

Child Health and Disability Prevention program Director/Deputy Director Training Section V

Health Assessments

Full Assessment Exam Components

- ❑ Health History
 - ❑ Unclothed Physical Exam
 - ❑ Dental Assessment
 - ❑ Nutritional Assessment
 - ❑ Development Assessment
 - ❑ Vision and Hearing Screening
 - ❑ Immunizations
 - ❑ TB Test
 - ❑ Lab Screening, including Blood Lead
 - ❑ Anticipatory Guidance
 - ❑ Appropriate Health Education, including harmful effects of tobacco and exposure to secondhand smoke
-

Partial Screens Exams

A provider may perform a partial screening when any of the screening procedures or immunizations are given to complete a recent Child Health and Disability Prevention full assessment and to ensure a child receives all age-appropriate services. Partial screens may include:

- ❑ Screening procedure that could not be completed during a previous CHDP exam
 - ❑ Necessary immunizations to bring individual up-to-date when child is not due for a complete health assessment
 - ❑ Screening procedures (Hemoglobin, Hematocrit) performed to meet requirements for WIC and Head Start, when child not due for a complete health assessment
-



Screening Procedure Rechecks

A provider may recheck a screening procedure when:

- ❑ There is a question of the accuracy of a vision screen or a lab test result
- ❑ The individual failed a hearing screen (must re-screen within 2-6 weeks)

FREQUENCY LIMITATION:

Health assessments that require more frequent visits because of identified conditions, such as anemia, otitis media, or asthma, are not benefits of the Child Health and Disability Prevention Program, and may be billed to Medi-Cal as sick child visits.

Medically Necessary Interperiodic Health Assessment

A complete health assessment may be done before the next regularly scheduled physical exam when any of the following exist:

- ❑ Need sports or camp physical
- ❑ Individual is in foster-care or out-of-home placement
- ❑ Need for school or preschool entrance exam
- ❑ Need to provide additional anticipatory guidance to the child or parent/guardian
- ❑ History of perinatal problems
- ❑ Evidence of significant developmental disability
- ❑ Completion of health assessment requirements
 - ❑ See [Child Health and Disability Prevention Provider Manual](#) “gate” section, page 3 for more details

Select one of these options from the Medically Necessary Interperiodic Health Assessment drop-down menu when needed during a Gateway transaction.

Periodicity Schedule

- ❑ The periodicity tables for health assessments and dental referrals standardize assessment intervals and promote continuity of care for eligible children and youth. The tables can be found in the Health Assessment Guidelines.
 - ❑ Offers providers a tracking mechanism for the provision of pediatric preventive health care services
 - ❑ Offers a reminder for delivery of recommended services
 - ❑ The frequency of preventive health visits offered through the Child Health and Disability Prevention Program differs from the frequency recommended by the American Academy of Pediatrics and Medi-Cal Managed Care plans. The CHDP program exam frequency is in accordance with Title 17, California Code of Regulations, § 6847.
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CHDP Periodicity Schedule Health Assessments

Table 21.1 CHDP PERIODICITY SCHEDULE FOR HEALTH ASSESSMENT REQUIREMENTS BY AGE GROUPS

Section 21

Screening Requirement ¹	Age of Person Being Screened															
	≤1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	2 Yr	3 Yr	4-5 Yr	6-8 Yr	9-12 Yr	13-16 Yr	17-20 Yr	
Interval Until Next CHDP Exam	1 mo	2 mos	2 mos	3 mos	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 ²	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Dental Assessment ³	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Nutritional Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Psychosocial/Behavioral Assessment ⁴	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Developmental Screening ⁵					o			o	o →							
Developmental Surveillance	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Tobacco Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Pelvic Exam ⁶														*	*	
Measurements																
Head Circumference	•	•	•	•	•	•	•	•								
Height/Length and Weight	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
BMI Percentile																
Blood Pressure ⁶																
Sensory Screening																
Vision ⁷ - Visual Acuity Test																
Vision ⁷ - Clinical Observation	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Hearing ⁸ - Audiometric																
Hearing ⁸ - Clinical Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Procedures/Tests																
Hematoctrit or Hemoglobin ⁹					*	• →	*	*	•	•	•	*	*	*	*	
Blood Lead Risk Assessment/ Anticipatory Guidance ¹⁰					•	•	•	•	•	•	•	•	•	•	•	
Blood Lead Test ¹⁰					•				X →							
TB Risk Assessment ¹²	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Anticipatory Guidance	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	

Note: The number of health assessments may be increased using MNIHA, as appropriate.¹

Note: Health assessments should be performed as close as possible to the age listed on the periodicity table, and must be in accordance with CA Administrative Code, Section 6847

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.

Other Laboratory Tests
When health history and/or physical examination warrants:
Urine Dipstick or Urinalysis ¹¹
TST ¹² - see Tuberculosis HAG
Stoke Cell
Ova and Parasites
FBG and Total Cholesterol
Papanicolaou (Pap) Smear
VDRL or RPR ¹³
Annually if sexually active; more often as clinically indicated:
Gonorrhea Test ¹³
Chlamydia Test ¹³
Immunizations ¹⁴

Key:
• Required by CHDP one time within the interval given
o Recommended by AAP, Bright Futures and CHDP
* Perform when indicated by risk assessment.
x Perform if no documented lead level at 24 months

- CHDP intervals are greater than recommended by Bright Futures. Providers may use MNIHA for necessary assessments that fall outside of periodicity such as school, sports or camp physical, foster care or out-of-home placement, or follow-up indicated by findings on a prior health assessment that need monitoring including additional anticipatory guidance, perinatal problems or significant developmental delay.
- Age-appropriate physical examination, including oral examination, is essential with child unclothed, and draped for older child or adolescent.
- See Dental HAG.
- Schedule indicates recommended ages for developmental screening and psychosocial/behavioral assessment. For reimbursement information, see CHDP PIN 09-14.
- Pelvic exam recommended within 3 years of first sexual intercourse. Subsequent pelvic exams may be performed as part of MNIHA when clinically indicated by symptoms such as pelvic pain, dysuria, dysmenorrhea. See STI HAG.
- Blood pressure before 3 years for at risk patients, then at each subsequent health assessment. See Blood Pressure HAG.
- See Vision Screening HAG.
- See Hearing Assessment HAG.
- Hb/Hct starting at 9-12 months of age. See Iron Deficiency Anemia (IDA) HAG.
- Test between the ages of 2 and 6 years if no documented lead level at or after 24 months. Test at any age when indicated by risk assessment or if lead risk changes. See Lead HAG.
- Urine Dipstick or Urinalysis only when clinically indicated. See Urinalysis HAG.
- Tuberculosis risk factor screen at each visit. TST when indicated. See TB HAG.
- STI testing when risk identified by history/physical. See STI HAG.
- Provide immunizations as recommended by the Advisory Committee on Immunization Practices (ACIP).

AAP Periodicity Schedule Health Assessments

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Recommendations for Preventive Pediatric Health Care Bright Futures/American Academy of Pediatrics



Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal.

Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate. Copyright © 2009 by the American Academy of Pediatrics. No part of this statement may be reproduced in any form or by any means without prior written permission from the American Academy of Pediatrics except for one copy for personal use.

AGE ¹	INFANCY									EARLY CHILDHOOD						MIDDLE CHILDHOOD					ADOLESCENCE												
	PRENATAL ²	NEWBORN ³	4-6 w ⁴	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y	
HISTORY	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS																																	
Length/Height and Weight	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Weight for Length	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Body Mass Index	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure ⁵	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
SENSORY SCREENING																																	
Vision	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hearing	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT																																	
Developmental Screening ⁶																																	
Autism Screening ⁷																																	
Developmental Surveillance ⁸																																	
Psychosocial/Behavioral Assessment																																	
Alcohol and Drug Use Assessment																																	
PHYSICAL EXAMINATION⁹																																	
Newborn Metabolic/Hemoglobin Screening ¹⁰		←																															
Immunization ¹¹	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hematocrit or Hemoglobin ¹²						•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Lead Screening ¹³						•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tuberculin Test ¹⁴				•																													
Dyslipidemia Screening ¹⁵																																	
STI Screening ¹⁶																																	
Cervical Dysplasia Screening ¹⁷																																	
ORAL HEALTH¹⁸																																	
ANTICIPATORY GUIDANCE ¹⁹	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.

2. A prenatal visit is recommended for parents who are at high risk for newborn problems, and for those who request a prenatal visit. The prenatal visit should include anticipatory guidance, prenatal medical history, and a discussion of benefits of breastfeeding and shared medical decision making. (The Prenatal Visit) (2007) [URL: <http://www.aap.org/pubs/newborn/prenatalscreening/10731504>]

3. Every infant should have a newborn evaluation after birth, breastfeeding encouragement, and instruction and support offered.

4. Every infant should have an evaluation within 9 to 15 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding infants should receive normal breastfeeding evaluation, encouragement, and instruction as recommended in AAP statement "Breastfeeding and the Use of Human Milk" (2005) [URL: <http://www.aap.org/pubs/newborn/breastfeeding/11251164>]. For newborns discharged in less than 48 hours after delivery, the infant must be examined within 48 hours of discharge per AAP statement "Hospital Stay for Healthy Term Newborns" (2004) [URL: <http://www.aap.org/pubs/newborn/hospitalstay/11251164>].

5. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.

6. If the patient is uncooperative, reexamine within 6 months per the AAP statement "Eye Examination in Healthy Children and Young Adults by Pediatricians" (2007) [URL: <http://www.aap.org/pubs/newborn/eyeexamination/11141962>].

7. Screenings should be screened per AAP statement "Hearing Screening: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (2000) [URL: <http://www.aap.org/pubs/newborn/hearing/10731504>].

8. AAP Council on Children With Disabilities, AAP Section on Developmental Behavioral Pediatrics, AAP Bright Futures Steering Committee, AAP Medical Home Initiatives for Children With Special Needs Project Advisory Committee, Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. Pediatrics. 2005;115:805-809 [URL: <http://www.aap.org/pubs/newborn/developmental/11541962>].

9. Gupta VS, Hyman SL, Johnson CP, et al. Identifying children with autism early. Pediatrics. 2007;119:1030-1033 [URL: <http://www.aap.org/pubs/newborn/autism/11941962>].

10. At each visit, age-appropriate physical examination is essential, with infant totally undressed, clear child undressed and suitably draped.

11. These may be modified, depending on entry point into schedule and individual needs.

12. Newborn metabolic and hemoglobinopathy screening should be done according to state law. Results should be reviewed at visits and appropriate retesting or referral done as needed.

13. Subcommittees per the Committee on Infectious Diseases, published annually in the January issue of Pediatrics. Every visit should be an opportunity to update and complete a child's immunizations.

14. See AAP Pediatric Nutrition Handbook, 10th Edition (2005) for a discussion of universal and selective screening options. See also Recommendations to prevent and control non-infectious eye disease in the United States, MMWR. 2006;55(10):21-26.

15. For children at risk of lead exposure, consult the AAP statement "Lead Exposure in Children: Prevention, Detection, and Management" (2005) [URL: <http://www.aap.org/pubs/newborn/leadexposure/11141962>].

16. Perform risk assessments or screens as appropriate, based on criteria screening requirements for patients with Medicaid or high prevalence areas.

17. Tuberculin testing per recommendations of the Committee on Infectious Diseases, published in the current edition of the Blue Book Report of the Committee on Infectious Diseases. Testing should be done on recognition of tuberculin factors.

18. "Third Report of the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) Final Report" (2002) [URL: <http://www.nhlbi.nih.gov/health/public/stat/stat3/summary2002.pdf>].

19. Refer to state laws, if available. Otherwise, administer oral health risk assessment. The primary water source is deficient in fluoride, consider oral fluoride supplementation.

20. At the visit for 3 years and 5 years of age, it should be determined whether the patient has a dental home. If the patient does not have a dental home, a referral should be made to one. The primary water source is deficient in fluoride, consider oral fluoride supplementation.

21. Refer to the specific guidance by age as stated in Bright Futures Guidelines (Hagan JJ, Shaw JS, Duncan PA, eds, Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 2nd ed., © Green VI, Inc., American Academy of Pediatrics, 2004).

KEY
 • = to be performed * = risk assessment to be performed, with appropriate action to follow, if positive ← = range during which a service may be provided, with the symbol indicating the preferred age

CHDP Periodicity Schedule Dental Referrals

Table 21.2 CHDP PERIODICITY SCHEDULE FOR DENTAL REFERRAL BY AGE

Age (years)	12 Month Dental Referral	6 Month Dental Referral**
1* - 20	<input checked="" type="checkbox"/> Once a year <u>minimum</u>	<input checked="" type="checkbox"/> Most CHDP children are moderate to high caries risk. Refer every 6 months.*** Special needs children may need more frequent referrals.

- A dental screening/oral assessment is required at every CHDP health assessment regardless of age
- Refer children directly to a dentist:
 - **At least annually** beginning at age one for maintenance of oral health (mandated beginning at age 3).
 - **At any age** if a problem is suspected or detected
 - **Every six (6) months** if moderate to high risk for caries
 - **Every three (3) months** for children with documented special health care needs when medical or oral condition can be affected
- 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>. For families with or without Medi-Cal, the local CHDP program can assist in finding a dentist.

* The American Academy of Pediatrics (AAP) policy recommendation is to establish a dental home by age one: <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;122/6/1387.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. The AAPD emphasizes the importance of very early professional intervention and the continuity of care: http://www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf

*** Caries Risk Factors for Early Childhood Caries: http://www.aap.org/commpepd/doch/oralhealth/pact/ch4_sect7.cfm


References

California Code of Regulations, Title 17, Subchapter 13, CHDP, Section 6843; Code of Federal Regulations, Title 42, Section 440.40 (b), Part 441, Subpart B. CHDP Program Letter, 04-13. Denti-Cal Bulletin Volume 26, Number 7, March 2010.

08-16-2011

CONFIDENTIAL BILLING/SCREENING REPORT (PM 160) FORM

PM 160 Form



The form is titled "CONFIDENTIAL SCREENING/BILLING REPORT" and is used for tobacco screening. It includes a header for "CLAIM CONTROL NUMBER" and "PATIENT USE ONLY". The patient information section includes fields for patient name, date of birth, sex, race, ethnicity, and medical history. A "FOLLOW UP CODES" section is present, along with a "COMMENTS/PROBLEMS" area. The main body of the form is a grid for "CHDP ASSESSMENT" with columns for various assessment categories and checkboxes for "YES", "NO", and "DK". Below the grid are sections for "ABBREVIATIONS", "SIGNATURE", "DATE", and "AGE OF PATIENT". A "THE QUESTIONS BELOW MUST BE ANSWERED" section contains three questions about tobacco use. The form also includes a "STATE OF CALIFORNIA HEALTH AND HUMAN SERVICES" logo and a date stamp "10/01/2007".

Figure 1. Confidential Screening/Billing Report (PM 160, Revised 3/07).

Confidential Screening/Billing Report (PM 160)
Claim Form: Completion Instructions

CHDP 99
June 2007

- ❑ The PM 160 form is used by providers to request payment and to document health assessment services provided.
- ❑ Two types of PM 160
 - ❑ Standard PM 160 (“Green” form)
 - ❑ Information Only PM 160 (“Brown” form)

PM 160 Claim Form Distribution

The PM 160 is a carbonless copy form with 4 copies provided. The provider is to distribute these copies as follows:

- ❑ “Number 1- White Copy” is mailed to the Fiscal Intermediary (use the address on the bottom right hand corner of the PM 160) or managed care plan.
- ❑ “Number 2-Yellow Copy” is sent to the local program in the county/city in which the service was provided.
- ❑ “Number 3-White Copy” is retained by the provider in the patient’s record.
- ❑ “Number 4-Pink Copy” is given to the parent or legal guardian.

Standard (Green) PM 160

The **Standard (Green) PM 160** is used for billing and reporting preventive health services:

- ❑ **Fee for Service** providers use for:
 - ❑ All children who are eligible for services, including children pre-enrolled through Child Health and Disability Prevention Gateway.
- ❑ Rural Health Clinic, Federally Qualified Health Clinic, and Indian Health Services providers use for:
 - ❑ Individuals pre-enrolled through the Gateway who are under 19 years of age and found eligible for “Child Health and Disability Prevention benefits only” (Aid Code 8Y).

Information Only (Brown) PM 160

The **Information Only (Brown) PM 160** is used for reporting preventive health services, but the billing is done on a different form:

- ❑ Used by Rural Health Clinic, Federally Qualified Health Clinic, and Indian Health Services for reporting the preventive health services provided during a Child Health and Disability Prevention exam (except for children who receive 8Y Aid Code through Gateway- see slide 15)
 - ❑ Rural Health Clinic, Federally Qualified Health Clinic, and Indian Health Services use form UB-04 to bill for Child Health and Disability Prevention services (except for children who receive 8Y Aid Code through Gateway- see previous slide)
 - ❑ PM 160 and UB-04 Claim Forms are sent to different addresses (see [CHDP Program Letter 04-14](#))
-

The Information Only **(Brown)** PM 160 is also used by Medi-Cal Managed Care providers with capitated rates* for reporting the preventive health services provided during a Child Health and Disability Prevention exam.

- ❑ To find out if a Managed Care Plan uses capitated rates or fee-for-service, see page 2 and 3 of the “mcp cohs” section of the [Medi-Cal Provider Manual](#). (Not to be confused with the [CHDP Provider Manual](#).)

COMPLETION OF PM 160 FORM

PATIENT NAME

- Enter the patient's last name, first name and middle initial, including blank spaces.

MEDICAL RECORD NUMBER

- (Optional) Use this space to enter the patient's record or account number assigned by the provider.
- This number will appear on the Child Health and Disability Prevention Remittance Advice.

L.A. CODE

- For Los Angeles County use only.

BIRTH DATE

- Use zeros (0) when entering dates of only one digit.

- EXAMPLE: January 1, 2003 is entered as 010103
-

AGE

- Enter the patient's age with one of the following indicators: "y" for years, "m" for months, or "d" for days.
 - EXAMPLE: 15y represents 15 years of age

SEX

- Enter M or F

PATIENT'S COUNTY OF RESIDENCE AND CODE

- Enter either the name and appropriate two-digit code of the county where the patient lives (not county where assessment is performed) or the two-digit city code if the individual lives in Berkeley, Long Beach or Pasadena (Provider Manual conf clm comp).

TELEPHONE NUMBER

- Enter residence, business or message telephone number, including area code where a responsible person can be reached during the day.
- This number is critical to enable local Child Health and Disability Prevention Program staff to assist families in removing barriers to diagnosis and/or treatment.

NEXT CHILD HEALTH AND DISABILITY PREVENTION EXAM

- Enter the month, day and year that the next complete health assessment is due according to Periodicity Schedule.

RESPONSIBLE PERSON

- When the patient is younger than 18 years of age and not an emancipated minor, enter the name, street address (including apartment or space number), city, and ZIP code of the parent, legal guardian or foster parent with whom the patient lives.
-

ETHNIC CODE - OPTIONAL

- Enter the appropriate ethnic code (select one only).
- If the patient's ethnicity is not included in the code list on the PM 160, or if ethnicity is unknown, enter code 7 (other).
- The code is useful for gathering statistics to document health disparities for grants and funding purposes.

PATIENT ELIGIBILITY

Information must be entered exactly as it appears on the Benefits Identification Card or the Immediate Needs Gateway Document. If there are discrepancies between patient information as stated by the client and as presented on the Benefits Identification Card (such as name, gender, birthdate, etc.) the discrepancy should be noted in the Comments/Problems section of the PM 160. The parents should contact the eligibility worker to have the information corrected.

Date of Service

- ❑ Enter the date the Child Health and Disability Prevention exam was rendered (Provider Manual “conf clm comp” page 7).
-

Screening Codes

- CHDP ASSESSMENT
 - This section is used to record the screening procedures performed and outcomes of the procedures.
 - Screening procedures appropriate to a patient's age and sex are listed on the Periodicity Schedule for Health Assessment Requirements by Age Groups.
-



Assessment Outcome Columns (Columns A through D)

- ❑ Entries are made in the assessment outcome columns for procedures 01 through 12 and for Other tests.
 - ❑ Every screening procedure must have either a check mark (√) in column A or B or numeric follow-up code(s) in column C and/or D.
 - ❑ Do not enter check marks (√) in both columns A and B for the same procedure.
 - ❑ Do not enter a check mark (√) in columns C and D.
 - ❑ If a follow-up code(s) is entered in column C and/or D do not also enter a check mark (√) in column A or B for the same procedure.
-

Column A (No Problem Suspected)

- ❑ Enter a check mark (✓) in column A if the procedure is performed and no problem is suspected.

Column B (Refused, Contraindicated, Not Needed)

- ❑ Enter a check mark (✓) in column B when the procedure is one of the following (with the exception of procedures 1 through 5):
 - ❑ Refused – The patient or responsible person refuses the procedure for any reason, or the patient is unable to cooperate in a procedure where the provider attempts to obtain a specimen or perform a procedure. It is also considered a refusal of a test when the patient or family does not call back or return for a reading of a tuberculin test.
 - ❑ Contraindicated – The procedure is deemed medically inappropriate.
 - ❑ Not Needed – The test is not appropriate for the patient’s age or the test was recently done.

 - ❑ Enter an explanation in the Comments/Problems area when a child does not receive a test appropriate for the child’s age according to the Periodicity Schedule.
-

Column B (Exclude Checkmark)

- ❑ Do not check column B when laboratory tests are performed outside of the provider's office. Enter the results of the tests even though no fee is charged to CHDP.

NOTE: No reimbursement will be made for a procedure if outcome column B is checked. The only exception is a tuberculin test that has been given but the provider cannot obtain a reading.
[\(Provider Manual conf clm comp\)](#)

Column C (New) and Column D (Known)

- ❑ Entering a code in columns C and/or D indicates a problem is suspected. Determine if the condition or problem is one of the following:
 - ❑ New – Not known to the family per history and is not currently or previously under care.
 - ❑ Known – Is known to the family per history and currently or previously under care.

Column C (New) and Column D (Known)

- ❑ For Screening Procedure 01, History and Physical Exam, up to two follow-up codes may be entered in column C and up to two follow-up codes may be entered in column D.
 - ❑ Whenever a code is entered in column C and/or D, the corresponding diagnosis or suspected problem must be documented by the examiner in the Comments/Problems box.
 - ❑ When entering a comment, begin entry with line number and follow-up code specific to that problem. For example:
 - ❑ 01 Otitis Media (3)
 - ❑ 02 Class III Dental Caries (5)
-

Follow-up Codes

Do not use check marks (✓) in column C or D.
Use only follow up codes 1-6 as follows:

FOLLOW UP CODES

- | | |
|--|--|
| 1. NO DX/RX INDICATED OR NOW UNDER CARE. | 4. DX PENDING/RETURN VISIT SCHEDULED. |
| 2. QUESTIONABLE RESULT, RECHECK SCHEDULED. | 5. REFERRED TO ANOTHER EXAMINER FOR DX/RX. |
| 3. DX MADE AND RX STARTED | 6. REFERRAL REFUSED |

Code 1 (No DX/RX* Indicated or Now Under Care)

- ❑ Enter code 1 if no treatment is indicated or the patient is now under care (for example, dental problem now under care).
 - ❑ Dx = diagnosis
 - ❑ Rx = prescription or treatment

Code 2 (Questionable Result Recheck Scheduled)

- ❑ Enter code 2 if the accuracy of a test result is questionable.
- ❑ Use only for screening procedures 06 through 20 and 22.
- ❑ A fee may be charged for these screening procedures even though the result is questionable.

Code 3 (Dx Made and Rx Started)

- ❑ Enter code 3 if the diagnosis is made and treatment of a problem is started on this visit. Enter the diagnosis (see slide # 30) and the appropriate ICD-9-CM diagnosis code in the Diagnosis Code area located beneath the Comments/Problem area.

Code 4 (Dx Pending/Return Visit Scheduled)

- ❑ Enter code 4 if:
 - ❑ A return visit has been scheduled for diagnosis and/or treatment.
 - ❑ Enter the diagnosis (see slide # 30) and the appropriate ICD-9-CM diagnosis code in the Diagnosis Code area located beneath the Comments/Problem area.

Code 5 (Referred to Another Examiner for Dx/Rx)

- ❑ Enter code 5 if:
 - ❑ The patient has been referred to another provider for diagnosis and/or treatment. Enter the name and telephone number of the other provider in the designated area.
 - ❑ Enter the diagnosis (see slide # 30) and the appropriate ICD-9-CM diagnosis code in the Diagnosis Code area located beneath the Comments/Problem area.

Code 6 (Referral Refused)

- ❑ Enter code 6 if the patient or the responsible person has refused referral or follow-up by examiner for any reason.

Other Tests

- ❑ Screening procedure codes 13 through 24 are not pre-printed and must be entered on the Other Tests area of the PM 160. (For a listing of these procedures, refer to Provider Manual conf clm comp).
- ❑ When one of these tests is performed, enter a check mark (√) in the outcome column A or an appropriate numeric follow-up code in outcome column C and/or D.

Comments/Problems

- ❑ Use the Comments/Problems section for remarks that clarify the results of the health assessment and to communicate information to the local and State CHDP programs.
 - ❑ Following are examples of information to include when appropriate:
 - ❑ The reason(s) for performing Medically Necessary Interperiodic Health Assessments (MNIHAs)
 - ❑ Must document even if the reason was identified in the drop down menu during Gateway transaction.
-

- Diagnosis, if made during the visit
 - Reference the line number and follow-up when documenting diagnosis

COMMENTS/PROBLEMS

IF A PROBLEM IS DIAGNOSED THIS VISIT, PLEASE ENTER
YOUR DIAGNOSIS IN THIS AREA

01 Bilateral Otitis Media (3)

-
- ❑ Document the severity of dental problems according to the American Dental Association's Classification of Treatment Needs (see Appendix in Provider Manual and Health Assessment Guidelines, Section 100.)
 - ❑ Explain when a procedure is not performed when the procedure is listed as recommended for age
 - ❑ Explain when a procedure is performed at an age younger or older than the age specified
 - ❑ Document the head circumference measurement for children 2 years of age or younger. Record measurements to one-fourth (1/4) inch
 - ❑ Document results of vision test
-

-
- ❑ Document results of lab tests when known (ie blood lead, glucose, cholesterol)
 - ❑ Document if patient did not return for the reading of a TB skin test
 - ❑ Note discrepancies between known information and information provided by the eligibility verification system, for example gender or spelling of name
 - ❑ Document if mother's Medi-Cal identification number is being used to bill for services rendered to an infant during the birth month or the month following
-

- ❑ Document the reason for extra time spent with the patient when billing for an Extended Visit for other than new patients or patients not assessed within the last two years.

- ❑ Document when immunization administered because individual is in a high-risk category.

Routine Referrals

BLOOD LEAD

- Enter a check mark (√) in the Blood Lead box when a child has been referred to a laboratory for the collection of a blood specimen for the lead test.

DENTAL

- Enter a check mark (√) in the Dental box only when no dental problem is suspected, but you have advised the parents to obtain the annual preventive dental care for a Medi-Cal child. Annual referrals are required at age 3 and recommended at age 1 for prevention and maintenance of oral health. (Refer to [CHDP Dental Periodicity](#) for further information regarding frequency of exams.)

Foster Child Indicator

- ❑ Enter a check mark (√) when the patient is in a foster care home or has been placed with a relative by the county's social services department.



Diagnosis Codes

- ❑ Enter the International Classification of Diseases code in the Diagnosis Codes area for each condition or problem suspected. Do not leave blank spaces in the boxes.

- ❑ If the diagnosis code is fewer than seven numbers, enter zeros in the last (right) spaces of the box.
 - ❑ EXAMPLE: ICD-9-CM code 034 (strep throat) is entered as 0340000 and ICD-9-CM code 493.9 (asthma, unspecified) is entered as 4939000.



Tobacco Prevention/Cessation Questions

The Questions Below Must Be Answered Or Claim Will Not Be Paid

- ❑ Enter patient's response to the questions concerning smoking.
 1. Patient is exposed to passive (second-hand) tobacco smoke?
 2. Tobacco used by patient?
 3. Patient counseled about/referred for tobacco use prevention/cessation? (Providers are encouraged to counsel patients about hazards of tobacco exposure even if questions 1 and 2 are answered "no".)
-

Women Infant Children Supplemental Nutrition Program Status

- ❑ Infants and children younger than 5 years of age may be eligible for the Women, Infants, and Children Supplemental Nutrition Program.
- ❑ If the patient is already enrolled in the Women, Infants, and Children Supplemental Nutrition Program, enter an “X” in Enrolled in Box 1.
- ❑ If you are making a referral to the Women, Infants, and Children Supplemental Nutrition Program, enter an “X” in Referred to Box 2.
- ❑ The Women, Infants, and Children Supplemental Nutrition Program requires that height, weight, hemoglobin and/or hematocrit values be entered.

Partial Screens

Complete the partial screening procedure(s) and enter the information on the PM 160 as follows:

- ❑ Enter the patient demographic information in the top section of the PM 160
 - ❑ Enter the provider identifying information in the space provided at the bottom of the PM 160
 - ❑ Complete only the information pertaining to the partial screening procedure(s) – it is not necessary to complete entire form
 - ❑ Enter justification of the partial screen in the Comments/Problems area.
 - ❑ Enter a check mark (✓) in the Partial Screen box.
-

- ❑ Enter the date of the complete CHDP health assessment from the prior PM 160 or the future date of the Child Health and Disability Prevention health assessment in the Accompanies Prior PM 160 Dated area.
- ❑ Enter the Date of Service.
- ❑ Enter the Patient Eligibility information.
- ❑ Enter Fee(s).
- ❑ Enter Total Fees.

NOTE: Rural Health Clinic, Federally Qualified Health Clinic, and Indian Health Services cannot bill for partial screens, but must still report information on an Information Only PM 160.

Recheck of Screening Procedure

Complete the screening procedure recheck(s) and enter the information as follows:

- ❑ Enter the patient demographic information in the top section of the PM 160.
 - ❑ Enter the provider identifying information in the space provided at the bottom of the PM 160.
 - ❑ Complete only the information pertaining to the procedure recheck(s) – it is not necessary to complete entire form.
 - ❑ Enter justification for recheck in Comments/Problems area.
 - ❑ Enter a check mark (√) in the Screening Procedure Recheck box.
-

-
- ❑ Enter the date of service from the prior PM 160 in the Accompanies Prior PM 160 Dated area.
 - ❑ Enter the Date of Service.
 - ❑ Enter the Patient Eligibility information.
 - ❑ Enter Fee(s).
 - ❑ Enter Total Fees.
 - ❑ Only screening procedures 06 through 22 may be submitted for reimbursement as rechecks.
 - ❑ Rural Health Clinic, Federally Qualified Health Clinic, and Indian Health Services clinics cannot bill for rechecks, but must still report information on an Information Only PM 160.
-

Vital Statistics

Height in Inches

- ❑ If the child is younger than 25 months of age, measure recumbent (lying down) length. If the child is 25 months of age or older, measure the child's standing height.
- ❑ Record the height or length in inches to the nearest quarter inch. Fill in all spaces. A "4" is preprinted in the last (right) space. Convert all fractions of an inch to fourths and enter as follows:
 - ❑ Whole inches = Enter "0"
 - ❑ $\frac{1}{4}$ inch = Enter "1"
 - ❑ $\frac{1}{2}$ inch = $\frac{2}{4}$ = Enter "2"
 - ❑ $\frac{3}{4}$ inch = Enter "3"

Weight

- ❑ Enter weight in pounds and to the nearest ounce. Enter a leading zero(s) in the first space(s) for weights less than three digits.
- ❑ Use the last two spaces for ounces. Enter a leading zero for ounces less than 10. Enter two zeros when there are no ounces.

Body Mass Index (BMI) Percentile

- ❑ Complete the Body Mass Index Percentile box for children age 25 months or older.
 - ❑ Identify Body Mass Index number based on height (inches) and weight (pounds).
 - ❑ Plot the Body Mass Index number on the Centers for Disease Control Body Mass Index -for-age Percentile growth chart according to gender and age to obtain the Body Mass Index percentile.
 - ❑ Record the Body Mass Index percentile on the PM 160 Claim Form placing a whole number on either side of the separating line in the Body Mass Index (BMI) Percentile box.

Express as percentile, not BMI number

HEIGHT IN INCHES 0 4	WEIGHT LBS	OZS	BODY MASS INDEX (BMI) PERCENTILE
HEMOGLOBIN	HEMATOCRIT		

- More information about Body Mass Index , including reproducible Centers for Disease Control Growth Charts and Body Mass Index tools, is available on the Child Health and Disability Prevention Program website. Select the [Training](#) item in the Local Child Health and Disability Prevention Programs menu, and then select the Body Mass Index option.

Blood Pressure

- ❑ Record both the systolic and diastolic blood pressure for children 3 years of age and older.
- * If child is unable to comply record “blood pressure noncompliant” in Comments/Problems section on the PM160



Providers are required to do either Hemoglobin or Hematocrit. It is not necessary to do both.

Hemoglobin

- ❑ Record amounts to the nearest 0.1 gram. Always enter three digits so that every box is filled. Add leading zeros when needed. Do not leave a box empty.
 - ❑ EXAMPLE: A hemoglobin level of 8.5 grams is recorded as 08.5.

Hematocrit

- ❑ Record numbers to the nearest whole number. Do not enter more than two digits, only whole numbers.
- ❑ Do not enter tenths, such as 34.1 percent.
- ❑ Do not enter % marks.
 - ❑ EXAMPLE: 34.1%-34.4% would be entered as 34 and 34.5%-34.9% would be entered as 35.

Birth Weight

- ❑ Enter the birth weight, if known, in pounds and ounces. Birth weight should be entered for children younger than 2 years of age.
- ❑ Use the same system for recording birth weight that was used for recording baby's current weight.

Immunizations

- ❑ When billing for immunizations, enter the code* for the immunization and the name of the vaccine on a blank line in the Immunizations area.
- ❑ Enter a check mark (✓) in Column A (Now Up to Date for Age) or B (Still Not Up to Date for Age) for each immunization given and enter the appropriate fee.

* Codes are found in the [CHDP Provider Manual](#) in the “rates max chdp” section.

Immunizations for which the child was assessed but were not given are entered with a check mark as follows:

- ❑ Column C. (Already Up to Date for Age). The immunization status is current or the patient has had the disease.
 - ❑ Column D. (Refusal or Contraindicated). The patient or responsible party refuses the needed immunization, the administration of a needed dose is medically contraindicated or is deemed inappropriate.
 - ❑ Do not enter fees when recording immunizations in column C or D.
-

Service Location

Service Location

- ❑ Name and address must match location on file with Child Health and Disability Prevention Program for the Provider's National Provider Identifier. An address stamp may be used as long as each copy of the PM 160 has the imprint.
- ❑ Health Plan Code/Provider Number
- ❑ Child Health and Disability Prevention Program provider number (National Provider Identifier) is entered in the spaces beginning to the left.

Place Of Service

- The two-digit Place of Service code* that best describes where the service was rendered is entered.

*Codes are found in the Child Health and Disability Prevention Provider Manual conf clm comp section or on the back of the PM 160 pink copy.

Patient Visit

- ❑ The Patient Visit section is used for billing purposes, so it only pertains to the standard (green) PM 160.

The time spent with the patient is the determining factor in billing for an extended visit or a routine visit as indicated on following slides.

New Patient or Extended Visit

- Enter a check mark if the patient has not previously received a Child Health and Disability Prevention health assessment by this provider.
- Enter a checkmark if the patient requires as much or more time to be assessed as does a new patient (be sure to justify in Comments/Problem area).

Routine Visit

- Enter a check mark if the patient's visit is a routine return visit.

Type of Screen

The Type of Screen area is used for billing purposes, so it only pertains to the standard **(green)** PM 160.

- ❑ Initial: Enter a check mark if this is, to the best of your knowledge, the first time the patient has received a CHDP health assessment by any provider.
- ❑ Periodic: Enter a check mark if the patient has previously received a Child Health and Disability Prevention health assessment by any provider.

Fees

The Fees area is used for billing purposes, so it only pertains to the standard **(green)** PM 160.

- ❑ Providers are encouraged to bill at their usual and customary charges. Reimbursement will be either at the provider's usual and customary charges or the amount specified in the Child Health and Disability Prevention Schedule of Maximum Allowances*, whichever is less.
- ❑ Fees for Other Tests must include the procedure code and the appropriate fee in the fee column.
- ❑ Fees for Immunizations must include the immunization code and the appropriate fee in the fee column.
- ❑ Total Fees: Add fees and enter the total amount.

*See Child Health and Disability Prevention Provider manual, "rates max chdp" section.

Signature Of Provider

- ❑ Provider or a designated representative must sign and date the PM 160.
 - ❑ Do not use a signature stamp.
 - ❑ Print the provider's name in the Rendering Provider area on Information Only PM 160s.

Patient Eligibility

County Code

- ❑ Enter patient's two-digit county code (county providing Medi-Cal; obtained when eligibility verification is performed).

Aid Code

- ❑ Enter patient's two-digit aid code (obtained when eligibility verification is performed).

Identification Number

- ❑ Enter patient's identification number from the plastic Benefits Identification Card or Immediate Need Eligibility Document (obtained with Gateway transaction).

Mother's Medi-Cal Identification Number

- ❑ A mother's Medi-Cal identification number may be used to bill for services provided to an infant during the infant's month of birth and the month immediately following.

Patient Eligibility Check Boxes (Standard PM 160s only)

- ❑ Check the first box for patients covered by full-scope Medi-Cal. This includes patients who went through the Gateway and received temporary Medi-Cal (8W, 8X, 8U, 8V) at this visit.
- ❑ Check the second box for patients who went through the Gateway and are eligible for Child Health and Disability Prevention exam only - no temporary Medi-Cal provided (8Y).

REFERRALS AND FOLLOW-UP

CHDP Care Coordinator needs to follow-up on all PM 160s coded with a 4 or a 5 on state-funded visits.

- ❑ To ensure that family has returned to provider for follow- up visit (code 4) within 120 days of receipt of PM 160 by the local program
- ❑ To ensure that family has been successful in making and keeping appointment with specialist (code 5) within 120 days of receipt of PM 160 by the local program
- ❑ To document outcome of follow-up
 - ❑ Maintain documentation for three years plus current year in case of audit

ANTICIPATORY GUIDANCE

Providers should maintain a supply of patient education materials for anticipatory guidance.

- ❑ Should be available in threshold languages for population served
- ❑ Should address age relevant concerns
- ❑ Should include listings of local resources

Availability of educational materials

- ❑ Educational materials developed by local programs are available through the Child Health and Disability Prevention Program State Health Education Subcommittee's regional resource listings.
- ❑ CHDP Providers may find the following links to American Academy of Pediatrics and Bright Futures helpful in providing anticipatory guidance information to families:
 - ❑ <http://www.aap.org>
 - ❑ <http://www.brightfutures.aap.org>