**

Providers use the appropriate procedure codes with specified modifiers according to Medi-Cal billing instructions when billing for partial screening services.

## **Rates**

**1. Are reimbursement rates changing?**

Some rates may change. Reimbursement rates are aligned with Medi-Cal rates.

**2. Is rate information available online?**

The Medi-Cal rate table may be accessed from the Medi-Cal website: Under the References tab providers should click “Medi-Cal Rates.”

## **Program Changes in Phase 2:**

**1. Eye Exam:**

99173 is not included in the CHDP Crosswalk as of July 1, 2017 and is no longer paid under the CHDP Program.

**2. Vaccine Administration:**

CPT code 90461 no longer used as of July 1, 2017.

**3. Autism Screening:**

Autism screening added to CHDP Program on July 1, 2017.



**4. Psychosocial/Behavioral Assessment and Reassessment:**

Psychosocial/Behavioral assessment and reassessment added the CHDP program on July 1, 2017.

**5. Lead Screening:**

Effective 5/1/2018, HCPCS local code Z0334 (lead screening, counseling with blood draw) is terminated to comply with HIPAA rules and regulation. Please see the CHDP code Conversion chart for the applicable CPT code.

[https://files.medi-cal.ca.gov/pubsdoco/chdp/articles/25768.02\\_Cd\\_Conv\\_Table.pdf](https://files.medi-cal.ca.gov/pubsdoco/chdp/articles/25768.02_Cd_Conv_Table.pdf)

### **Program Changes in Phase 3:**

To comply with HIPAA national standard for health care electronic transactions and code sets, school-based services will transition to national standards in the fourth quarter of 2018.

The transition impacts providers billing school-based services with local two-character CHDP codes on the *Confidential Screening/Billing Report* (PM 160) claim form. After implementation, providers will bill national codes on using standard claim forms, or equivalent electronic claim transactions.

CHDP school-based services should be billed in accordance with Medi-Cal guidelines.

L.A. Care will discontinue the use of the PM 160 effective 12/31/2018

### **Billing Requirements**

Providers will bill CHDP school-based services using:

- HIPAA approved methods of transmission for claims rendered by CHDP school-based services to recipients
- CPT-4 procedure codes
- ICD-10-CM diagnosis codes



## Miscellaneous Questions

**1. Why are CHDP changes occurring?**

The HIPAA requires electronic health care transactions, and their hard copy counterparts, to conform to national standards for electronic health care transactions and use of national standard code sets as specified in federal regulations adopted by the Department of Health and Human Services.

**2. Are ICD-10-CM diagnosis codes required on my claim?**

Yes, if the policy instructions in the Medi-Cal provider manual say an ICD-10-CM diagnosis is required for the service being billed.

**3. Will there be a grace period?**

No, there will be no grace period. The transition is based on a date of service cutover.

**4. Will providers currently billing for CHDP services be able to bill equivalent services for CHDP-related to EPSDT health assessments and immunizations?**

CHDP-approved providers are eligible to bill L.A. Care for equivalent services for CHDP related well-child health assessments, immunizations and ancillary services rendered under the EPSDT benefit of the Medi-Cal program in accordance with the provider's Medi-Cal enrollment status. For example, Medi-Cal provider type and category of service.

**5. With the CHDP conversion to the CMS-1500 form, what is the status of the Body Mass Index, Hemoglobin, Hematocrit, Tobacco and other additional fields?**

Providers will be expected to perform these tests as indicated on the “CHDP Bright Futures Schedule for Health Assessments by Age Group” PDF. However, it is no longer required to include these metrics on the claim form

**6. Which signatures and National Provider Identifiers (NPI) are required when billing on the CMS-1500 form?**

The claim must be signed and dated by the provider or representative assigned by the provider.

**7. Do providers need to fill out the service facility location information?**

Yes, providers enter the provider name and address of the facility where the services were rendered, including the nine-digit ZIP code.

**8. Does the billing provider’s information need to be included?**

Yes, the provider name and address must be entered without a comma between the city and state, including the nine-digit ZIP code, without a hyphen, and the telephone number and the provider's NPI.



**9. Which signatures and NPIs are required when billing on the UB-04 form?**

Provider name, address and ZIP code are required including the city and state with nine-digit ZIP code.

**10. Will new Medi-Cal providers interested in providing CHDP-related services have to apply to be a CHDP provider to use the CHDP Gateway or render services in accordance with the Bright Futures Periodicity Schedule?**

Under the transition of CHDP claims adjudication, CHDP providers are required to be enrolled as Medi-Cal providers, approved as CHDP providers, and have not opted out of Medicare. This enables providers to submit claims for CHDP/EPSTD well-child health assessments, immunizations and ancillary services to Medi-Cal, and to enroll youths in presumptive eligibility Medi-Cal through the CHDP Gateway. CHDP services under the transition are Medi-Cal state plan benefits and conform to the AAP Bright Futures periodicity schedule and benefit guidelines. Claims for reimbursement for these services will be billed in accordance with Medi-Cal billing requirements, procedures and policies, and will be reimbursed at Medi-Cal rates. Providers will receive reimbursement for CHDP services on the Medi-Cal check write.

## Resources

For specific questions concerning the transition please visit the <http://www.medi-cal.ca.gov/programs.asp>

[http://files.medi-cal.ca.gov/pubsdoco/chdp\\_manual.asp](http://files.medi-cal.ca.gov/pubsdoco/chdp_manual.asp)

Providers also are encouraged to subscribe to the Medi-Cal Subscription Service (MCSS) to receive notifications related to the transition. These notifications will inform and prepare providers to minimize unnecessary service disruptions. Providers may sign up for MCSS by completing the MCSS Subscriber Form.

