

Child Health and Disability Prevention Program Transition



CHDP Program Transition

[Senate Bill \(SB\) 184](#) authorized DHCS to phase out the CHDP program and transition services on July 1, 2024. This transition simplifies and streamlines the delivery of services to children and youth under the age of 21. The sunset of CHDP programs will not affect EPSDT services, nor will access to preventive health screenings and follow-up services be diminished, as they are required to be covered by L.A. Care Health Plan (L.A. Care).

The CHDP Program includes:

<https://www.dhcs.ca.gov/services/chdp/Documents/CHDP-Transition-Plan-2024.pdf>

- Children's Presumptive Eligibility;
- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services;
- Health Care Program for Children in Foster Care (HCPCFC);
- CHDP-Childhood Lead Poisoning Prevention Program (CHDP-CLPP); and

The transition of CHDP programs and services does not result in a loss of EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) services, which includes Preventive health, vision, dental screening, care coordination, and follow-up Services. L.A. Care Health Plan covers all medically necessary preventive services for children and youth in accordance with the AAP Bright Futures Periodicity Schedule and Anticipatory Guidance.

No changes to the following services:

- Periodicity and Medically Necessary Interperiodic Health Assessments
MCPs are responsible for the oversight of compliance AAP's Bright Futures [periodicity schedule.pdf \(aap.org\)](#) and [Anticipatory Guidance](#).
- The [VFC](#) program
Providers are required to provide necessary immunizations

Providers who bill EPSDT/CHDP should continue billing L.A. Care Health Plan (L.A. Care) in accordance with the federal Health Insurance Portability and Accountability Act (HIPAA) national standards and with CPT-4 and ICD-10 national codes on the CMS-1500, UB-04 claim form, or electronic equivalent.

Codes

1. What national codes should providers submit?

CPT-4 codes determined to be most appropriate for current EPSDT/CHDP services.

https://mcweb.apps.prd.cammi.medi-cal.ca.gov/assets/078B40BD-B56C-4B98-AA11-1DD90F59B3E2/27074.01_cd_conv_table.pdf?access_token=6UyVkrRfByXTZEWIh8j8QaYylPyP5ULO

2. ICD-10-CM diagnosis code examples:

- BMI Percentile – Z68.51 – Z68.54
- Nutrition Counseling – Z71.3
- Physical activity Counseling – Z71.82

Billing Limitations

1. Can claims still be submitted one year from the date of service?

No, claims processed by L.A. Care are subject to the six-month billing limitation.

Claim Form

1. Which claim form is used for services provided?

For paper submissions, providers will bill using the CMS-1500 or Outpatient UB-04 claim form, or for electronic submissions the ANSI X12N 837 professional (837P) or 837 institutional (837I) electronic claim format.

2. If providers submit incorrect information on a hard copy CMS-1500 or UB-04 claim form can they resubmit with a correct claim?

Yes, a corrected claim can be submitted to L.A. Care.

3. Can EPSDT/CHDP providers use the Additional Claim Information field (Box 19) on the CMS-1500 claim form or the Remarks field (Box 80) on the UB-04 claim form?

Yes, box 19 on the CMS 1500 and Box 80 on the UB-04 will be available to enter documentation such as, delay reason remarks and additional information as needed.



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4. Should the date of the next periodic health exam be entered on the CMS-1500 or UB-04? If so, where is it entered on the claim?

The national claim forms do not have fields to capture the date for the next required periodic exam. EPSDT well-child health assessments and immunizations should be rendered in accordance with the American Academy of Pediatrics (AAP) Bright Futures. See both the Bright Futures Schedule for Health Assessments by Age Group and Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Periodicity Schedule for Dental Referral by Age PDFs for guidelines.
https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf.

Vaccine for Children Program (VFC)

1. Are EPSDT providers required to participate in the Vaccine for Children program?

Yes, all EPSDT providers must participate in the Vaccine for Children program.

2. Is there a cost to providers for VFC Vaccines?

No, vaccines from the VFC program are available at no cost to the provider.

3. Does the VFC program reimburse providers for the cost of vaccines?

No, the VFC program reimburses only an administration fee for vaccines provided through the VFC program to individuals younger than 19 years of age.

4. How do providers get the vaccines?

The Department of Health Care Services (DHCS), Immunization Branch, takes vaccine supply orders from health care providers participating in the VFC program and arranges for shipment of orders.

5. Can a provider administer vaccines to members over the age of 19?

The VFC program does not supply vaccines for individuals 19 and 20 years of age. Providers will be reimbursed at the current market rate plus the administration fee.

Billing

1. Physicians bill lab codes for services performed during the EPSDT exam. Should physicians continue billing for those services the same way?

Physicians should bill for these services in accordance with Medi-Cal guidelines.

Rates

1. Are reimbursement rates changing?

No, reimbursement rates are aligned with Medi-Cal rates.

2. Is rate information available online?

The Medi-Cal rate table may be accessed from the Medi-Cal website: Under the References tab providers should click "Medi-Cal Rates."

1. Eye Exam:

As of July 1, 2017, Snellen vision exams are considered inclusive in the initial preventive medicine health assessment.

2. Vaccine Administration:

CPT code 90461 no longer used as of July 1, 2017.

3. Autism Screening:

Autism screening added to EPSDT Program on July 1, 2017.

4. Psychosocial/Behavioral Assessment and Reassessment:

Psychosocial/Behavioral assessment and reassessment added the EPSDT program on July 1, 2017.

5. Lead Screening:

Effective 5/1/2018, HCPCS local code Z0334 (lead screening, counseling with blood draw) is terminated to comply with HIPAA rules and regulation. Please see the EPSDT/CHDP code Conversion chart for the applicable CPT code.

[CHDP Phase 3 HIPAA Code Conversion: School-Based Services Crosswalk \(ca.gov\)](#)

To comply with HIPAA national standard for health care electronic transactions and code sets, school-based services will transition to national standards in the fourth quarter of 2018.

Providers billing EPSDT school-based services should bill in accordance with Medi-Cal guidelines using national codes on standard claim forms, or equivalent electronic claim transactions



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Billing Requirements

Providers will bill EPSDT school-based services using:

- HIPAA approved methods of transmission for claims rendered by EPSDT school-based services to recipients
- CPT-4 procedure codes
- ICD-10-CM diagnosis codes

Miscellaneous Questions

1. Rationale for the CHDP Program Transition?

Transitioning the CHDP program, aligns with DHCS' goals to make a more consistent and seamless system by reducing complexity and increasing flexibility by streamlining and reducing duplication across multiple programs.

2. Are ICD-10-CM diagnosis codes required on my claim?

Yes, if the policy instructions in the Medi-Cal provider manual say an ICD-10-CM diagnosis is required for the service being billed.

3. Will there be any changes to the EPSDT services?

No, there will be no, changes. DHCS' transition of CHDP programs and services does not result in a loss of EPSDT services.

4. Will providers currently billing for CHDP services be able to bill equivalent services for EPSDT health assessments and immunizations?

Approved providers are eligible to bill L.A. Care for equivalent services for well-child health assessments, immunizations and ancillary services rendered under the EPSDT benefit of the Medi-Cal program in accordance with the provider's Medi-Cal enrollment status. For example, Medi-Cal provider type and category of service.

5. With the CHDP conversion to the CMS-1500 form, what is the status of the Body Mass Index, Hemoglobin, Hematocrit, Tobacco and other additional fields?

Providers will be expected to perform these tests as indicated on the "CHDP Bright Futures Schedule for Health Assessments by Age Group" PDF. However, it is no longer required to include these metrics on the claim form

6. Which signatures and National Provider Identifiers (NPI) are required when billing on the CMS-1500 form?

The claim must be signed and dated by the provider or representative assigned by the provider.

7. Do providers need to fill out the service facility location information?

Yes, providers enter the provider name and address of the facility where the services were rendered, including the nine-digit ZIP code.

8. Does the billing provider's information need to be included?

Yes, the provider name and address must be entered without a comma between the city and state, including the nine-digit ZIP code, without a hyphen, and the telephone number and the provider's NPI.

9. Which signatures and NPIs are required when billing on the UB-04 form?

Provider name, address and ZIP code are required including the city and state with nine-digit ZIP code.

10. Will new Medi-Cal providers interested in providing EPSDT/CHDP-related services have to apply to be a EPSDT/CHDP provider to use the CHDP Gateway or render services in accordance with the Bright Futures Periodicity Schedule?

Under the transition of CHDP, providers are required to be enrolled as Medi-Cal providers, approved as CHDP providers, and have not opted out of Medicare. This enables providers to submit claims for EPSDT well-child health assessments, immunizations and ancillary services to Medi-Cal, and to enroll youths in presumptive eligibility Medi-Cal through the Children's Presumptive Eligibility (CPE) Portal. The Child Health and Disability Prevention (CHDP) Gateway is being rebranded as the Children's Presumptive Eligibility (CPE) Portal. Any new provider who was in the process of becoming a CHDP provider but did not complete the provider application process with their local CHDP Program by June 15, 2024, will need to wait to apply for CPE on or after July 1, 2024.

Resources

For specific questions concerning the transition, please visit the following link:

<https://www.dhcs.ca.gov/services/chdp/Documents/CHDP-Transition-Plan-2024.pdf>

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.