DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
P.O. BOX 942732
SACRAMENTO, CA 94234-7320
(916) 654-0499

October 10, 2000

CHDP Provider Information Notice No. 00-05

TO: CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM PROVIDERS AND MEDI-CAL MANAGED CARE PLAN

SUBJECT: CHDP PROGRAM POLICY CHANGES

The purpose of this Information Notice is to advise you of changes in CHDP claims adjudication to reflect existing CHDP program policies that have been incorporated into an updated system for processing the Confidential Screening/Billing Report (PM 160). These changes are effective October 2, 2000.

Program Changes

A. Health Assessments

Periodic health assessments require the performance of a complete history and unclothed physical examination. In addition, there are varying requirements for additional assessments at each examination that must be documented on the PM 160. These include, but are not limited to, height, weight (in pounds and ounces), head circumference, and blood pressure.

Table 101.1 as shown in Enclosure 1 is the Periodicity Schedule for Health Assessment Requirements by Age Groups. **Effective January 1, 2001, all health assessment requirements in this schedule must be documented on the PM 160 for each examination or the claim will not be reimbursed**. Any exceptions require an explanation in the Comments/Problems area of the PM 160.

NOTE: A Tuberculosis test is required at the assessment for ages four through five, nine through 12, and 13 through 16.

B. Laboratory Tests

1 As a reminder, providers are not reimbursed for the collection and handling fee for a Pap smear (it is included in the reimbursement for a pelvic examination), or for the collection of ova and parasites.

2. A collection and handling fee for chlamydia will be reimbursed for a male. It will only be reimbursed for a female when the pelvic examination has been refused.

C. Vaccines

1 The following immunization codes have been added to the system:

	Description	Age
• 63	Hemophilus Influenza type B (HIB) Conjugate Vaccine (CV), non-VFC	19-20 yrs 11 months
• 64	Polio, inactivated, non-VFC	19-20 yrs 11 months

These new codes were developed to separately identify and allow reimbursement for the administration of the vaccines to older Medi-Cal eligible adolescents.

Code 63 replaces the use of Code 38 for patients 19 years and older.

Code 64 replaces the use of Code 39 for patients 19 years and older.

2. A number of redundant vaccine codes, some of which have not been payable for sometime, have been eliminated:

Code	Description
• 37	Hemophilus Influenza B (Hib)
• 43	Measles/Mumps/Rubella (MMR), administration fee
• 47	MMR, non-VFC
49	Hepatitis B, low risk, non-VFC
• 50	Hepatitis B, high risk, non-VFC

Note: Hib, MMR, and Hepatitis B vaccines remain benefits of the CHDP program under other currently used codes as found in the "Reimbursement Of CHDP Vaccines" Table issued with CHDP Provider Information Notice 98-9.

3. Other vaccines and tests have been eliminated because they are no longer benefits of the CHDP program:

Code	Description
• N/A	Measles and Rubella
• N/A	Mumps and Rubella
•	TB Multipuncture test (tine test)
• 31	Oral polio, VFC and purchased
• 35	Mumps

An updated vaccine letter, which will provide a consolidated listing of the vaccines that are current CHDP benefits and their appropriate codes, will be forthcoming.

4. Several changes in policy related to reimbursement of vaccines given in a series have been instituted to ensure that CHDP eligible children receive appropriate immunizations and optimal immunity.

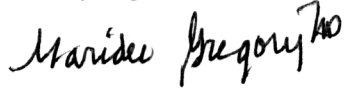
The system will now recognize that vaccines such as Inactivated Polio Vaccine and Hepatitis B are given in a series at defined intervals. The intervals reflect current standards of pediatric practice, as defined by the recommendations of the American Academy of Pediatrics and Advisory Committee on Immunization

Practices. The current immunization schedule is found in Enclosure 2. Claims for immunizations administered earlier than the recommended intervals will not be reimbursed

Note: Please ensure that Enclosure 2 is inserted in your CHDP Health Assessment Guidelines in Section 706, as a replacement for page 706-3.

5. Additional changes to the system include recognition of substitutions for vaccines given in a series. While substitutions are not recommended, there may be instances in which one of the listed vaccines may be the only one available. The use of the substituted vaccine will be recognized in patient history as one of the series components and will count towards the number of vaccines given for the series.

If you have any questions regarding these changes, please contact your local CHDP program office.



Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosures

Table 101.1 PERIODICITY SCHEDULE FOR HEALTH ASSESSMENT REQUIREMENTS BY AGE GROUPS

Screening Requirement	Age of Person Being Screened														
	Under 1 mo.	1-2 mos.	3-4 mos.	5-6 mos.	7-9 mos.	10-12 mos.	13-15 mos.	16-23 mos.	2 Yr.	3 Yr.	4-5 Yr.	6-8 Yr.	9-12 Yr.	13-16 Yr.	17-20 Yr.
Interval Until Next Exam	1 mo.	2 mo.	2 mo.	2 mo.	3 mos.	3 mos.	3 mos.	6 mos.	1 yr.	1 yr.	2 yr.	3 yr.	4 yr.	4 yr.	None
History and Physical Examination	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Dental Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Nutritional Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Developmental/Behavioral	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Anticipatory Guidance	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tobacco Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Pelvic Exam 1														•	•
Measurements															
Head Circumference	•	•	•	•	•	•	•	•							
Height/Length and Weight	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure										•	•	•	•	•	•
Sensory Screening															
Visual Acuity Test (Snellen) 2										•	•	•	•	•	•
Clinical Observation	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Audiometric 2										•	•	•	•	•	•
Non-audiometric	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Procedures/Tests															
Tuberculin Test											•		•	•	
TB Exposure Risk Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hematocrit or Hemoglobin					•		•		•	•	•	•	•	•	•
Urine Dipstick or Urinalysis											•	•	•	•	•
Blood Lead Test						•			•						
Blood Lead Risk Assessment				•	•	•	•	•	•	•	•				
Other Laboratory TESTS															
VDRL, RPR, or ART	To be done when health history and/or physical examination warrants.														
Gonorrhea Test	To be done when health history and/or physical examination warrants.														
Chlamydia Test	To be done when health history and/or physical examination warrants.														
Papanicolaou (Pap) Smear	To be done when health history and/or physical examination warrants.														
Sickle Cell	To be done when health history and/or physical examination warrants.														
Ova and Parasites	To be done when health history and/or physical examination warrants.														
Immunizations	Administer as necessary to make status current.														

NOTE: Children coming under care who have not received all the recommended procedures for an earlier age should be brought up-to- date as appropriate.

Recommended for sexually active females and females age 18 years and older.

Snellen testing and audiometric testing should start at age 3 years if possible. Clinical observation and non audiometric testing may be substituted if child is uncooperative.

Enclosure 2

Recommended Childhood Immunization Schedule United States, January – December 2000

Vaccines[1] are listed under routinely recommended ages. Bars indicate range of recommended ages for immunization. Any dose not given at the recommended age should be given as a "catch-up" immunization at any subsequent visit when indicated and feasible. Ovals indicate vaccines to be given if previously recommended doses were missed or given earlier than the recommended minimum age.

Age ▶ / Vaccine ▼	Birth	1 mo	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	24 mos	4-6 yrs	11-12 yrs	14-16 yrs
Hepatitis B[2]	Hep B											
		Hep B			Hep B						Hep B	
Diphtheria, Tetanus, Pertussis[3]			DTaP	DTaP	DTaP		DTaP[3]			DTaP	Td	
H. influenzae type b[4]			Hib	Hib	Hib	Hib						
Polio[5]			IPV	IPV	IPV[5]					IPV[5]		
Measles, Mumps, Rubella[6]						MMR				MMR[6]	MMR[6]	
Varicella[7]						Var					Var[7]	
Hepatitis A[8]									Hep A[8]-in selected areas			

Approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

IS 5081

(For **necessary footnotes** and important information, see reverse side.)

Section 706

On October 22, 1999, the Advisory Committee on Immunization Practices (ACIP) recommended that Rotashield (RRV-TV), the only US-licensed rotavirus vaccine, no longer be used in the United States (MMWR Morb Mortal Wkly Rep. Nov 5, 1999;48(43):1007). Parents should be reassured that their children who received rotavirus vaccine before July are not at increased risk for intussusception now.

1 This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines as of 11/1/99. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and its other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations.

2 **Infants born to HBsAg-negative mothers** should receive the 1st dose of hepatitis B (Hep B) vaccine by age 2 months. The 2nd dose should be at least 1 month after the 1st dose. The 3rd dose should be administered at least 4 months after the 1st dose and at least 2 months after the 2nd dose, but not before 6 months of age for infants.
Infants born to HBsAg-positive mothers should receive hepatitis B vaccine and 0.5 mL hepatitis B immune globulin (HBIG) within 12 hours of birth at separate sites. The 2nd dose is recommended at 1 to 2 months of age and the 3rd dose at 6 months of age.
Infants born to mothers whose HBsAg status is unknown should receive hepatitis B vaccine within 12 hours of birth. Maternal blood should be drawn at the time of delivery to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than 1 week of age).
All children and adolescents (through 18 years of age) who have not been immunized against hepatitis B may begin the series during any visit. Special efforts should be made to immunize children who were born in or whose parents were born in areas of the world with moderate or high endemicity of hepatitis B virus infection.

3 The 4th dose of DTaP (diphtheria and tetanus toxoids and acellular pertussis vaccine) may be administered as early as 12 months of age, provided 6 months have elapsed since the 3rd dose and the child is unlikely to return at age 15 to 18 months. Td (tetanus and diphtheria toxoids) is recommended at 11 to 12 years of age if at least 5 years have elapsed since the last dose of DTP, DTaP, or DT. Subsequent routine Td boosters are recommended every 10 years.

4 Three *Haemophilus influenzae* type b (Hib) conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB or ComVax [Merck]) is administered at 2 and 4 months of age, a dose at 6 months is not required. Because clinical studies in infants have demonstrated that using some combination products may induce a lower immune response to the Hib vaccine component, DTaP/Hib combination products should not be used for primary immunization in infants at 2, 4, or 6 months of age unless FDA-approved for these ages.

5 To eliminate the risk of vaccine-associated paralytic polio (VAPP), an all-IPV schedule is now recommended for routine childhood polio vaccination in the United States. All children should receive four doses of IPV at 2 months, 4 months, 6 to 18 months, and 4 to 6 years. OPV (if available) may be used only for the following special circumstances:

1. Mass vaccination campaigns to control outbreaks of paralytic polio.
2. Unvaccinated children who will be traveling in <4 weeks to areas where polio is endemic or epidemic.
3. Children of parents who do not accept the recommended number of vaccine injections. These children may receive OPV only for the third or fourth dose or both; in this situation, health care professionals should administer OPV only after discussing the risk for VAPP with parents or caregivers.
4. During the transition to an all-IPV schedule, recommendations for the use of remaining OPV supplies in physicians' offices and clinics have been issued by the American Academy of Pediatrics (see *Pediatrics*, December 1999).

6 The 2nd dose of measles, mumps, and rubella (MMR) vaccine is recommended routinely at 4 to 6 years of age but may be administered during any visit, provided at least 4 weeks have elapsed since receipt of the 1st dose and that both doses are administered beginning at or after 12 months of age. Those who have not previously received the second dose should complete the schedule by the 11- to 12-year-old visit.

7 Varicella (Var) vaccine is recommended at any visit on or after the first birthday for susceptible children, ie, those who lack a reliable history of chickenpox (as judged by a health care professional) and who have not been immunized. Susceptible persons 13 years of age or older should receive 2 doses, given at least 4 weeks apart.

8 Hepatitis A (Hep A) is shaded to indicate its recommended use in selected states and/or regions; consult your local public health authority. (Also see *MMWR Morb Mortal Wkly Rep* Oct 01, 1999;48(RR-12); 1-37).

Immunization Protects Children

Regular checkups at your pediatrician's office or local health clinic are an important way to keep children healthy.

By making sure that your child gets immunized on time, you can provide the best available defense against many dangerous childhood diseases. Immunizations protect children against: hepatitis B, polio, measles, mumps, rubella (German measles), pertussis (whooping cough), diphtheria, tetanus (lockjaw), *Haemophilus influenzae* type b, and chickenpox. All of these immunizations need to be given before children are 2 years old in order for them to be protected during their most vulnerable period. Are your child's immunizations up-to-date?

The chart on the other side of this fact sheet includes immunization recommendations from the American Academy of Pediatrics. Remember to keep track of your child's immunizations—it's the only way you can be sure your child is up-to-date. Also, check with your pediatrician or health clinic at each visit to find out if your child needs any booster shots or if any new vaccines have been recommended since this schedule was prepared.

If you don't have a pediatrician, call your local health department. Public health clinics usually have supplies of vaccine and may give shots free.

American Academy of Pediatrics

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.