



CHDP Health Assessment Guidelines

Frequently Asked Questions

- 1. Do providers need to be Child Health and Disability Prevention program (CHDP) certified in order to bill for CHDP services?**

Yes, providers must be enrolled and certified in the CHDP program.

- 2. How do providers enroll in the CHDP program?**

Providers apply with the local CHDP program in each jurisdiction they wish to render services.

Santa Cruz County		
County of Santa Cruz Health Services Agency	(831) 763-8099	(831) 763-8410
Monterey County		
County of Monterey Health Department	(831) 755-4500	(831) 796-8655 or email health@co.monterey.ca.us
Merced County		
County of Merced Public Health Department	(209) 381-1215	(209) 381-1215

- 3. What are the codes to report a member's BMI?**

Providers should report the member's BMI at least once a year. Submit one of the following ICD-10 codes via claims:

ICD-10 Code	Description
Z68.51	BMI pediatric, less than 5th percentile for age
Z68.52	BMI pediatric, 5th percentile to less than 85th percentile for age
Z68.53	BMI pediatric, 85th percentile to less than 95th percentile for age
Z68.54	BMI pediatric, great than or equal to 95th percentile for age

- 4. Will the Alliance reimburse for vision screening?**

The Alliance will reimburse vision screening when performed as part of a CHDP exam. Report CPT code 99173 when performed.

- 5. What CPT code(s) should providers use for the Psychosocial Assessment?**

CPT code 96150 is used for initial assessment and CPT code 96151 is for reassessment. The CHDP code conversion does not include 96127 at this time. This CPT code is used for "Brief Emotional/Behavioral Assessment" which is described as the use of a standardized tool with scoring and documentation. For additional questions, please contact an Alliance Claims Customer Service Representative at (831) 430-5503 or 800-700-3874 ext. 5503.

6. Do providers bill administrative codes for Vaccines for Children (VFC) vaccines administered according to how many diseases they protect against?

Based on the guidelines for VFC vaccines, providers will bill the actual vaccine code with modifier SL to be paid for the administration of VFC vaccines. Please see the VFC Program section of the Medi-Cal provider manual for more information.

Notes about VFC: Only children less than age 19 are eligible for the VFC program.

Per Medi-Cal Guidelines: “Medi-Cal vaccine injection codes billed for recipients eligible to receive VFC program vaccines will be reimbursed only in documented cases of vaccine shortage, disease epidemic, vaccine delivery problems, or instances when the recipient does not meet the special circumstances required for VFC special-order vaccines. A provider’s non-enrollment in the VFC program is not a justified exception.” However, the Alliance makes an exception for non-VFC providers. Follow the billing guidelines below:

- * Do not bill the CPT code with the SL modifier,
- * Document “non-VFC” in box 19 of the CMS claim form or box 80 of the UB-04 claim form, and
- * Send the claim to the Alliance, Attention: Sharlene Gianopoulos.

7. Vaccine administration codes 90471 and 90472 are CPT codes for members 19 years and older. What administration codes should be used for members under 19 years of age?

Based on the guidelines for VFC vaccines, providers are required to bill the actual vaccine code with modifier SL to be paid for the administration of VFC vaccines. Please see the VFC Program section of the Medi-Cal provider manual for more information. Reimbursement for the vaccine administration is paid on the vaccine claim line. For more information, please see the Vaccine Coding Webinar in the Provider Webinars section of the Alliance Provider page.

If the provider administers a privately purchased vaccine then per Medi-Cal guidelines, the provider can submit the invoice for the cost of the vaccine and the appropriate vaccine administration codes.

8. Will the blood draw for lead testing be reimbursed in addition to the lead counseling?

Lead counseling and lab draw are considered to be included in the applicable evaluation and management code for the preventive visit (99381-99395).

9. What screenings are recommended and for which age groups?

For a full list of when specific screenings should be performed, please reference the Bright Futures Periodicity Schedule: aap.org/en-us/professional-resources/practice-transformation/managing-patients/Pages/Periodicity-Schedule.asp and the CHDP Program guidelines: files.medi-cal.ca.gov/pubsdoco/chdp_manual.asp. Please note that CHDP exams now follow the periodicity (timing) of Bright Futures, however the CHDP Health Assessment Guidelines (HAGs) still apply.

10. Can I bill for the fluoride varnish if applied by a Medical Assistant (MA)?

The Primary Care Provider (PCP) who is billing for this service is required to be certified. However, nurses and other clinical staff can also apply fluoride varnish in the provider’s office if the PCP has provided them with training and the fluoride varnish applications are performed under the supervision of the certified PCP. You can view the CHDP Dental Training: Fluoride Varnish on the DHCS website: dhcs.ca.gov/services/chdp/Pages/FluorideVarnish.aspx

11. On the PM-160, providers bill for the exact amount to be reimbursed. Do providers need to continue billing the exact amount on the CMS-1500 or do they follow their fee schedule used for commercial insurance?

Providers may use whichever fee schedule is preferred. Please note: reimbursement will not exceed 200% of the current Medi-Cal rates for contracted CHDP providers.

12. Will the Alliance reimburse for vision screenings performed as part of the CHDP Health Assessment?

The Alliance will reimburse CHDP providers for vision acuity screening (Snellen test) when performed as part of the CHDP Health Assessment. CHDP providers should report CPT 99173 with a routine diagnosis when this service is performed.

13. What is the difference between a CMS-1500 and UB-04 claim form?

CMS-1500 claim forms are used by physicians and outpatient provider clinics to bill professional claims. The UB-04 claim forms are used by facilities/hospitals and are optional for FQHC/RHC clinics. If providers are unsure which claim form their clinic uses, please contact the billing department.

14. Can the Alliance send providers printed tip sheets for our office?

Providers can find CHDP tip sheets on the Alliance website or they can also reach out to their Provider Relations Representative at (800) 700-3874 ext. 5504.

Resources	
CHDP FAQs	files.medi-cal.ca.gov/pubsdoco/chdp_faq.asp
CHDP Conversion Table	files.medi-cal.ca.gov/pubsdoco/newsroom/25768_Cd_Conv_Table.pdf
CHDP Health Assessment Guidelines	dhcs.ca.gov/services/chdp/Pages/HAG.aspx
BF/AAP Preventive Pediatric Schedule	aap.org/en-us/Documents/periodicity_schedule.pdf
Fluoride Varnish	aap.org/en-us/about-the-aap/aap-press-room/pages/aap-recommends-fluoride-to-prevent-dental-caries.aspx
TB Risk Assessment Guidelines	cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Risk-Assessment.aspx
Child & Adolescent Immunization Schedule	cdc.gov/vaccines/schedules/hcp/imz/child-adolescent