April 18, 2003

CHDP Provider Information Notice No.: 03-02

TO: ALL CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM PROVIDERS

SUBJECT: MEDI-CAL ACCELERATED ENROLLMENT AID CODE 8E AND THE CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PROGRAM

The purpose of this notice is to inform you that Medi-Cal Accelerated Enrollment Aid Code 8E is a Medi-Cal aid code that includes eligibility for CHDP services effective July 1, 2002. The system problem that has caused denial of your CHDP claims with Aid Code 8E has been corrected. With this correction, CHDP services provided to children and youths with Aid Code 8E are reimbursable.

For CHDP services on and after July 1, 2002, that were denied and unpaid before the correction of the system on March 21, 2003, you will need to follow the process for a CHDP provider to appeal the “Notice of Claim Denial”. This process is outlined on page 500.4 of the CHDP Provider Manual (September 1992). The steps include the following:

1. Complete and sign a new Confidential/Screening Billing Report (PM 160) with all the information. Write the word “Appeal” in the “Comments/Problems” section.

2. On the “Notice of Claim Denial” note the reason(s) for the appeal. Sign and attach the “Notice” to the new PM 160.

3. Mail to: Medi-Cal/CHDP
   Attn: Provider Relations Correspondence Analyst
   P.O. Box 15300
   Sacramento, CA 95851-1300

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Children’s Medical Services Branch
714/744 P Street, P.O. Box 942732, Sacramento, CA 94234-7320
(916) 327-1400
Internet Address: http://www.dhs.ca.gov/pcfh/cms
We regret the inconvenience caused you by this problem.

If you have any questions, please contact your local CHDP Program.

Original Signed by Maridee Gregory, M.D.

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