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December 19, 2016

CHDP Provider Information Notice No.: 16-10

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

SUBJECT: TRANSITION OF CHDP PROGRAM CLINICAL LABORATORY
PROVIDER CLAIMS IN ACCORDANCE WITH NATIONAL STANDARDS.

Effective for dates of service on or after February 1, 2017, CHDP Program Clinical Laboratory providers, who bill for only clinical laboratory services, are required to use the CPT-4 national codes on the CMS-1500 or UB-04 claim form. As an alternative, providers are encouraged to submit claims via the ACS x12N 837P (Professional), version 5010A1 electronic transaction.

The attached CHDP Notice with the subject heading “Upcoming HIPAA Code Conversion and Claim Form Transition,” documents the transition away from the CHDP Program two-digit local codes, and the Confidential Screening/Billing Report (PM 160) form. The attached Newsflashes, distributed to all Medi-Cal providers via the Medi-Cal Subscription Service, contain additional information.

Your continuing participation in the CHDP Program is appreciated. Questions or concerns regarding the transition, may be emailed to CHDPTransition@Xerox.com.

Sincerely,

ORIGINAL SIGNED BY PATRICIA MCCLELLAND

Patricia McClelland, Chief
Systems of Care Division

Attachments

CHDP Notice: Upcoming HIPAA Code Conversion and Claim Form Transition

September 20, 2016

The Department of Health Care Services (DHCS) is continuing its efforts to transition Child Health and Disability Prevention (CHDP) Program policy to comply with Health Insurance Portability and Accountability Act (HIPAA) standards, including the use of national health care electronic transactions and code sets. Throughout the 2017 calendar year, date-of-service-driven CHDP Program policy changes will be implemented in phases to align with HIPAA standards. The first phase is projected to launch in the first quarter of 2017 for clinical laboratory provider services.

The transition includes the following:

- Use of national, HIPAA-compliant coding standards for CHDP services
- Adoption of the CMS-1500 and UB-04 claim forms, and the ASC X12N 837 v.5010A1 transaction to replace the following CHDP forms:
- Standard Confidential Screening/Billing Report (PM 160)
- Computer Media Claim (CMC) PM 160, electronic claim batch transaction
- Submission of electronic claims for CHDP services via the HIPAA-compliant 837 standard transaction format or current paper format
- Reports of the adjudication for CHDP services on Remittance Advice Details (RAD) forms or the 835 Health Care Claim Payment/Remittance Advice (RA)
- Delivery of payment for CHDP services with the provider's Medi-Cal warrant
- Adherence to provider enrollment requirements and compliance for billing requirements with Medi-Cal policies and rates for well-child assessments, including billing of well-child health assessments and immunizations as Medi-Cal services under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) benefit for persons under 21 years of age

CHDP providers should continue to submit standard and information-only PM 160 forms until DHCS announces the effective date for the transition.

Providers are strongly encouraged to subscribe to the Medi-Cal Subscription Service (MCSS) to receive notifications related to the transition. These notifications will inform and prepare providers to minimize unnecessary service disruptions. Providers may sign up for MCSS by completing the [MCSS Subscriber Form](#).

Additional details regarding this transition will be announced in a future *NewsFlash* and/or *CHDP Update*.

CHDP HIPAA Code Conversion for Clinical Laboratory Service Providers Coming Soon

October 26, 2016

Child Health and Disability Prevention (CHDP) participating providers who bill for clinical laboratory services **only** will start billing lab services according to HIPAA national standards for dates of service on or after February 1, 2017. The transition from billing clinical laboratory services with local two-character CHDP codes on the PM 160 to billing national codes on the *CMS-1500* or *UB-04*, or electronic equivalents will be based on a date of service cutover.

Phased Approach

Transitioning lab providers to submit national CPT-4 codes on *CMS-1500*, *UB-04* or equivalent electronic claims is the first phase of an overall CHDP code conversion. The second phase will transition CHDP providers who render well health assessments, immunizations and lab services in a single encounter to billing with the national claim formats.

CPT-4 Codes

For services rendered for dates of service on or after February 1, 2017, CHDP **clinical laboratory-only** providers may submit their claims on the *CMS-1500*, *UB-04* or via the equivalent electronic claim. Medi-Cal billing will be based on providers' enrollment status with Medi-Cal.

CPT-4 Code	Description	CHDP Code	CHDP Description
80061	Lipid panel	B2	Dyslipidemia screening
81000	Urinalysis, by dip stick or tablet reagent	9	Urine dipstick
81005	Urinalysis; qualitative or semiquanti-tative, except immunoassays	10	Analysis of urine
82947	Glucose; quantitative, blood, (except reagent strip)	25	Blood glucose assay
83020	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)	13	Sickle cell: Electrophoresis
83655	Blood lead	23	Lead test – Lead counseling and blood drawing for lead testing
		15	Lead: Blood lead level types
85018	Blood count; hemoglobin (Hgb)	8	Hemoglobin measurement
86580	Skin test; tuberculosis, intradermal	12	TB mantoux
86592	Syphilis test, non-treponemal antibody; qualitative (eg. VDRL, RPR, ART)	16	Syphilis detection test
86703	HIV-1 and HIV-2, single result	B5	HIV-1 and HIV-2 screening
87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	17	Gonorrhea (GC) test
87110	Culture, chlamydia, any source	20	Chlamydia test
87389	HIV-1 antigen[s], with HIV-1 and HIV-2 antibodies, single result	B6	HIV screening (HIV-1 antigen[s], with HIV-1 and HIV-2 antibodies, single result)
99000	Handling and/or conveyance of specimen for transfer from the office to a laboratory	HC	Handling charge

Note:

This may not be a comprehensive list and is subject to change prior to the effective date of the transition.

Important Facts for CHDP Clinical Laboratory-Only Providers

- All CHDP lab service providers must have an active Medi-Cal NPI.
- Services will be billed in conformance with the HIPAA standard transactions and code sets.
- Claims will be submitted on standard claim forms: CMS-1500, UB-04 and equivalent electronic claims.
- Providers will bill according to Medi-Cal hard copy and electronic claim submission standards.
- Reimbursement for services will be at the Medi-Cal rate. The Medi-Cal rate table may be accessed from the Medi-Cal website: Under the References tab click on "Medi-Cal Rates."
- Payment will be made on providers' Medi-Cal warrant for claims processed with dates of service on or after February 1, 2017.
- For any services rendered for dates of service prior to February 1, 2017, providers will continue to submit claims on the Confidential Screening/Billing Report (PM 160) claim form.
- It is recommended that providers bill electronically for all its many benefits. Providers who may not be able to bill electronically and do not have a supply of national claim forms should order in advance. Delivery of forms does take time. Providers should work with a credible vendor and purchase forms with "drop-out" ink that meets Centers for Medicare and Medicaid (CMS) standards.

Providers are strongly encouraged to subscribe to the Medi-Cal Subscription Service (MCSS) to receive notifications related to this code crosswalk and transition to national billing formats. Providers may sign up for MCSS by completing the [MCSS Subscriber Form](#).

Additional details regarding this transition will be announced in a future *NewsFlash* and/or *CHDP Update*.

Email Address for Questions/Concerns

Providers may submit questions or concerns regarding the CHDP clinical laboratory-only transition to CHDPTransition@xerox.com.

CHDP Looking Ahead: Phase 2 HIPAA Code Conversion and Claim Form Transition

November 30, 2016

The Department of Health Care Services (DHCS) is initiating Phase 2 of the transition of participating providers of Child Health and Disability Prevention (CHDP) services to comply with Health Insurance Portability and Accountability Act (HIPAA) national standards for health care electronic transactions and code sets to be completed in the **third quarter of 2017**.

Phase 2

CHDP providers who currently provide Medi-Cal Early and Periodic Screening, Diagnosis and Treatment (EPSDT) well-child health assessments, immunizations and ancillary clinical laboratory services in a single encounter will make the transition during Phase 2. This transition implements claim submission using CPT-4 procedure codes on *CMS-1500* or *UB-04* claim forms or equivalent electronic claim transactions.

CHDP EPSDT well-child health assessments and immunizations will be billed as Medi-Cal services in accordance with Medi-Cal policy, rates and provider enrollment requirements.

Transition Billing Requirements

Providers will bill CHDP EPSDT well-child health assessments, immunizations and clinical laboratory services using:

- HIPAA approved methods of transmission for claims for rendering CHDP EPSDT services to recipients.
- Current Procedural Terminology – 4th Edition (CPT-4) procedure codes.
- International Classification of Diseases, 10th Revision (ICD-10-CM) diagnosis codes.
- CMS-1500 and UB-04 claim forms, and the ASC X12N 837 v.5010A1 transaction in lieu of the proprietary CHDP forms or the CHDP computer media claims (CMC) transaction.

Important Facts About the Transition

- To bill Medi-Cal for CHDP services, a provider must have an active National Provider Identifier (NPI) and be enrolled as an active Medi-Cal provider.
- Adherence to Medi-Cal provider enrollment requirements and compliance with Medi-Cal billing requirements.
- Services will be billed in conformance with the HIPAA standard transactions and code sets.
- The transition of processing claims on the CMS-1500, UB-04 and equivalent electronic claims will be based on a date of service cutover.
- Providers will bill according to Medi-Cal hard copy and electronic claim submission standards.

- Reimbursement for services will be at the Medi-Cal rate. The Medi-Cal rate table may be accessed from the Medi-Cal website: Under the References tab click “Medi-Cal Rates.”
- Payment will be made on providers’ Medi-Cal warrant for claims processed with dates of service on or after the effective date of transition and report of the adjudication of these services on Remittance Advice Details (RAD) forms or the ASCI X12N 835 Health Care Claim Payment/Remittance Advice (RA).
- Providers may continue to receive 1099s from both the CHDP system and the Medi-Cal CA-MMIS system up to one year from implementation based on the dates of service billed on claims.
- For services rendered with dates of service prior to the designated effective date, providers will continue to submit claims on the Confidential Screening/Billing Report (PM 160) claim form. If services are billed on the incorrect claim form for the date of service, they will be denied.
- It is recommended that providers bill electronically for all its many benefits. Providers who may not be able to bill electronically and do not have a supply of national claim forms should order in advance. Delivery of forms does take time. Providers should work with a credible vendor and purchase forms with “drop-out” ink that meet Centers for Medicare & Medicaid (CMS) standards.
- Information submitted on CMS-1500 and UB-04 claim forms does not need to be forwarded to county CHDP offices, as was required with the CHDP Confidential Screening/Billing Report (PM 160) claim form.

For providers who are not actively billing on the *CMS-1500* or *UB-04* claim form, a claim completion, computer-based training (CBT) course is available through the [Medi-Cal Learning Portal \(MLP\)](#).

Providers are encouraged to send specific questions or challenges related to the CHDP HIPAA Code Conversion and claim form transition to the transition mailbox at CHDPTransition@xerox.com.

Providers also are encouraged to subscribe to the Medi-Cal Subscription Service (MCSS) to receive notifications related to the transition. These notifications will inform and prepare providers to minimize unnecessary service disruptions. Providers may sign up for MCSS by completing the [MCSS Subscriber Form](#).