



State of California-Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

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Index: Benefits

TO: CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM
ADMINISTRATORS, MEDICAL DIRECTORS AND MEDICAL
CONSULTANTS, AND STATE CHILDREN'S MEDICAL SERVICES (CMS)
BRANCH STAFF

SUBJECT: HIGH RISK INFANT FOLLOW-UP (HRIF) PROGRAM SERVICES

I. Background

Effective July 1, 2006, the CCS HRIF Program will operate under revised medical eligibility criteria and will have additional diagnostic services available for reimbursement. The purpose of this letter is to provide guidance on the CCS HRIF Program, highlighting the program changes. This letter supercedes Numbered Letter 06-0403, dated July 31, 2003.

As part of updating the HRIF Program, the CMS Branch has been working with a stakeholder group to expand the reporting capability for the HRIF Program. The CMS Branch will build upon the data that all CCS-approved Neonatal Intensive Care Units (NICU) collect through the California Perinatal Quality Care Collaborative (CPQCC) and the information submitted to the California Department of Health Services. The ability to provide additional reports on HRIF Program elements will give the CCS Program the opportunity to evaluate the HRIF Program outcomes and identify future program needs. These reports will also allow the NICUs to monitor their own performance.

Program Background

The CCS HRIF Program was established to identify children who might develop CCS-eligible conditions after discharge from a CCS-approved NICU. CCS Program standards require that each CCS-approved NICU ensure the follow-up of discharged high risk infants and that each NICU shall either have an organized program or a written agreement for provision of these services by another CCS-approved NICU. The HRIF Programs have been considered outpatient CCS Special Care Centers (SCC) and have been allowed to bill for a limited range of SCC diagnostic services. These services were incorporated into a unique Service Code Grouping (SCG) 06 as a result of a change in the process of issuing authorization of services through CMS Net.

The CCS HRIF Program has provided a limited number of core diagnostic services for infants up to three years of age. HRIF services have included:

- comprehensive history and physical examination with neurologic assessment;
- developmental assessment (Bayley Scales of Infant Development [BSID] or an equivalent test);
- family psychosocial assessment;
- hearing assessment;
- ophthalmologic assessment; and
- coordinator services (including assisting families in accessing identified, needed interventions and facilitating linkages to other agencies and services).

II. Policy

A. Eligibility for HRIF Services

Entry into the HRIF Program is for those infants who meet the following medical eligibility requirements and who met CCS medical eligibility criteria for NICU care or had a CCS eligible medical condition during their stay in a CCS-

approved NICU, even if they were never CCS clients during their NICU stay. Also, the program is available to infants who have a CCS eligible medical condition on discharge.

1. Medical Eligibility

An infant shall be medically eligible for the HRIF Program when the infant:

- a. Met CCS medical eligibility criteria for NICU care, in a CCS-approved NICU (regardless of length of stay) (as per Numbered Letter 05-0502, Medical Eligibility in a CCS Approved NICU).

Or

- b. Had a CCS eligible medical condition in a CCS-approved NICU (regardless of length of stay), (as per California Code of Regulations, Title 22, Section 41800 through 41872, CCS Medical Eligibility Regulations).

And

- c. The birth weight was less than 1500 grams or the gestational age at birth was less than 32 weeks.

Or

- d. The birth weight was 1500 grams or more and the gestational age at birth was 32 weeks or more and one of the following criteria was met during the NICU stay:
 - 1) Cardiorespiratory depression at birth (defined as pH less than 7.0 on an umbilical blood sample or a blood gas obtained within one hour of life) or an Apgar score of less than or equal to three at five minutes.
 - 2) A persistently and severely unstable infant manifested by prolonged hypoxia, acidemia, hypoglycemia and/or hypotension requiring pressor support.

- 3) Persistent apnea which required medication (e.g. caffeine) for the treatment of apnea at discharge.
- 4) Required oxygen for more than 28 days of hospital stay and had radiographic finding consistent with chronic lung disease (CLD).
- 5) Infants placed on extracorporeal membrane oxygenation (ECMO).
- 6) Infants who received inhaled nitric oxide greater than four hours for persistent pulmonary hypertension of the newborn (PPHN).
- 7) History of documented seizure activity.
- 8) Evidence of intracranial pathology, including but not limited to, intracranial hemorrhage (grade II or worse), periventricular leukomalacia (PVL), cerebral thrombosis, cerebral infarction, developmental central nervous system (CNS) abnormality or "other CNS problems associated with adverse neurologic outcome".
- 9) Other problems that could result in a neurologic abnormality (e.g., history of CNS infection, documented sepsis, bilirubin in excess of usual exchange transfusion level, cardiovascular instability, hypoxic ischemic encephalopathy, et cetera).

Infants whose NICU medical care was not provided in a CCS-approved NICU are not eligible for HRIF service.

2. Residential Eligibility

The County CCS Program is responsible for determining whether the parent or legal guardian of an HRIF Program applicant is a resident of the county per CCS policy.

3. Financial Eligibility

A financial eligibility determination is not required for HRIF Program services as the HRIF Program is a diagnostic service.

- a. Even though financial eligibility determination is not required for diagnostic services, insurance information shall be obtained by the County CCS Program or Regional Office staff.
- b. The \$20 assessment fee is waived for these diagnostic services.

4. Age Criteria

The child shall be eligible from birth up to three years of age.

B. HRIF Services Include

1. A comprehensive history and physical examination, including neurologic assessment, usually performed at approximately four to six months, nine to twelve months, and 18 to 36 months (adjusted or chronological age). Additional visits may be determined to be medically necessary by the HRIF Program. Examinations may be completed by one of the following: a CCS-approved physician (pediatrician or neonatologist), or a pediatric nurse practitioner (PNP). A PNP functioning in this role does not require CCS-approval and is practicing under the direction of a physician.
2. A developmental assessment (BSID or an equivalent test), usually performed at approximately, four to 6 months, 9 to 12 months, and 18 to 36 months. Additional assessments may be determined to be necessary by the HRIF Program. Each assessment during the child's three-year eligibility period may be performed by one of the following who has training in the evaluation of motor and sensory development of high-risk infants: a CCS-approved pediatrician or neonatologist, PNP, CCS-approved nurse specialist (registered nurse with a Bachelor's of Science Degree in Nursing), CCS-approved physical therapist, CCS-approved occupational therapist, or CCS-approved psychologist. The PNP functioning in this role does not need to be CCS-approved.
3. A family psychosocial assessment, to be performed during the child's three year eligibility period by a CCS-approved social worker, PNP or CCS-approved nurse specialist with expertise in family psychosocial assessment. Referral shall be made to a social worker upon identification of significant

social issues by a PNP or nurse specialist. Additional assessments may be determined to be necessary by the social worker, PNP, or nurse specialist.

4. A hearing assessment, for infants:
 - a. Under six months of age who were not screened in the hospital – A referral shall be made to a Newborn Hearing Screening Program (NHSP)-certified Outpatient Infant Hearing Screening Provider for a hearing screen. A list of NHSP-certified screening providers is available on the NHSP website:
<http://www.dhs.ca.gov/pcfh/cms/nhsp/directory.htm> or by calling the NHSP toll-free number at 1-877-388-5301; or
 - b. Over six months of age who were not screened in the hospital – A referral shall be made to a CCS-approved Type C Communication Disorder Center (CDC) for a diagnostic hearing evaluation; or
 - c. Who did not pass the inpatient NICU hearing screen – A referral shall be made to a Type C CDC for a diagnostic hearing evaluation; or
 - d. Who passed an initial hearing screen but who are at risk for developing a progressive or late-onset hearing loss, [as per California Code of Regulations, Title 22, Section 41839.(a)(6)] – A referral shall be made to a Type C CDC for a diagnostic hearing evaluation every six months.
5. An ophthalmologic assessment, performed by a CCS-approved ophthalmologist with experience and expertise in the retinal examination of the preterm infant. The assessments are to be done in accordance with the American Academy of Pediatrics Policy Statement “*Screening Examination of Preterm Infants*” *Pediatrics*, Vol. 117: Number 2, February 2006, P.572-576 and until the ophthalmologist determines the child is no longer at risk for developing retinopathy of prematurity.
6. HRIF Coordinator services, all CCS-approved NICU HRIF Programs must designate a staff person to coordinate HRIF services.

The HRIF Coordinator will ensure that diagnostic follow-up, referral, and education services are provided to families of eligible infants and children.

The HRIF Coordinator, shall be a CCS-approved: pediatrician or neonatologist, PNP, nurse specialist, psychologist, social worker, physical therapist, or occupational therapist. The PNP only requires CCS-approval when functioning in the CCS HRIF Program as a HRIF Coordinator.

The roles and responsibilities of the HRIF Coordinator include, but are not limited to:

a. Coordination

- 1) Serve as the primary person coordinating neonatal HRIF services among the County CCS Programs, other HRIF Programs located in CCS-approved Regional, Community and Intermediate NICUs, State CMS Regional Offices, clients/families, and others in matters related to the client's HRIF services.
- 2) Participate in NICU discharge planning process or multidisciplinary rounds.
- 3) Ensure identification of HRIF eligible clients according to HRIF eligibility criteria, and request authorizations from County CCS Program or Regional Offices.
- 4) Ensure copies of the authorizations are distributed to HRIF team members and consultants.
- 5) Gather medical reports and assessments for review by team members, and prepare a summary report.
- 6) Ensure that a copy of the summary report is sent to the County CCS Program or Regional Office.
- 7) Confer with parents regarding services provided and results of clinical evaluations and assessments of their infant or child.
- 8) Assist families in establishing a Medical Home for the infant or child.

- 9) Assist clients/families in making linkages to necessary medical and social services.
 - 10) Ensure there is a system in place to follow-up with families including those who have missed appointments. Collect documentation of the reason for missed appointments and develop a plan of action for improving HRIF Program adherence for evaluations and assessments.
 - 11) Provide coordination between the HRIF Program and the infant's or child's (pediatric) primary care physician, specialists, County CCS Program and Regional Office, when appropriate.
 - 12) Coordinate HRIF services with the County CCS Program and Regional Offices and other local programs.
 - 13) Coordinate follow-up service needs among the CCS-approved Regional, Community and Intermediate NICUs within the community catchment area and with those NICUs that provide HRIF referrals to their agency.
- b. Client Referral Services and Follow-Up
- 1) Ensure and document referrals are made to the Early Start Program for children who meet Early Start eligibility criteria.
 - 2) Ensure referrals are made to the Regional Center when those services are appropriate.
 - 3) Ensure referrals to HRIF diagnostic consultations and assessments are made with CCS-approved providers.
 - 4) Provide referral and resource information for other social and developmental programs within the community, as required.
- c. Education Services Program
- 1) Provide education and outreach about the HRIF Program and services, clinical care, required documentation on transfer, and

referral options, including outreach to NICUs with which there is a NICU Regional Cooperation Agreement (RCA), to CCS-approved Community and Intermediate NICU's and other community referral agencies, as appropriate.

- 2) Develop and provide education to parents and family members about the high risk infant's medical condition(s), care and treatment, special needs, and expected outcomes of care.
- 3) Provide education to parents and family members about the system of care and services (including social services) available to help them nurture, support, and care for the high risk infant.

d. HRIF Program Reporting Requirements

The HRIF Coordinator will be responsible for ensuring that data is collected and reported to CMS Branch and CPQCC. The HRIF Coordinator will:

- 1) Provide data, information, and reports (including client outcomes from referrals) to local NICUs about infants referred to the HRIF program for care and services.
- 2) These reports will include the HRIF Team Visit Report (see *Enclosure A, Template form of required reporting elements*) and
- 3) The *Registration Client Identification Face Sheet* (see *Enclosure B*) which will be collected once; and/or
- 4) The *Health and Developmental Status Report* (see *Enclosure C*) which will be submitted at the initial assessment, follow-up visits and final assessment.
- 5) Coordinate the collection, collation, and reporting of required data.
- 6) Ensure required data is submitted accurately and timely to the appropriate agencies, including CPQCC and the State CMS Branch or as instructed.

- 7) In collaboration with the NICU Medical Director, ensure that the HRIF Program fully participates in the CMS Branch program evaluation, including submission of required information and data.
 - 8) Provide data and information that is required for the evaluation.
7. Home assessments, a home assessment is for the purpose of evaluating the family for specific needs in the home environment (i.e. to determine if there are appropriate resources to assure access to services; evaluate the parent/infant interaction and parent's understanding of infant care, development, and special needs). The home assessment shall be provided by a Home Health Agency (HHA) nurse, preferably experienced in evaluating the maternal/infant environment, and is not to be utilized to perform direct services. Medical justification must be provided by the HRIF Program physician if additional home assessments are required beyond the first year's initial two allowable HHA visits.
8. The following four enclosures provide additional information about SCG 06 and describe specific billable diagnostic services that may be performed by the HRIF team members:
- a. Enclosure D – Abbreviated Description and Guidelines for Billing HRIF Program Services.
 - b. Enclosure E – SCG 06-HRIF Program Service Codes Listed by Provider Type.
 - c. Enclosure F – SCG 06-HRIF Program Service Codes listed in Numeric Order of Billing Code.
 - d. Enclosure G – Expanded Description and Guidelines for Billing HRIF Program Services.
- C. Providers for HRIF Program Services

HRIF Program required team members include a CCS-approved: HRIF Program medical director (pediatrician or neonatologist); HRIF coordinator, ophthalmologist, audiologist, social worker, and an individual to perform the developmental assessment. See Section II.B.2. above for description of the healthcare professionals who perform developmental assessments.

An individual provider may simultaneously serve in more than one role on the HRIF team.

III. Policy Implementation

A. HRIF Program Authorizations

1. The CCS Program Medical Consultant/Director or designee shall authorize SCG 06 for HRIF outpatient services based on the request for HRIF diagnostic services for infants or children who meet the eligibility criteria in Section II. A. above and when one or more of the following apply:
 - a. The infant's or child's parent or legal guardian has completed and signed the CCS Program application and the family meets CCS Program requirements for residential eligibility; or,
 - b. The infant or child is a full scope, no share of cost (SOC) Medi-Cal beneficiary or,
 - c. The child is a Healthy Families subscriber.
2. If a client is already open to CCS for treatment services, continue to use the aid code already assigned to the client.
3. If a client will only receive authorization for diagnostic HRIF Program services:
 - a. Assign 9K aid code, and
 - b. Open the case to CCS for diagnostic services only.
4. The HRIF authorization shall be issued to the HRIF Program (as identified in the CCS Special Care Center directory) and sent to the HRIF Coordinator who is responsible for:
 - a. Ensuring copies of the authorization are distributed to all appropriate HRIF team members and consultants involved in the child's follow-up care.

NOTE: The consultants (CCS-approved ophthalmologists and audiologists) do not require a separate authorization for the diagnostic services they will perform. All the diagnostic services for which infants are eligible under the HRIF Program are included in SCG 06 in order to expedite the consultant's evaluation. If a consultant makes the diagnosis of a CCS-eligible medical condition and CCS Program eligibility is met, the CCS-approved consultant shall request and receive an authorization for treatment services.

- b. Providing a copy of the HRIF Team Visit Reports to the County CCS Program or Regional Office, NICU medical director (if the director is not directly involved with HRIF Program), Medical Home (or primary care provider) and other providers involved in the infant's or child's care.
5. Authorizations for HRIF services shall:
- a. Have a beginning and ending date for the authorization period and cannot be issued for more than a one year period of time.
 - b. Not extend beyond the child's third birthday.
6. Authorization of Home Health Agency (HHA) services:
- a. An authorization for two HHA visits (HCPCS code Z6900 [skilled nursing service in home by HHA]), for the purposes of doing a home assessment during the first year shall be separately authorized at the time of the initial authorization of HRIF services.
 - b. The HRIF Program must provide the County CCS Program or Regional Office with the name of the HHA that will be performing the home assessment.
 - c. Additional home assessments shall only be authorized when medical necessity justification is provided by the HRIF Program physician.
7. While financial eligibility is not required, insurance information shall be obtained. If applicable, providers have been instructed to request

authorization from a client's other commercial third party health insurance carrier or Health Maintenance Organization (HMO) **prior** to providing services and bill the client's other commercial health insurance carrier or HMO plan prior to billing the CCS Program. A denial of benefits or an Explanation of Benefits (EOB) must be attached to each claim. CCS/Medi-Cal is the payor of last resort.

NOTE: Electronic Data Systems (EDS) will not honor a claim with an EOB that is denied because "out of network" or prior authorization requirements are not met.

8. Upon receiving a HRIF report documenting the identification of a CCS-eligible medical condition during the course of an assessment or evaluation, the County CCS Program shall:
 - a. Initiate determination of the child's CCS Program eligibility for authorization of treatment services if the child is not already open to the program for treatment services. If the child is found to be eligible for the CCS Program, a separate authorization will be issued to the most appropriate CCS-approved provider.
 - b. Issue a separate treatment authorization to the most appropriate CCS-approved provider upon identification of a new CCS-eligible medical condition when the child is already open to CCS for treatment services.
 - c. Continue annual authorization of HRIF services (SCG 06) up to the child's third birthday even if the child meets CCS Program eligibility requirements and is prior authorized for services to treat the CCS eligible condition.
 - d. Continue authorization of HRIF services (SCG 06) up to the child's third birthday even if the child is determined not to meet CCS Program eligibility, that is, not meeting the CCS financial eligibility requirement and therefore not eligible for treatment services.

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9. Authorization of HRIF services may be terminated prior to the child's third birthday if the HRIF Program indicates that HRIF services are no longer required. (This may occur when the child is found to be doing well on neurodevelopmental examination and testing).

If you have questions regarding the HRIF Program Services policy, please contact your designated State CMS Regional Office Nurse Consultant or Medical Consultant.

Original Signed by Marian Dalsey, M.D., M.P.H.

Marian Dalsey, MD, MPH, Acting Chief
Children's Medical Services Branch

Enclosures

**California Children's Services (CCS)
High Risk Infant Follow-Up (HRIF) Program
HRIF Team Visit Report Form -- **TEMPLATE****

Instructions: The purpose of this form is to provide key HRIF program visit information required by the CCS Program or Regional Office for ongoing case management purposes. In addition to submitting this form to the CCS Program or Regional Office, a copy of this information is also to be submitted to the child's pediatric primary care provider or medical home, NICU medical director (if the director is not the HRIF program medical director) and other providers involved in the care of the child*. This TEMPLATE form contains elements required by CCS for case management. Please attach copies of the (dictated) history and physical, and other pertinent reports.

Child's Name: _____ HRIF Visit Date: -- -- / -- -- / -- -- -- -- CCS Number: _____ Birth Date: -- -- / -- -- / -- -- -- -- Current Medical Home Provider: <i>Write the medical home provider on the lines provided.</i> _____ _____ _____	Name of HRIF Program: _____ CCS HRIF SCC Directory Number: 7 • • _____ Team Members: <i>Write in team member names on the lines provided.</i> _____ _____ _____ _____
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(√) Check members whose findings are attached.

Attach the following:

- 1) Summary of Key Findings and Recommendations (i.e., History and physical exam, motor/neurological, developmental exam and pertinent findings for audiology, ophthalmology, and psychosocial assessments).
- 2) A copy of the physician report which addresses the physical exam findings and recommendations for CCS case management.

*** Check all that received a copy of this report form.**

<u>Copy Required</u>	<u>Interventions / Other Providers</u>
<input type="checkbox"/> CCS / Regional Office <input type="checkbox"/> NICU Director (if other than the HRIF Medical Director) <input type="checkbox"/> Medical Home	<input type="checkbox"/> Early Start <input type="checkbox"/> Medical Therapy Unit <input type="checkbox"/> Occupational Therapist <input type="checkbox"/> Physical Therapist <input type="checkbox"/> Speech Therapist <input type="checkbox"/> Other Providers or Special Care Centers involved (Please list below) _____ _____ _____

**California Children's Services (CCS)
High Risk Infant Follow-Up (HRIF) Program
REGISTRATION – CLIENT IDENTIFICATION FACE SHEET**

Instructions: This client registration information must be collected one time per client. The program is available to infants who meet CCS HRIF medical eligibility criteria and who are medically eligible for CCS or had a CCS medically eligible condition at some time during their stay in a CCS approved NICU, even if they have never been a CCS client. **Fax the completed form to (916) 327-1123. If you have any questions, call Kimie Kagawa, M.D. at (916) 327-2665 or Rachel Luxemberg, M.A. at (916) 327-1443.**

SECTION A: HRIF PROGRAM REGISTRATION INFORMATION

1. CCS Number: If no CCS Number is assigned check (✓) this box:
See Note below*

2. Year of Birth (YYYY): 3. Zip Code of Birth Hospital:

4. Zip Code of Discharge Hospital: 5. Zip Code of HRIF Program:

6. Enter Your NICU's CPQCC Center Number: 7. Gender: Male Female Not Reported

8. Insurance Status: Check (✓) all that apply
 CCS Medi-Cal Healthy Families Commercial PPO Commercial HMO

SECTION B: MEDICAL ELIGIBILITY CRITERIA MET FOR CCS HRIF PROGRAM

9. Birth Weight: grams 10. Gestational age at birth in weeks and days: Weeks Days

Check (✓) all responses that apply for Question (11).

11. Medical criteria for infants greater than 1500 grams and greater than or equal to 32 weeks gestational age:

(✓)	Medical Criteria	(✓)	Medical Criteria	(✓)	Medical Criteria
<input type="checkbox"/>	Cardiorespiratory depression at birth	<input type="checkbox"/>	Chronic lung disease	<input type="checkbox"/>	Documented seizure activity
<input type="checkbox"/>	Prolonged hypoxia, acidemia, hypoglycemia, or hypotension	<input type="checkbox"/>	Infant placed on ECMO	<input type="checkbox"/>	Intracranial pathology
<input type="checkbox"/>	Persistent apnea which required medication	<input type="checkbox"/>	Infant received INO (>4.0 Hrs)	<input type="checkbox"/>	Potential neurological abnormality

SECTION C: LIVING SITUATION

Check (✓) only one

12. Caregiver(s):

(✓)	Caregiver(s)	(✓)	Caregiver(s)
<input type="checkbox"/>	Both Birth Mother and Biological Father	<input type="checkbox"/>	Single Birth Mother/Father
<input type="checkbox"/>	Birth Parent with Step or Long-Term Partner	<input type="checkbox"/>	Grandparent
<input type="checkbox"/>	Aunt/Uncle	<input type="checkbox"/>	Sibling
<input type="checkbox"/>	Non-Biological Foster Parent	<input type="checkbox"/>	Other Combination _____

13. Zip Code of Primary Caregiver:

Check (✓) only one

14. Education Level Primary Caregiver:

(✓)	Education Level	(✓)	Education Level	(✓)	Education Level
<input type="checkbox"/>	Some high school or less	<input type="checkbox"/>	High school degree	<input type="checkbox"/>	GED Certificate
<input type="checkbox"/>	Some college/university	<input type="checkbox"/>	College/university degree	<input type="checkbox"/>	Not applicable or unknown

Please provide the following information for the person completing this form.

Name: _____ Phone: _____ Date Completed: _____

* Note: The HRIF Program has assigned the following HRIF Client ID Number for your Non CCS Client. This is the child's identification number.

**California Children's Services (CCS)
High Risk Infant Follow-Up Program
HEALTH and DEVELOPMENTAL STATUS REPORT**

Instructions: This information must be collected at the initial assessment, routine follow-up visits, and at the final assessment. *Fax the completed form to (916) 327-1123. If you have any questions, call Kimie Kagawa, M.D. at (916) 327-2665 or Rachel Luxemberg, M.A. at (916) 327-1443.*

SECTION A: CLIENT TRACKING INFORMATION

1. CCS Number: **or** HRIF Client ID Number:
 2. Date of Assessment (MM/DD/YYYY): 3. Zip Code of Residency:
 4. Enter Your NICU's CPQCC Center Number:
 5. Assessment Visit:
Check all that are applicable

<input type="checkbox"/>	Option	<input type="checkbox"/>	Option
<input type="checkbox"/>	Client Seen	<input type="checkbox"/>	Client Not Seen
<input type="checkbox"/>	Option	<input type="checkbox"/>	Option
<input type="checkbox"/>	Completed Assessment	<input type="checkbox"/>	Failed Appointment
<input type="checkbox"/>	Incomplete or Partial Assessment Performed	<input type="checkbox"/>	Too Sick to be Evaluated
<input type="checkbox"/>	No Follow-Up Required Per HRIF Program	<input type="checkbox"/>	Other

If client failed to show up, check all that are applicable

<input type="checkbox"/>	Option	<input type="checkbox"/>	Option	<input type="checkbox"/>	Option
<input type="checkbox"/>	Left Geographic Area	<input type="checkbox"/>	Expired	<input type="checkbox"/>	Rescheduled
<input type="checkbox"/>	Lost to follow-up	<input type="checkbox"/>	Authorization Pending	<input type="checkbox"/>	Not Authorized
<input type="checkbox"/>	Other/Unknown	<input type="checkbox"/>		<input type="checkbox"/>	

6. Insurance Status: *Check (✓) all that apply at time of each visit*
 a. CCS b. Medi-Cal c. Healthy Families d. Commercial PPO e. Commercial HMO

SECTION B: GROWTH PARAMETERS AT TIME OF VISIT

7. Weight: gm 8. Length: cm 9. Head Circumference: cm

SECTION C: MEDICAL REHOSPITALIZATION

10. If the child was rehospitalized, check (✓) the category for rehospitalization.
 a. Pulmonary b. GI c. Cardiac d. Neurological e. Other

SECTION D: VISION IMPAIRMENT

11. Visual Impairment:
Check (✓) only one Unilateral Bilateral Unsure No Visual Impairment
12. Blindness Present:
Check (✓) only one Unilateral Bilateral Unsure Not blind

SECTION E: HEARING IMPAIRMENT

- Check (✓) only one*
13. Hearing Impairment: Unilateral Bilateral Unsure No Hearing Impairment
Check (✓) only one
14. Deafness Present: Unilateral Bilateral Unsure No Deafness Present

High Risk Infant Follow-Up Program HEALTH and DEVELOPMENTAL STATUS REPORT

SECTION F: CEREBRAL PALSY

Check (✓) all that apply

- 15. Cerebral Palsy:** Yes No
- a. *If Yes, Impairment:* Diplegia Hemiplegia Quadriplegia Monoplegia Other
- b. *If No, Muscle Tone:* Normal Abnormal
- c. *If Muscle tone is abnormal:* Hypotonia Hypertonia Both (hypotonia & hypertonia)

SECTION G: DEVELOPMENTAL TESTING

16. Please place a check (✓) by each test used.

Test	(✓)	Test	(✓)	Test	(✓)	Test	(✓)
BSID-II (2 nd Edition)		Bayley Screener		Gesell Developmental Schedule		Other	
BSID-III (3 rd Edition)		CAT/CLAMS		Mullens Scale		Other	
BINS		Denver II		WPPSI		Other	

Use of a norm-referenced assessment test is highly recommended. For norm referenced tests, classify infants in the following way:

Normal Development – Obtained score is within one standard deviation or above (>85, if mean is 100 and standard deviation (SD) is 15).

Borderline Development – Obtained score is between 1 and 2 SD below the mean (70 – 84 if the mean is 100 and SD is 15).

Deficient Development – Obtained score is greater than 2 SD below the mean (<70 if mean is 100 and SD is 15).

Based on the standardized range please check (✓) the category that best describes the child's developmental status.

	Developmental Status	Normal	Borderline	Deficient	Unable to Assess
17.	Cognitive Function				
18.	Motor Development				
	a. Fine Motor				
	b. Gross Motor				
19.	Language Development				

If your instrument has a global or composite score, report this score in Item 15 (Overall Clinical Appraisal of cognitive functioning).

20. Overall clinical appraisal of child's cognitive functioning:

Check (✓) only one

- Normal Suspect Impaired Unable to assess

SECTION H: CURRENT INTERVENTION

21. If the child is receiving current interventions, please check (✓) all responses that apply.

(✓)	Intervention	(✓)	Intervention	(✓)	Intervention
	Early Start		Speech Therapy		No Intervention
	Occupational Therapy		Medical Therapy Unit		Other: _____
	Physical Therapy		Home Visit Evaluation		

Please provide the following information for the person completing this form.

Name: _____ Phone: _____ Date Completed: _____

Abbreviated Description and Guidelines for Billing HRIF Program Services NJ-09-0606 Enclosure D

Provider Type	Type of Service	Procedure Code(s) and Description
Physician or Nurse Practitioner	History and physical, including neurologic assessment	99201-99205 New patient office/other outpatient services Level 1-5 99211-99215 Established patient office/other outpatient services Level 1-5
Physician or Nurse Practitioner	Follow-up as needed	99211-99213 Established patient office/other outpatient services Level 1-3
Physician or Nurse Practitioner	Developmental testing	96110-96111 Limited/extended with interpretation and report Possible standardized tests include: Bayley, BSID II, BSID III, BINS, Denver II, Mullens, Gesell, CAT/CLAMS, WPPSI
Physician	Coordinator (if this is billed fee-for-service, only 1 coord. can bill/client/date of service)	Z4305 HRIF clinic coordination, physician
Physician	Other HRIF services	Z4306 Medical case conference, participant physician, per 0.5 hours Z4304 Patient report, extensive, comprehensive level
Physician - Ophthalmologist	Ophthalmology services for diagnosing retinopathy of prematurity	92002, 92004, 92012, 92014, 92081, 92082, 92083, 92225, 92226, 92250, 92499 Potential ophthalmology exam & evaluation codes 99241-99245 Office consultation, Level 1-5
Nurse Specialist	Coordinator (if this is billed fee-for-service, only 1 coord. can bill/client/date of service)	Z4300 HRIF clinic coordination, non-physician
Nurse Specialist	Developmental testing	96110-96111 Limited/extended with interpretation and report Possible standardized tests include: Bayley, BSID II, BSID III, BINS, Denver II, Mullens, Gesell, CAT/CLAMS, WPPSI
Nurse Specialist	Nursing assessment, instruction/education	Z4301 Assessment, nurse, per 0.5 hours
Nurse Specialist	Other HRIF services	Z4304 Patient report, extensive, comprehensive level Z4310 Medical case conference, participant nurse, per 0.25 hours Z5406 Telephone consultation, allied health, per 0.25 hours
Social Worker	Coordinator (if this is billed fee-for-service, only 1 coord. can bill/client/date of service)	Z4300 HRIF clinic coordination, non-physician

Abbreviated Description and Guidelines for Billing HRIF Program Services NJ-09-0606 Enclosure D

Provider Type	Type of Service	Procedure Code(s) and Description
Social Worker	Psychosocial assessment	Z4307 Assessment, social worker, per 0.5 hours
Social Worker	Other HRIF services	Z4311 Medical case conference, participant social worker, per 0.25 hours Z5406 Telephone consultation, allied health, per 0.25 hours
Physical Therapist Occupational Therapist	Coordinator (if this is billed fee-for-service, only 1 coord. can bill/client/date of service)	Z4300 HRIF clinic coordination, non-physician
Physical Therapist Occupational Therapist	Physical Therapy Occupational Therapy assessment	Z4309 Assessment, allied health professional, per 0.5 hours
Physical Therapist Occupational Therapist	Developmental testing	96110-96111 Limited/extended with interpretation and report Possible standardized tests include: Bayley, BSID II, BSID III, BINS, Denver II, Mullens, Gesell, CAT/CLAMS, WPPSI
Physical Therapist Occupational Therapist	Other HRIF services	Z4302 Medical case conference, participant allied health professional, per 0.25 hours Z5406 Telephone consultation, allied health, per 0.25 hours
Psychologist	Coordinator (if this is billed fee-for-service, only 1 coord. can bill/client/date of service)	Z4300 HRIF clinic coordination, non-physician
Psychologist	Developmental testing	X9514 Test administration X9534 Test scoring X9542 Written report
Psychologist	Other HRIF services	Z4302 Medical case conference, participant allied health professional, per 0.25 hours Z5406 Telephone consultation, allied health, per 0.25 hours
Audiologist	Audiology evaluation	X4300, X4301, X4500, X4501, X4506, X4508, X4510, X4522, X4530, X4536, X4538, X4540, Z0316, Z5900, Z5902, Z5906, Z5908, Z5912, Z5914, Z5916, Z5918, Z5620, Z5922, Z5924, Z5934, Z5936, 92551-53, 92555-57, 92567-69, 92571-73, 92575-77, 92579, 92582, 92585-88 Potential audiology evaluation codes
Other Billable Services		Z7500 Use of facility examination room Z7610 Miscellaneous medical supplies

**High Risk Infant Follow Up Program
Service Code Grouping 06
Sorted by Provider Type**

The following codes are included in SCG 06 for authorization of services provided by an audiologist:

Audiologist Codes	X4300	SP THER LANGUAGE EVAL
"	X4301	SP THER-SPEECH EVALUATION
"	X4500	SP HR DIAG AUDIOLOG EVALUATION
"	X4501	SP HR PURE TONE AUDIOMETRY
"	X4506	PEDIATRIC EVAL 0-7 YRS FIRST VISIT
"	X4508	PEDIATRIC EVAL 0-7 YRS FIRST DIAG FOLLOW
"	X4510	PEDIATRIC EVAL 0-7 YRS SECOND DIAG FOLLO
"	X4522	EVOKED RESP AUDIOMET TEST PHYSICIAN EVAL
"	X4530	IMPED AUD (BILAT) PART OF COMP AUD EVAL
"	X4536	WEBER TEST
"	X4538	IMPED AUDIO (UNILAT) PART OF COMP AUD EVAL
"	X4540	TY (IMP TST) PRT COMP AUD EVAL AUDIOLOGI
"	Z0316	TY (IMP TST) COMP AUDIO EVAL NON-SPE PHY
"	Z5900	EPSDT-AUDIO EVAL LESS THAN 2 YRS
"	Z5902	EPSDT-AUDIO EVAL 2-5 YRS
"	Z5906	EPSDT-SUBSEQUENT AUDIO EVAL UNDER 2 YRS
"	Z5908	EPSDT-SUBSEQUENT AUDIO EVAL 2-5 YRS
"	Z5912	EPSDT-EVAL DIFFICULT TEST PT UNDER 7 YRS
"	Z5914	EPSDT-AUDITORY BRAINSTEM RESPONSE (ABR)
"	Z5916	AUDIOMETRY/BEHAVIORAL OBSERVATION AUDIO
"	Z5918	EPSDT-SPEECH THRESHOLD TEST
"	Z5920	SPEECH DISCRIMINATION/WORD RECOGNI TEST
"	Z5922	EPSDT-ACOUSTIC IMMITANCE TST, MONAURAL
"	Z5924	EPSDT-ACOUSTIC IMMITANCE TST, BINAURAL
"	Z5934	EPSDT-EVOKED OTOACOUSTIC EMISSION, LTD
"	Z5936	EVOKED OTOACOUSTIC EMISSION CMPHSV/DGNTC
"	92551	PURE TONE HEARING TEST, AIR
"	92552	PURE TONE AUDIOMETRY, AIR
"	92553	AUDIOMETRY, AIR & BONE
"	92555	SPEECH AUDIOMETRY THRESHOLD
"	92556	SPEECH AUDIOMETRY THRESH, W/SPEECH REC
"	92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVAL
"	92567	TYMPANOMETRY IMPEDANCE TESTING
"	92568	ACOUSTIC REFLEX TESTING THRESHOLD
"	92569	ACOUSTIC REFLEX DECAY TEST
"	92571	FILTERED SPEECH HEARING TEST
"	92572	STAGGERED SPONDAIC WORD TEST
"	92573	LOMBARD TEST
"	92575	SENSORINEURAL ACUITY TEST
"	92576	SYNTHETIC SENTENCE TEST
"	92577	STENGER TEST, SPEECH
"	92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)
"	92582	CONDITIONING PLAY AUDIOMETRY
"	92585	AUDITOR EVOKE POTENT, COMPRE
"	92586	AUDITOR EVOKE POTENT, LIMIT
"	92587	EVOKED OTOACOUSTIC EMISSIONS LIMITED
"	92588	EVOKED OTOACOUSTIC EMISSIONS COMPRE/DX

**High Risk Infant Follow Up Program
Service Code Grouping 06
Sorted by Provider Type**

The following codes are included in SCG 06 for authorization of developmental assessment provided by a psychologist:

Psychologist Codes	X9514	TEST ADMIN., INCLUDES PRETES INTERVIEW-ON
"	X9534	TEST SCORING-PARTIAL HOUR-EACH 15 MINUTE
"	X9542	WRITTEN REPORT-PARTIAL HOUR-EACH 15 MINUTE

The following codes are included in SCG 06 for authorization of facility-related costs:

Facility Codes	Z7500	USE OF HOSP, EXAM. OR TREAT. RM.
"	Z7502	USE OF EMERGENCY ROOM
"	Z7504	USE OF CAST ROOM
"	Z7506	USE OF OPER ROOM OR CYST ROOM-FIRST HOUR
"	Z7508	USE OF OP OR CYSTO RM 1ST SUBSEQ HALF HR
"	Z7510	USE OP OR CYSTO RM SEC SUBS HALF HOUR
"	Z7512	USE OF RECOVERY ROOM
"	Z7514	PAY FOR RM AND BOARD AND GEN NURSING CAR
"	Z7610	MISC DRUGS AND MED SUPPLIES, ADMIN STAT
"	Z7612	UNLISTED SEVICES

The following codes are included in SCG 06 for authorization of services provided by an Ophthalmologist:

Ophthalmologist Codes	92002	NEW EYE EXAM & EVAL - INTERMED
"	92004	NEW EYE EXAM & EVAL - COMPREHENS
"	92012	EYE EXAM ESTABLISHED PAT - INTERMED
"	92014	EYE EXAM ESTABLISHED PAT - COMPREHENS
"	92081	VISUAL FIELD EXAM, UNILAT OR BILAT; LIMITED
"	92082	VISUAL FIELD EXAM; INTERMEDIATE
"	92083	VISUAL FIELD EXAM; EXTENDED
"	92225	OPHTHALMOSCOPY EXTEND RETINAL
"	92226	EXTENDED OPHTHALMOSCOPY SUBSEQ
"	92250	FUNDUS PHOTOGRAPHY
"	92499	EYE SERVICE OR PROCEDURE

**High Risk Infant Follow Up Program
Service Code Grouping 06
Sorted by Provider Type**

The following codes are included in SCG 06 for authorization of services provided by “other allied health professionals”. The provider group, entitled “Other Allied Healthcare Professionals” includes pediatric nurse specialists, nurse specialists, psychologists, social workers, physical therapists, occupational therapists, speech therapists/pathologists, and audiologists, unless otherwise specified.

SCC Specific Codes	Z4300	CENTER COORDINATOR
"	Z4301	ASSESSMENT, NURSE-PER HALF HOUR
"	Z4302	CASE CONF-ALLIED HEALTH-PER QT HR
"	Z4304	PATIENT REPORT-COMPLEX/COMPREHENSIVE
"	Z4305	EPSDT SVS: CENTER COORDINATION, PHYS
"	Z4306	EPSDT: CASE CONF, PHYS-PER .5 HR
"	Z4307	EVAL/INTERVEN, SOC WK-PER HALF HOUR
"	Z4309	ASSESS/INTERVEN, ALLD PROF-PER HALF HOUR
"	Z4310	MEDICAL CASE CONF, NURSE-PER 1/4 HR
"	Z4311	MEDICAL CASE, SOCIAL WK-PER 1/4 HOUR
"	Z5406 *	ALLIED PROF. NEC-TELEP CONSULT -15 MIN
"	96110	DEVELOPMENTAL TESTING; LIMITED
"	96111	DEVELOPMENTAL TEST, EXTEND
"	99201	OFFICE VISIT, NEW, LEVEL 1
"	99202	OFFICE VISIT, NEW, LEVEL 2
"	99203	OFFICE VISIT, NEW, LEVEL 3
"	99204	OFFICE VISIT, NEW, LEVEL 4
"	99205	OFFICE VISIT, NEW, LEVEL 5
"	99211	OFFICE VISIT, EST., LEVEL 1
"	99212	OFFICE VISIT, EST., LEVEL 2
"	99213	OFFICE VISIT, EST., LEVEL 3
"	99214	OFFICE VISIT, EST., LEVEL 4
"	99215	OFFICE VISIT, EST., LEVEL 5
"	99241	OFFICE CONSULTATION, LEVEL 1
"	99242	OFFICE CONSULTATION, LEVEL 2
"	99243	OFFICE CONSULTATION, LEVEL 3
"	99244	OFFICE CONSULTATION, LEVEL 4
"	99245	OFFICE CONSULTATION, LEVEL 5

- * Billing Code **Z5406** is an allied health professional telephone consultation code that is payable for medical case management and coordination of care. It is not payable for calls to families related to scheduling, or reminding families about, appointments. Nor, is It payable for calling pharmacies regarding the client’s new or refill prescriptions.

HRIF

Service Code Grouping 06 Listed in Numeric Order of Billing Code

Audiologist Codes	X4300	SP THER LANGUAGE EVAL
"	X4301	SP THER-SPEECH EVALUATION
"	X4500	SP HR DIAG AUDIOLOG EVALUATION
"	X4501	SP HR PURE TONE AUDIOMETRY
"	X4506	PEDIATRIC EVAL 0-7 YRS FIRST VISIT
"	X4508	PEDIATRIC EVAL 0-7 YRS FIRST DIAG FOLLOW
"	X4510	PEDIATRIC EVAL 0-7 YRS SECOND DIAG FOLLO
"	X4522	EVOKE RESP AUDIOMET TEST PHYSICIAN EVAL
"	X4530	IMPED AUD (BILAT) PART OF COMP AUD EVAL
"	X4536	WEBER TEST
"	X4538	IMPED AUDIO (UNILAT) PART OF COMP AUD EVAL
"	X4540	TY (IMP TST) PRT COMP AUD EVAL AUDIOLOGI
Psychologist Codes	X9514	TEST ADMIN.,INCLUDES PRETES INTERVIEW-ON
"	X9534	TEST SCORING-PARTIAL HOUR-EACH 15 MINUTE
"	X9542	WRITTEN REPORT-PARTIAL HOUR-EACH 15 MINUTE
Audiologist Code	Z0316	TY (IMP TST) COMP AUDIO EVAL NON-SPE PHY
SCC Specific Codes	Z4300	CENTER COORDINATOR
"	Z4301	ASSESSMENT, NURSE-PER HALF HOUR
"	Z4302	CASE CONF-ALLIED HEALTH-PER QT HR
"	Z4304	PATIENT REPORT-COMPLEX/COMPREHENSIVE
"	Z4305	EPSDT SVS: CENTER COORDINATION, PHYS
"	Z4306	EPSDT: CASE CONF, PHYS-PER .5 HR
"	Z4307	EVAL/INTERVEN, SOC WK-PER HALF HOUR
"	Z4309	ASSESS/INTERVEN, ALLD PROF-PER HALF HOUR
"	Z4310	MEDICAL CASE CONF, NURSE-PER 1/4 HR
"	Z4311	MEDICAL CASE, SOCIAL WK-PER 1/4 HOUR
"	Z5406	ALLIED PROF. NEC-TELEP CONSULT -15 MIN
Audiologist Codes	Z5900	EPSDT-AUDIO EVAL LESS THAN 2 YRS
"	Z5902	EPSDT-AUDIO EVAL 2-5 YRS
"	Z5906	EPSDT-SUBSEQUENT AUDIO EVAL UNDER 2 YRS
"	Z5908	EPSDT-SUBSEQUENT AUDIO EVAL 2-5 YRS
"	Z5912	EPSDT-EVAL DIFFICULT TEST PT UNDER 7 YRS
"	Z5914	EPSDT-AUDITORY BRAINSTEM RESPONSE (ABR)
"	Z5916	AUDIOMETRY/BEHAVIORAL OBSERVATION AUDIO
"	Z5918	EPSDT-SPEECH THRESHOLD TEST
"	Z5920	SPEECH DISCRIMINATION/WORD RECOGNI TEST
"	Z5922	EPSDT-ACOUSTIC IMMITANCE TST, MONAURAL
"	Z5924	EPSDT-ACOUSTIC IMMITANCE TST, BINAURAL
"	Z5934	EPSDT-EVOKED OTOACOUSTIC EMISSION, LTD
"	Z5936	EVOKE OTOACOUSTIC EMISSION CMPHSV/DGNTE
Facility Codes	Z7500	USE OF HOSP,EXAM.OR TREAT.RM.
"	Z7502	USE OF EMERGENCY ROOM
"	Z7504	USE OF CAST ROOM
"	Z7506	USE OF OPER ROOM OR CYST ROOM-FIRST HOUR
"	Z7508	USE OF OP OR CYSTO RM 1ST SUBSEQ HALF HR
"	Z7510	USE OP OR CYSTO RM SEC SUBS HALF HOUR
"	Z7512	USE OF RECOVERY ROOM
"	Z7514	PAY FOR RM AND BOARD AND GEN NURSING CAR
"	Z7610	MISC DRUGS AND MED SUPPLIES, ADMIN STAT
"	Z7612	UNLISTED SEVICES
Ophthalmologist Codes	92002	NEW EYE EXAM & EVAL - INTERMED
"	92004	NEW EYE EXAM & EVAL - COMPREHENS

HRIF

Service Code Grouping 06 Listed in Numeric Order of Billing Code

"	92012	EYE EXAM ESTABLISHED PAT - INTERMED
"	92014	EYE EXAM ESTABLISHED PAT - COMPREHENS
"	92081	VISUAL FIELD EXAM, UNILAT OR BILAT; LIMITED
"	92082	VISUAL FIELD EXAM; INTERMEDIATE
"	92083	VISUAL FIELD EXAM; EXTENDED
"	92225	OPHTHALMOSCOPY EXTEND RETINAL
"	92226	EXTENDED OPHTHALMOSCOPY SUBSEQ
"	92250	FUNDUS PHOTOGRAPHY
"	92499	EYE SERVICE OR PROCEDURE
Audiologist Codes	92551	PURE TONE HEARING TEST, AIR
"	92552	PURE TONE AUDIOMETRY, AIR
"	92553	AUDIOMETRY, AIR & BONE
"	92555	SPEECH AUDIOMETRY THRESHOLD
"	92556	SPEECH AUDIOMETRY THRESH, W/SPEECH REC
"	92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVAL
"	92567	TYMPANOMETRY IMPEDANCE TESTING
"	92568	ACOUSTIC REFLEX TESTING THRESHOLD
"	92569	ACOUSTIC REFLEX DECAY TEST
"	92571	FILTERED SPEECH HEARING TEST
"	92572	STAGGERED SPONDAIC WORD TEST
"	92573	LOMBARD TEST
"	92575	SENSORINEURAL ACUITY TEST
"	92576	SYNTHETIC SENTENCE TEST
"	92577	STENGER TEST, SPEECH
"	92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)
"	92582	CONDITIONING PLAY AUDIOMETRY
"	92585	AUDITOR EVOKE POTENT, COMPRE
"	92586	AUDITOR EVOKE POTENT, LIMIT
"	92587	EVOKED OTOACOUSTIC EMISSIONS LIMITED
"	92588	EVOKED OTOACOUSTIC EMISSIONS COMPRE/DX
SCC Specific Codes	96110	DEVELOPMENTAL TESTING; LIMITED
"	96111	DEVELOPMENTAL TEST, EXTEND
"	99201	OFFICE VISIT, NEW, LEVEL 1
"	99202	OFFICE VISIT, NEW, LEVEL 2
"	99203	OFFICE VISIT, NEW, LEVEL 3
"	99204	OFFICE VISIT, NEW, LEVEL 4
"	99205	OFFICE VISIT, NEW, LEVEL 5
"	99211	OFFICE VISIT, EST., LEVEL 1
"	99212	OFFICE VISIT, EST., LEVEL 2
"	99213	OFFICE VISIT, EST., LEVEL 3
"	99214	OFFICE VISIT, EST., LEVEL 4
"	99215	OFFICE VISIT, EST., LEVEL 5
"	99241	OFFICE CONSULTATION, LEVEL 1
"	99242	OFFICE CONSULTATION, LEVEL 2
"	99243	OFFICE CONSULTATION, LEVEL 3
"	99244	OFFICE CONSULTATION, LEVEL 4
"	99245	OFFICE CONSULTATION, LEVEL 5

Expanded Description and Guidelines for Billing HRIF Program Services

Physician

Z4304	Z4304 is utilized for development of an “extensive, comprehensive level” chart review (inpatient/outpatient) and preparation of the HRIF multidisciplinary team visit report per patient. To claim for this comprehensive code, the completed “ <i>Health and Developmental Status Report</i> ” form must be accompanied by the CCS HRIF Team Visit Report Form which includes a brief narrative, describing important team findings and recommendations. The form and narrative shall be maintained in the client’s chart and a copy submitted to the authorizing CCS program. An HRIF clinic can only bill for one report (from either the Physician or Nurse Specialist) per patient multidisciplinary team visit or case conference.
Z4305	Z4305 is utilized for physician coordinating activities of the HRIF program per patient per date of service (including coordinating multidisciplinary team case conference discussion and recommendations after team member evaluations and case reporting). An HRIF clinic can only bill for the time of <u>one</u> coordinator per patient per date of service (i.e., either Z4300 or Z4305). Also, a physician cannot bill for both serving as the coordinator for a patient and as a case conference participant (i.e., Z4305 and Z4306) per date of service.
Z4306	Z4306 is utilized for physician participation in the HRIF comprehensive case conference per patient (per 0.5hrs). Z4305 cannot be claimed in addition to Z4306 for the same patient on the same date of service.
99201-99205	One of these codes is utilized by the physician or nurse practitioner per patient visit for the history and physical, including neurologic assessment, for new patients. The comprehensiveness and length of time spent determine the code billed.
99211-99215	One of these codes is utilized by the physician or nurse practitioner per patient visit for the history and physical, including neurologic assessment, for established patients. The comprehensiveness and length of time spent determine the code billed.
99211-99213	One of these codes is utilized by the physician or nurse practitioner per patient visit for focused diagnostic follow-up services as clinically indicated for established patients. The complexity and length of time spent determine the code billed.
96110-96111	One of these codes can be utilized by a physician per patient for one of the standardized developmental tests. These codes include interpretation and reporting and are billed based on testing being limited or extended.

Expanded Description and Guidelines for Billing HRIF Program Services

Nurse Specialist

Z4300	Z4300 is utilized for <u>non-physician</u> coordinating activities for the HRIF program per patient per date of service (including coordinating multidisciplinary team case conference discussion and recommendations after team member evaluations and case reporting). An HRIF clinic can only bill for the time of <u>one</u> coordinator per patient per date of service (i.e., either Z4300 or Z4305). Also, a nurse specialist cannot bill for both serving as the coordinator (which includes coordinating the case conference) and as a case conference participant (i.e., Z4300 and Z4310).
Z4301	Z4301 is utilized for nursing assessment per patient and family (per 0.5 hrs), and instruction/education following any team recommendations.
Z4304	Z4304 is utilized for development of an "extensive, comprehensive level" chart review (inpatient/outpatient) and preparation of the HRIF multidisciplinary team visit report per patient. To claim for this comprehensive code, the completed " <i>Health and Developmental Status Report</i> " form must be accompanied by the CCS HRIF Team Visit Report Form which includes a brief narrative, describing important team findings and recommendations. The form and narrative shall be maintained in the client's chart and a copy submitted to the authorizing CCS program. An HRIF clinic can only bill for one report (from either the Physician or Nurse Specialist) per patient multidisciplinary team visit or case conference.
Z4310	Z4310 is utilized for nurse specialist participation in the HRIF comprehensive team case conference per patient (per 0.25hrs). Z4300 cannot be claimed in addition to Z4310 for the same patient on the same date of service.
Z5406	Z5406 is utilized for telephone consultation(s) for case management and coordination of care per patient per date of service (per 0.25hrs). This code is not to be utilized for scheduling appointments or appointment-reminder notifications.
96110-96111	One of these codes can be utilized by a nurse specialist per patient for one of the standardized developmental tests. These codes include interpretation and reporting and are billed based on testing being limited or extended. The nurse specialist must have been trained in the developmental test administered.

Expanded Description and Guidelines for Billing HRIF Program Services

Ophthalmologist

92002, 92004	One of these codes is utilized for an eye examination and evaluation for a new patient per date of service depending on whether the visit is intermediate or comprehensive.
92012, 92014	One of these codes is utilized for an eye examination and evaluation for an established patient per date of service depending on whether the visit is intermediate or comprehensive.
92081-92083	One of these codes is utilized for a visual field examination, unilateral or bilateral, that is limited, intermediate or extended per patient per date of service.
92225-92226	One of these codes is utilized for either an initial or a subsequent visit for extended ophthalmoscopy with retinal drawing, with interpretation and report per patient per date of service.
92250	92250 is utilized for fundus photography with interpretation and report per patient per date of service.
92499	92499 is utilized for an unlisted diagnostic ophthalmologic service or procedure per patient per date of service.
99241-99245	One of these codes is utilized for an office consultation for a new or established patient per date of service. The comprehensiveness and length of time spent determine the code billed.

Social Worker

Z4300	Z4300 is utilized for <u>non-physician</u> coordinating activities for the HRIF program per patient (including coordinating multidisciplinary team case conference discussion and recommendations after team member evaluations and case reporting). An HRIF clinic can only bill for the time of <u>one</u> coordinator per patient per date of service (i.e., either Z4300 or Z4305). Also, a social worker cannot bill for both serving as the coordinator (which includes coordinating the case conference) and as a case conference participant (i.e., Z4300 and Z4311).
Z4307	Z4307 is utilized for social worker assessment, evaluation, counseling and/or referral per patient and family per date of service (per 0.5hrs).
Z4311	Z4311 is utilized for social worker participation in the HRIF comprehensive team case conference (per 0.25hrs). Z4300 cannot be claimed in addition to Z4311 for the same patient on the same date of service.
Z5406	Z5406 is utilized for telephone consultations for case management and coordination of care per patient per date of service (per 0.25hrs). This code is not to be utilized for scheduling appointments or appointment reminders.

Expanded Description and Guidelines for Billing HRIF Program Services

Physical Therapist/Occupational Therapist (PT/OT)

Z4300	Z4300 is utilized for <u>non-physician</u> coordinating activities for the HRIF program per patient (including coordinating multidisciplinary team case conference discussion and recommendations after team member evaluations and case reporting). An HRIF clinic can only bill for the time of <u>one</u> coordinator per patient per date of service (i.e., either Z4300 or Z4305). Also, a PT/OT cannot bill for both serving as the case conference coordinator and as a conference participant (i.e., Z4300 and Z4302).
Z4302	Z4302 is utilized for PT/OT participation in the HRIF comprehensive team case conference (per 0.25hrs). Z4300 cannot be claimed in addition to Z4302 for the same patient on the same date of service.
Z4309	Z4309 is utilized by the PT/OT for a PT/OT assessment as clinically indicated per patient and family per date of service (per 0.5hrs).
96110-96111	One of these codes can be utilized by a PT/OT per patient for one of the standardized developmental tests. These codes include interpretation and reporting and are billed based on testing being limited or extended. The PT/OT must have been trained in the developmental test administered.
Z5406	Z5406 is utilized for telephone consultations for case management and coordination of care per patient per date of service (per 0.25hrs). This code is not to be utilized for scheduling appointments or appointment reminders.

Psychologist

Z4300	Z4300 is utilized for <u>non-physician</u> coordinating activities for the HRIF program per patient (including coordinating multidisciplinary team case conference discussion and recommendations after team member evaluations and case reporting). An HRIF clinic can only bill for the time of <u>one</u> coordinator per patient per date of service (i.e., either Z4300 or Z4305). Also, a psychologist cannot bill for both serving as the case conference coordinator and as a conference participant (i.e., Z4300 and Z4302).
Z4302	Z4302 is utilized for psychologist participation in the HRIF comprehensive team case conference (per 0.25hrs).

Expanded Description and Guidelines for Billing HRIF Program Services

Psychologist (continued)

X9514, X9534, and X9542	X9514, X9534, and X9542 are all utilized for psychologist billing for one of the standardized developmental tests per patient per visit. The 3 codes together include test administration, scoring, and written report.
Z5406	Z5406 is utilized for telephone consultations for case management and coordination of care per patient per date of service (per 0.25hrs). This code is not to be utilized for scheduling appointments or appointment reminders.

Audiologist

X4300, X4301, X4500, X4501, X4506, X4508, X4510, X4522, X4530, X4536, X4538, X4540, Z0316, Z5900, Z5902, Z5906, Z5908, Z5912, Z5914, Z5916, Z5918, Z5620, Z5922, Z5924, Z5934, Z5936, 92551-53, 92555-57, 92567-69, 92571-73, 92575-77, 92579, 92582, 92585-88	One or more of these codes is utilized by the audiologist for a diagnostic audiology evaluation.
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Hospital HRIF Program

Z7500	Z7500 is utilized by the hospital HRIF program facility, the hospital facility for the audiologist, or the hospital facility for the ophthalmologist for the examining room charge per patient per date of service.
Z7610	Z7610 is utilized by the hospital HRIF program facility, the hospital facility for the audiologist, or the hospital facility for the ophthalmologist for any miscellaneous medical supplies per patient per date of service.