



State of California—Health and Human Services Agency  
Department of Health Care Services



EDMUND G. BROWN JR.  
Governor

July 8, 2016

CHDP Provider Information Notice No.: 16-03

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

SUBJECT: THE CHDP PROGRAM IMPLEMENTS THE AMERICAN ACADEMY OF  
PEDIATRICS (AAP), BRIGHT FUTURES GUIDELINES FOR  
PREVENTIVE PEDIATRIC HEALTH CARE.

Effective for dates of service on or after July 1, 2016, the American Academy of Pediatrics (AAP) Bright Futures periodicity schedule for fee-for service, well child health assessments is implemented for the Child Health and Disability Prevention (CHDP) program.

The following documents are attached: The notification to all Medi-Cal providers via the Medi-Cal Newsflash dated June 29, 2016, The CHDP Bright Futures Schedule for Health Assessments by Age Groups and, The CHDP/EPSDT Periodicity Schedule for Dental Referral by Age. The dental schedule is updated to reflect the requirement to refer children to a dentist **beginning at age one**, pursuant to California *Health and Safety Code* Section 124040 (6)(D).

Your continuing participation in the CHDP program is greatly appreciated. Should you have questions, please contact your local CHDP program.

Sincerely,

**ORIGINAL SIGNED BY PATRICIA MCCLELLAND**

Patricia McClelland, Chief  
Systems of Care Division

Attachments

## CHDP Notice: Additional Bright Futures Benefits Reimbursable Beginning July

June 29, 2016

The Child Health and Disability Prevention (CHDP) program provides fee-for-service, well child health assessments to Medi-Cal children and youth pursuant to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit of the Medi-Cal program.

Effective for dates of service on or after July 1, 2016, the American Academy of Pediatrics (AAP) Bright Futures periodicity schedule for fee-for service, well child health assessments is implemented for CHDP. See both the [CHDP Bright Futures Schedule for Health Assessments by Age Groups](#) and [CHDP/EPSDT Periodicity Schedule for Dental Referral by Age](#) PDFs for guidelines.

The information on the health assessment periodicity schedule being released supersedes the *CHDP Periodicity Schedule for Health Assessment Requirements by Age Groups* on the Medi-Cal website and in the Appendix of the CHDP provider manual, which will be updated later. The information on the dental periodicity schedule being released supersedes any dental periodicity schedule dated prior to 2016.

Under the Bright Futures health assessment periodicity schedule, 14 additional health assessments will be added to the 15 health assessments presently reimbursable for children and youth from birth to age 21.

Claims for the additional assessments shown below should be billed as Medically Necessary Interperiodic Health Assessments (MNIHAs) on the *CHDP Confidential Screening/Billing Report* (PM 160) claim form.

	INFANCY	EARLY CHILDHOOD	MIDDLE CHILDHOOD			
AGE	By 1 mo	30 mo	5 y	7 y	8 y	10 y
Bill as a MNIHA	Yes	Yes	Yes	Yes	Yes	Yes

	ADOLESCENCE							
AGE	11 y	12 y	14 y	15 y	16 y	18 y	19 y	20 y
Bill as a MNIHA	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

To bill one of the 14 health assessments, providers should enter the following in the *Comments/Problems* area of the claim:

MNIHA: There is a need to complete health assessment requirements

Provider types who use the *Confidential Screening/Billing Report* (PM 160 Information Only) for reporting purposes also should follow the preceding instructions for reporting the 14 additional assessments.

This policy will be released in the provider manual in a future *CHDP Update* bulletin.

**Table 21.3 CHDP BRIGHT FUTURES SCHEDULE FOR HEALTH ASSESSMENTS BY AGE GROUP**

**Child Health and Disability Prevention (CHDP) Program**


Screening Requirement	INFANCY						EARLY CHILDHOOD						
Periodic Well-Child Health Assessment (History and Physical)	3-5 day	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yr	4 yr
Interval to Next Health Assessment	<1 mo	1 mo	2 mo	2 mo	3 mo	3 mo	3 mo	3 mo	6 mo	6 mo	6 mo	12 mo	12 mo

Screening Requirement	MIDDLE CHILDHOOD						ADOLESCENCE									
Periodic Well-Child Health Assessment (History and Physical)	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr	19 yr	20 yr
Interval to Next Health Assessment	12 mo	12 mo	12 mo	12 mo	12 mo	12 mo	12 mo	12 mo	12 mo	12 mo	12 mo	12 mo	12 mo	12 mo	12 mo	

- Notes:**
1. For components of each periodic health assessment, see the American Academy of Pediatrics (AAP) Bright Futures Recommendations for Preventive Health Care at [https://www.aap.org/en-us/Documents/periodicity\\_schedule.pdf](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf).
  2. The prenatal, newborn and age 21 periodicity health assessments in the AAP Bright Futures Recommendations are not CHDP periodic health assessments.
  3. Several new separately billable tests provided for in the AAP Bright Futures recommendations are being established for CHDP and will be announced separately in the near future.

Department of Health Care Services, Systems of Care Division, Children's Medical Services Branch

**Table 21.4 CHDP/EPSDT PERIODICITY SCHEDULE FOR DENTAL REFERRAL BY AGE**

Age (years)	Routine Dental Referral	Suspected Dental Problem
1* - 20	 <p>Refer every 6 months** (Children with special needs may need more frequent referrals)</p>	Refer at any age if a problem is suspected or detected

- A dental screening/oral assessment is required at every CHDP/EPSDT\*\*\* health assessment regardless of age.
- Refer children directly to a dentist:
  - **Beginning at age one** as required by California *Health and Safety Code* Section 124040 (6)(D) <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=124001-125000&file=124025-124110>
  - **At any age** if a problem is suspected or detected – See CHDP Dental Referral Classifications <http://www.dhcs.ca.gov/formsandpubs/publications/Documents/CMS/pm160dentalguide.pdf>
  - **Every six (6) months for maintenance of oral health** See pp.13-15 [http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/EPSDT\\_Coverage\\_Guide.pdf](http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/EPSDT_Coverage_Guide.pdf)
  - **Every three (3) months** for children with documented special health care needs when medical or oral condition can be affected; and for other children at high risk for dental caries.
- To help find a dentist:
  - For a child with Medi-Cal, contact Denti-Cal at 1-800-322-6384 or <http://www.denti-cal.ca.gov/WSI/Bene.jsp?fname=ProvReferral>
  - For families with or without Medi-Cal, the local CHDP program can assist in finding a dentist. <http://www.dhcs.ca.gov/services/chdp/Pages/CountyOffices.aspx>

\* The American Academy of Pediatrics (AAP) policy is to establish a dental home by age one: <http://pediatrics.aappublications.org/content/134/6/1224.full.pdf+html>

\*\* See Medicaid Clinical Guidelines, P.5, <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Downloads/Keep-Kids-Smiling.pdf>  
For Medi-Cal eligible children, Denti-Cal will cover preventive services (exam, topical fluoride application, and prophylaxis) once in a six month period and more frequently if there is a documented necessity. Denti-Cal has adopted the American Academy of Pediatric Dentistry’s (AAPD) “Recommendations for Preventive Pediatric Oral Health Care” which indicates frequencies for diagnostic and preventive procedures: [http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume\\_26\\_Number\\_7.pdf](http://www.denti-cal.ca.gov/provsrvcs/bulletins/Volume_26_Number_7.pdf). The AAPD emphasizes the importance of very early professional intervention and continuity of care beginning with the eruption of the first tooth and no later than 12 months of age: [http://www.aapd.org/media/Policies\\_Guidelines/G\\_Periodicity.pdf](http://www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf)

\*\*\* Child Health and Disability Prevention (CHDP) Program/Early and Periodic Screening, Diagnosis and Treatment (EPSDT)