

## Child Health and Disability Prevention (CHDP) Program Code Conversion

<b>Health assessments</b>				
All codes are effective for dates of service on or after July 1, 2017. (Select codes for laboratory-only providers with effective date February 1, 2017.)				
<b>CHDP local billing codes</b>		<b>New CHDP national billing codes</b>		
<b>Local code</b>	<b>Description</b>	<b>National code</b>	<b>Description</b>	<b>Notes</b>
B1	Autism screening	96110	Development screening (for example, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	
B3	Psychosocial/behavioral assessment	96150	Health and behavior assessment (for example, health-focused clinical interview, behavioral observations, psychophysiological monitoring, and health-oriented questionnaires), each 15 minutes face-to-face with patient; initial assessment	
B4	Psychosocial/behavioral reassessment	96151	Reassessment	
01	History and physical exam	99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age under 1 year)	
		99382	early childhood (age 1 through 4 years, 11 months)	
		99383	late childhood (age 5 through 11 years, 11 months)	
		99384	adolescent (age 12 through 17 years, 11 months)	
		99385	18 through (20 years, 11 months)	

<b>Health assessments, continued</b>				
<b>CHDP local billing codes</b>		<b>New CHDP national billing codes</b>		
<b>Local code</b>	<b>Description</b>	<b>National code</b>	<b>Description</b>	<b>Notes</b>
01	History and physical exam	99391	Periodic comprehensive preventive medicine, re-evaluation and management of established patient; infant (age under 1 year)	
		99392	early childhood (age 1 through 4 years, 11 months)	
		99393	late childhood (age 5 through 11 years, 11 months)	
		99394	adolescent (age 12 through 17 years, 11 months)	
		99395	18 through (20 years, 11 months)	
02	Dental assessment/referral	Not applicable		Included in E&M preventive medicine health assessment
03	Nutritional assessment	Z71.3	Dietary counseling and surveillance	Included in E&M preventive medicine health assessment
No local code	Physical activity assessment	Z02.5	Participation in sport	
No local code	Physical activity assessment	Z71.82	Exercise counseling	
04	Anticipatory guidance health education	Not applicable	Documentation in the medical record clearly needs to support anticipatory guidance provided for nutrition and physical activity along with types of guidance provided	Included in E&M preventive medicine health assessment
05	Developmental assessment	Not applicable		Included in E&M preventive medicine health assessment

Health assessments, continued				
CHDP local billing codes		New CHDP national billing codes		
Local code	Description	National code	Description	Notes
07	Hearing, audiometric	92551	Screening test, pure tone, air only	
No local code	Hearing, audiometric	92552	Pure Tone audiometry (threshold); air only	

Labs and other				
CHDP local billing codes		New CHDP national billing codes		
Local code	Description	National code	Description	Notes
09	Urine dipstick	81000	Urinalysis by dipstick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, and any number of these constituents; non-automated, with microscopy	
12	TB, Mantoux test	86580	Skin test, tuberculosis, intradermal	
No local code	A1c POC testing	83037	Finger stick in provider office	
No local code	BMI percentile	Z68.51	pediatric less than 5th percentile	
No local code	BMI percentile	Z68.52	pediatric 5th to < 85th percentile	
No local code	BMI percentile	Z68.53	pediatric 85th to 95th percentile	
No local code	BMI percentile	Z68.54	pediatric ≥ 95th percentile	
No local code	Chlamydia screening via urine	87491	Urinalysis with Genprobe APTIMA combo 2 urine collection device; infectious agent detection by nucleic acid (DNA or RNA); chlamydia trachomatis, amplified probe technique	

## Vaccines

The CPT-4 vaccine codes for CHDP vaccines are listed in the following table. Effective July 1, 2017 CHDP claims require SL (state supplied vaccine) on claims submitted for vaccines supplied by Vaccine for Children (VFC) programs.

Current CHDP local billing codes		New CHDP national billing codes			
Local code	Description	National code	Modifiers	CVX codes for submission to CAIRS	Description
M1, M2, M3	Bexsero® (MenB vaccine)	90620	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, intramuscular
M4, M5, M6	Trumenba® (MenB vaccine)	90621	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB), 3 dose schedule, intramuscular
33	Measles/mumps/rubella (MMR)	90707	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Measles, mumps and rubella virus vaccine (MMR), live, subcutaneous
34	Measles, purchased	Not applicable	code was deleted in 2015		
36	Rubella	Not applicable	code was deleted in 2015		
38	HIB CV	Not applicable	code was deleted in 2015		
39	Polio, inactivated	90713	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Poliovirus vaccine, inactivated, (IPV), subcutaneous or intramuscular
40	Hepatitis B, low-risk	90744	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Hepatitis B vaccine, (HepB), pediatric/adolescent dosage, 3 dose schedule, intramuscular

<b>Vaccines, continued</b>					
<b>Current CHDP local billing codes</b>		<b>New CHDP national billing codes</b>			
<b>Local code</b>	<b>Description</b>	<b>National code</b>	<b>Modifiers</b>	<b>CVX codes for submission to CAIRS</b>	<b>Description</b>
41 and 57	Hepatitis B immune globulin (HBIG)	90371			Hepatitis B immune globulin (HBIG), human, intramuscular
42	Hepatitis B, high-risk, adult	90743	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Hepatitis B vaccine, (HepB), adolescent, 2 dose schedule, intramuscular
45	DTaP	90700	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), intramuscular
46	Varicella	90716	SL- add for state supplied vaccines (VFC) along with \$0.00 charge		Varicella virus vaccine (VAR), live, subcutaneous
48	Measles/mumps/rubella (MMR), adult	90707			Measles, mumps and rubella virus vaccine (MMR), live, subcutaneous
51	Hepatitis B, high risk, adult	90746			Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, intramuscular
52	Varicella	90716			Varicella virus vaccine (VAR), live, subcutaneous
53	Influenza	90655	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, intramuscular

<b>Vaccines, continued</b>					
<b>Current CHDP local billing codes</b>		<b>New CHDP national billing codes</b>			
<b>Local code</b>	<b>Description</b>	<b>National code</b>	<b>Modifiers</b>	<b>CVX codes for submission to CAIRS</b>	<b>Description</b>
53	Influenza	90658	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Influenza virus vaccine, trivalent (IIV3), split virus, intramuscular
53	Influenza	90674	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Influenza virus vaccine, quadrivalent (cclIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 ml dosage, intramuscular
53	Influenza	90685	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Influenza virus vaccine, quadrivalent (IIV4), split virus preservative free, intramuscular
53	Influenza	90686	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Influenza virus vaccine, quadrivalent (IIV4), split virus preservative free, intramuscular
53	Influenza	90688	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Influenza virus vaccine, quadrivalent (IIV4), split virus, intramuscular
54	Influenza	90658			Influenza virus vaccine, trivalent (IIV3), split virus, intramuscular
55	Pneumococcal polysaccharide (23PS)	90732			Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, subcutaneous or intramuscular

<b>Vaccines, continued</b>					
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56	Hepatitis B/Hib combination	Not applicable	code was deleted		
58	Td adult	90714	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Tetanus and diphtheria toxoids adsorbed (Td), preservative free, intramuscular
59	DT pediatric	90702			Diphtheria and tetanus toxoids adsorbed (DT), intramuscular
60	Td adult PF	90714			Tetanus and diphtheria toxoids adsorbed (Td), preservative free, intramuscular
63	HIB CV	Not applicable	code was deleted		
64	Polio, inactivated	90713			Poliovirus vaccine, inactivated, (IPV), subcutaneous or intramuscular
65	Hepatitis A	90633	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Hepatitis A vaccine (HepA), pediatric/adolescent dosage, 2 dose schedule, intramuscular
66	Hepatitis A, adult	90632	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Hepatitis A vaccine (HepA), adult dosage, intramuscular

<b>Vaccines, continued</b>					
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67	Prevnar/PCF7	Not applicable	code was deleted		
68	DTaP-HepB-IPV	90723	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), intramuscular
69	Meningococcal conjugate (MCV4)	90734	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MenACWY) intramuscular
70, 73	Meningococcal conjugate (MCV4)	90734			Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MenACWY), intramuscular
71	FluMist®	90660	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Influenza virus vaccine, trivalent, live (LAIV3), intranasal
72	Tdap booster	90715	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), intramuscular



<b>Vaccines, continued</b>					
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74	MMRV	90710	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Measles, mumps, rubella, and varicella vaccine (MMRV), live, subcutaneous
75	Rotavirus, 3 doses, oral	90680	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, oral
76, 77, 78	Quadrivalent human papillomavirus (HPV)	90649	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Human papillomavirus (HPV) vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, intramuscular
79	Tdap	90715			Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), intramuscular
80	Influenza, inactivated, preservative-free	90655			Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, intramuscular
81	Rotavirus, 2 doses, oral	90681	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, oral
82	DTaP-Hib-IPV	90698	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenzae type B, and inactivated poliovirus vaccine (DTaP-IPV/Hib), intramuscular

<b>Vaccines, continued</b>					
<b>Current CHDP local billing codes</b>		<b>New CHDP national billing codes</b>			
<b>Local code</b>	<b>Description</b>	<b>National code</b>	<b>Modifiers</b>	<b>CVX codes for submission to CAIRS</b>	<b>Description</b>
83	DTaP-IPV	90696			Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), intramuscular
84	Influenza, H1N1 vaccine	Not applicable	code was deleted		
85, 86, 87	Bivalent human papillomavirus (HPV2)	90650	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Human papillomavirus (HPV) vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, intramuscular
88	Pneumococcal 13-valent conjugate (PCV13)	90670	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Pneumococcal conjugate vaccine, 13 valent (PCV13), intramuscular
90	Pneumococcal polysaccharide (23PS)	90732	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, subcutaneous or intramuscular
92	Meningococcal/Hib (MenHibrix)	90644	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza type b vaccine (Hib-MenCY), 4 dose schedule, intramuscular

<b>Vaccines, continued</b>					
<b>Current CHDP local billing codes</b>		<b>New CHDP national billing codes</b>			
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93, 94, 95	9-valent human papillomavirus (HPV9)	90651	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Human papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonvalent (9vHPV), 3 dose schedule, intramuscular
No local code		90630	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, intradermal
No local code		90636			Hepatitis A and hepatitis B vaccine (HepA-Hep B), adult dosage, intramuscular
No local code		90647	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Haemophilus influenza type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, intramuscular
No local code		90648	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Hemophilus influenza type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, intramuscular
No local code		90656	SL - add for state supplied vaccines (VFC) along with \$0.00 charge		Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, intramuscular

<b>Vaccines, continued</b>					
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<b>Local code</b>	<b>Description</b>	<b>National code</b>	<b>Modifiers</b>	<b>CVX codes for submission to CAIRS</b>	<b>Description</b>
No local code		90673			Influenza virus vaccine, trivalent (RIV3), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, intramuscular
No local code		90675			Rabies vaccine, intramuscular
No local code		90740			Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, intramuscular

<b>Required services to be completed annually by PCP</b>				
<b>Tests or order/screenings/visits</b>	<b>Population</b>	<b>Frequency</b>	<b>Timeframe</b>	<b>PCP responsibility</b>
A1c testing	Members ages 18-75 diagnosed with diabetes	Annually: until controlled (<8)	Measurement year	Order or complete via point of contact (POC) and bill. Follow up if out of range.
Serum potassium and serum creatinine	Members taking an Ace, Arb or diuretic	Annually	Measurement year	Order and follow up until complete
Urine tests for protein (random, spot or dipstick)	Members diagnosed with diabetes	Annually	Measurement year	Complete in office with dipstick, bill or order lab

<b>Required services to be completed annually by PCP, continued</b>				
<b>Tests or order/screenings/visits</b>	<b>Population</b>	<b>Frequency</b>	<b>Timeframe</b>	<b>PCP responsibility</b>
Pap smear	Women ages 21-64	Every 3 years	Measurement year and 2 years prior	Complete or refer to gynecologist
Breast cancer screening referrals	Women ages 50-74	Every 2.25 years	Service needs to take place between October 1, 2 years prior to measurement year, to December 31 of the measurement year	Refer or order
Immunizations	Per periodicity table	See periodicity schedule	Not applicable	Complete and bill
FOBT	Members who refuse colonoscopy or sigmoidoscopy	Annually or every 3 years if using FIT DNA test	Measurement year for iFOBT. FIT DNA is measurement year and 2 years prior	Provide kit or order
Chlamydia screening	Women ages 16-24 who are sexually active (urine)	Annually for sexually active members	Measurement year	Order and follow up until complete
Depression screening	Members ages 12 and older	Annually	Measurement year	Complete, bill and follow up with positive screenings
BMI assessments	Members ages 18-74	Annually	Measurement year	Complete and bill
Well-child exams	Members ages 3-6	Annually	Measurement year	Complete and bill
Eye exam referrals	Members ages 18-75 diagnosed with diabetes	Annually	Measurement year	Referral – request for documentation for reporting 2022F at time of review with member.

<b>Required services to be completed annually by PCP, continued</b>				
<b>Tests or order/screenings/visits</b>	<b>Population</b>	<b>Frequency</b>	<b>Timeframe</b>	<b>PCP responsibility</b>
Eye exam using eye Pac machines	Members ages 18-75 diagnosed with diabetes	Annually	Measurement year	If device in house complete technical component and bill with modifier. Eye care provider to bill with professional component or refer to network eye care provider. This is covered under the medical benefit.
Functional status assessment	Members ages 66 and older	Annually	Measurement year	Complete and bill
Advance care planning discussion	Members ages 66 and older	Annually	Measurement year	Complete and bill
Medication review	Members ages 66 and older	Annually	Measurement year	Complete and bill
Medication reconciliation post hospitalization	Members ages 18 and older	within 30 days of discharge	Within 30 days of discharge	Complete and bill
Pain assessments	Members ages 66 and older	Annually	Measurement year	Complete and bill
Blood pressure (BP) monitoring	Members ages 18-85 and older	Each visit	Takes last BP of the measurement year	Complete and bill
DEXA scan orders	Members ages 67-85 who suffered a fracture	Within 6 months of fracture	Fractures that occur between July 1 of prior year to June 30 of current measurement year	Order and follow up

<b>Required services to be completed annually by PCP, continued</b>				
<b>Tests or order/screenings/visits</b>	<b>Population</b>	<b>Frequency</b>	<b>Timeframe</b>	<b>PCP responsibility</b>
Nutrition assessment and counseling	Members ages 3-17	Annually	Measurement year	Complete and bill
Physical activity assessment and counseling	Members ages 3-17	Annually	Measurement year	Complete and bill
Osteoporosis medications	Members ages 67-85 who suffered a fracture	Within 6 months of fracture	Fractures that occur between July 1 of prior year to June 30 of current measurement year	Order