

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
CLAIMS MEDI-CAL PROVIDER MANUAL  
CLAIMS DEPARTMENT**

**X.C. Child Health and Disability Prevention Program (CHDP)**

**A. PHC CHDP Billing Instructions for all dates of service on or before 6/30/17**

1. Children who are assigned to a PCP are required to receive their CHDP services from their PCP. CHDP claims received for children not assigned to the provider of service will not be reimbursed. The exception would be children in a Special Case Managed status or a Native American Indian, who may receive services from their PCP or any Native American Indian (IHC) Clinic.
2. CHDP Gateway services remain the financial responsibility of the State of California and are not payable by PHC. Continue to follow all directions for the CHDP Gateway Program as outlined in the State CHDP Provider Manual. PHC is not responsible for payment of CHDP services until the child receives Medi-Cal eligibility with PHC.
3. All CHDP billings for PHC members must be done on the PM160 information only form. When using the CHDP PM160 information only (03/07) form, follow the directions in your CHDP Provider Manual and those items in this section.
4. Submit CHDP claims as follows:

- a. The top copy (original) of the PM160 Information Only form is

sent to:

Partnership HealthPlan of California  
Attention: Claims Dept. - CHDP  
P.O. Box 1368  
Suisun City, CA 94585-1368

- b. The **yellow copy** of the PM160 Information Only form is sent to:

Solano CHDP (504)  
CHDP Office  
275 Beck Avenue MS 5-230  
Fairfield, CA 94533

Sonoma CHDP (513)  
CHDP Office  
625 Fifth St.  
Santa Rosa, CA 95404

Napa CHDP (507)  
CHDP Office  
Napa County Department of  
Health and Human Services  
Street  
Napa, CA 94559-3721

Mendocino CHDP (512)  
CHDP Office  
1120 South Dora St.  
Ukiah, CA 95482-8333 2261 Elm

Yolo CHDP (509)  
Medical Services – CHDP  
137 N. Cottonwood #2200  
Woodland, CA 95695

Marin CHDP (510) Children's  
CHDP Office  
3240 Kerner Blvd  
San Rafael, CA 94901

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Del Norte (523)  
CHDP Office  
880 Northcrest Drive  
Crescent City, CA 95531

Humboldt (517)  
CHDP Office  
908 7th Street  
Eureka, CA 95501

Lake (511)  
CHDP Office  
922 Bevins Court  
Lakeport, CA 95453

Lassen (518)  
CHDP Office  
1445 Paul Bunyan Road  
Susanville, CA 96130

Modoc (519)  
CHDP Office  
441 North Main Street  
Alturas, CA 96101

Shasta (520)  
CHDP Office  
2650 Breslauer Way  
Redding, CA 96001

Siskiyou (521)  
CHDP Office  
806 South Main Street  
Yreka, CA 96097

Trinity (522)  
CHDP Office  
Mail: P.O. Box 1470  
Street: 51 Industrial Park Way  
Weaverville, CA 96093

- c. The pink copy to the parent/guardian/patient
  - d. the white copy is for your charts
5. Do not submit a CMS1500 or UB04 form with your CHDP PM160 information only form unless you are billing for extended services. PHC does not require the CMS1500 or UB04 form for CHDP claims.
  6. The CHDP 2-digit codes will be reported on the PHC RA preceded by "CH".
  7. There is a separate weekly check run for reimbursement of CHDP claims.

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**CHDP PM160 Information Only Billing Reminders:**

1. Patient Eligibility Section of CHDP Info Only form

Enter the appropriate Aid code & County code in the Patient Eligibility section of the CHDP Information Only PM160 form. See Chart below for county code. The aid code is found in the PHC eligibility screen.

2. Pre-Paid Project Code

The Pre-Paid Project code field must be completed on all CHDP PM160 Information Only forms received by PHC

The Prepaid Project Codes are the Health Plan codes listed below. The number must be left justified and appear as the first three (3) digits in the “Prepaid Project Code” box.

Your individual provider number should be entered “Health Plan Code / Provider Number” box.

<u>COUNTY</u>	<u>HEALTH PLAN CODE</u>	<u>COUNTY CODE</u>
Del Norte	523	08
Humboldt	517	12
Lake	511	17
Lassen	518	18
Marin	510	21
Mendocino	512	23
Modoc	519	25
Napa	507	28
Siskiyou	521	47
Shasta	520	45
Solano	504	48
Sonoma	513	49
Trinity	522	53
Yolo	509	57

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3. Billing for additional time

When significant additional time is spent on diagnostic/treatment services at the time of a CHDP visit, providers may bill Medi-Cal/PHC for the additional time. The additional time should be billed on the CMS 1500 form using E&M codes 99211, 99212 or 99213. Remark in box 19 to cross reference to CHDP exam.

4. Partial Screening

- a. procedures performed that could not be done during a previous CHDP visit and/or
- b. necessary immunizations when another complete CHDP exam is not yet due and/or
- c. procedures required by WIC for children who have had a completed CHDP exam but are not yet due for another and/or
- d. a prior CHDP exam should have been performed prior to billing for a partial screen.
- e. A history or physical is NEVER considered a partial screen.

5. Screening Re-Check

A screening re-check is performed when the accuracy of the prior exam was questioned and follow-up code #2 was entered in column C or D on the previous PM 160 form.

Only one (1) test re-check is reimbursable for procedure codes #6 thru #20 and #22. A history and physical exam is NEVER considered a re-check.

6. Multiple Page Billing

If you have more lines to bill than are available on the PM 160 form, you will need to complete the first PM 160 form normally and indicate in the "Comments" section that this is "Page 1 of 2". Attach and complete a second PM 160 form and enter in the "Comments" section that this is "Page 2 of 2". Check (v) the partial screen box and enter the date of the CHDP exam from the prior form in the partial screen date field and list the remaining services in the appropriate section.

7. Vaccines for Children Program (VFC)

If you receive state supplied vaccine through the Health Department Immunization Program, you will receive reimbursement only for the administration of each vaccine.

8. VFC Vaccine on Backorder

Providers who run out of their VFC vaccine supply prior to receiving a new supply must notify PHC and provide the following information:

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- a. name of the vaccine
- b. date the vaccine was ordered from VFC
- c. date order is to be received
- d. copy of the VFC order form showing the VFC response that the vaccine is on backorder

PHC will reimburse the provider for non-VFC vaccines used from the date PHC is notified to the date indicated on the VFC response to ship the backorder. Provider must enter “Non-VFC Vaccine” in the remarks section of the PM160 form. The remark should also state what vaccine was given.

9. Laboratory Tests

Laboratory tests performed in your office (i.e. hemoglobin, hematocrit, urine dipstick or complete urinalysis) should be billed as you do Medi-Cal CHDP. All other lab tests should be sent to Quest. You will be reimbursed the handling fee by PHC if the lab was drawn in your office.

If you bill for CH08 (Hemoglobin or Hematocrit), you must enter either the Hemo / Hema result in the appropriate box.

You can bill either CH09 (Urine Dipstick or CH10 (Complete Urinalysis) – not both– based on actual service provided.

Remember to enter lead test results in the remarks section along with any other information needed to process your claim (i.e. remark newborn using mother’s id).

10. High Risk Documentation

Some immunizations require a remark for high risk. These remarks must state what the risk is, not just the words “high risk” (i.e. “Asthma for a flu shot”). See State of California CHDP Provider Manual for additional information.

11. Referral for Specialist Services

When referring to another provider, please specify the name and telephone number of the provider in the “Referred To” section of the PM160 form. If more room is needed, this information can be entered in the “Comments” section.

12. Other Coverage

Be sure to bill the primary carrier first. PHC should be billed after payment or a denial has been received from the primary carrier. A copy of the EOB or RA from the primary carrier must be attached to the claims.

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13. Follow- up Visit Coding

Refer to the State of California CHDP Provider Manual for the appropriate codes to enter in column C and D on the PM160 Information Only form. The codes are also listed on the right side of the form adjacent to the header.

14. Future Service Dates

PHC does not accept future service dates. Services must be rendered prior to billing.

15. Signature Requirements

All claims submitted require an original signature by the provider or provider's representative on the PM 160 form. The signature must be written in black ink and cannot be printed. *Stamps, initials or facsimiles are not acceptable.*

16. CHDP Bright Futures

PHC follows the CHDP Schedule for CHDP visits and immunization limitations. Please consult the Bright Futures Schedule in your CHDP Manual or online at [www.medi-cal.ga.gov](http://www.medi-cal.ga.gov). Exceptions to the CHDP Schedule are also found in the CHDP Provider Manual.

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**Health Assessments**

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<b>Current CHDP Local Billing Codes</b>		<b>New CHDP National 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 (eg developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	
B3	Psychosocial/Behavioral Assessment	96150	Health and behavior assessment (eg, health-focused clinical interview, behavioral observations, psychophysiological monitoring, 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 Or 99382 Or 99383 Or 99384 Or 99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk fact reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age under 1 year)  early childhood (age 1 through 4 years, 11 months)  late childhood (age 5 through 11 years, 11 months)  adolescent (age 12 through 17 years, 11 months)  18 through (20 years, 11 months)	

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01	History and Physical Exam	99391  Or 99392  Or 99393  Or 99394  Or 99395	Periodic comprehensive preventive medicine re-evaluation and management of established patient; infant (age under 1 year)  early childhood (age 1 through 4 years, 11 months)  late childhood (age 5 through 11 years, 11 months)  adolescent (age 12 through 17 years, 11 months)  18 through (20 years, 11 months)	
02	Dental Assessment/Referral			Included in E&M preventive medicine health assessment.
03	Nutritional Assessment			Included in E&M preventive medicine health assessment.
04	Anticipatory Guidance Health Education			Included in E&M preventive medicine health assessment.
05	Developmental Assessment			Included in E&M preventive medicine health assessment.
07	Hearing, Audiometric	92551	Screening test, pure tone, air only	
No local Code		92552	Pure Tone, audiometry (threshold); air only	

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CPT-4 code 99000 is to be used only when blood collected is sent to an unaffiliated laboratory. Separate reimbursement for collection and handling is not justified when the blood test billed for the same date of service was also run and interpreted by the same provider.

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<b>Local Code</b>	<b>Description</b>	<b>National Code</b>	<b>Description</b>	<b>Notes</b>
B2	Dyslipidemia screening	80061	Lipid panel (dyslipidemia screening)	
B5	HIV Screening	86703	HIV-1 and HIV-2, single result	
B6	HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result	87389	HIV-1 antigen(s), with HIV-1 and HIV-2 antibodies, single result	
HC	Handling Charge	99000	Handling and/or conveyance of specimen for transfer from the [physician's] office to a laboratory	Refer to the Medi-Cal provider manual for billing instructions.
08	Hematocrit or Hemoglobin	85014 Or 85018	Hematocrit (Hct) [red blood cell concentration measurement]  Hemoglobin (Hgb) measurement	
09	Urine Dipstick	81000	Urinalysis by dipstick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy	

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10	Complete Urinalysis: Collection and Analysis	81005	Urinalysis, qualitative or semiquantitative, except immunoassays	
12	TB, Mantoux	86580	Skin test, tuberculosis, intradermal	
13	Sickle Cell: Electrophoresis	83020	Hemoglobin, fractionation and quantitation, electrophoresis (eg, A2, S, C, and/or F)	
15	Lead: Blood Lead	83655	Lead	
16	Syphilis (VRDL, RPR or ART)	86592	Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)	
		86593	Syphilis test, non-treponemal antibody; quantitative	
17	Gonorrhea – Collection and Analysis	87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates	
18	Pap Smear – Collection and Analysis	88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	
19	PKU Phenylalanine (Phenylketonuria)	84030	Phenylalanine (PKU), blood	Local Code Discontinued
20	Chlamydia – Collection and Analysis	87110	Culture, chlamydia any source	

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<b>Local Code</b>	<b>Description</b>	<b>National Code</b>	<b>Description</b>	<b>Notes</b>
21	Pelvic Examination	Not Applicable		Included in E&M preventive medicine health assessment
22	Ova and/or Parasites	87177	Ova and parasites, direct smears, concentration and identification	
23	Blood Draw for Lead Testing and Counseling	Z0334 (not a national code)	Lead screening counseling with blood draw	Refer to the Medi-Cal provider manual for billing instructions.
25	Blood Glucose	82947	Glucose; quantitative, blood (except reagent strip)	
No Local Code		84478	Triglycerides	
No Local Code		86480	Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon	
No Local Code		86481	enumeration of gamma interferon producing T-cells in cell suspension	
No Local Code		86689	HTLV or HIV antibody, confirmatory test (eg, Western Blot)	
No Local Code		86696	Herpes simplex, type 2	
No Local Code		86701	HIV-1 antibody analysis	

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No Local Code		86780	Treponema pallidum	
No Local Code		86803	Hepatitis C antibody	
No Local Code		87081	Culture, presumptive, pathogenic organisms, screening only	
No Local Code		87140	Culture, typing; immuno-fluorescent method, each antiserum	
No Local Code		87210	Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	
No Local Code		87255	Virus isolation; including identification by non-immunologic method, other than by cytopathic effect (eg., virus specific enzymatic activity)	
No Local Code		87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique	
No Local Code		87520	hepatitis C, direct probe technique	
No Local Code		87521	hepatitis C, amplified probe technique	
No Local Code		87522	hepatitis C, quantification, includes reverse transcription when performed	

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<b>Local Code</b>	<b>Description</b>	<b>National Code</b>	<b>Description</b>	<b>Notes</b>
No Local Code		87536	HIV-1, quantification, includes reverse transcription when performed	
No Local Code		87591	Neisseria gonorrhoeae, amplified probe technique	
No Local Code		87661	Infectious agent detection by nucleic acid (DNA or RNA); Trichomonas vaginalis, amplified probe technique	
No Local Code		87798	not other specified; amplified probe technique, each organism	
No Local Code		87801	multiple organisms; amplified probe(s) technique	
No Local Code		87808	Infectious agent antigen detection by immunoassay with direct optical observation; trichomonas vaginalis	
No Local Code		87902	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus	
No Local Code		88174	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	

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<b>Local Code</b>	<b>Description</b>	<b>National Code</b>	<b>Description</b>	<b>Notes</b>
No Local Code		88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision	
No Local Code		S3620	Newborn metabolic screening panel, includes test kit, postage and the following tests: hemoglobin; electrophoresis; hydroxyprogesterone; 17-D; phenylamine (PKU); and thyroxine, total	Reimbursable once in a lifetime

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**Vaccines**

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The CPT-4 vaccine codes for CHDP vaccines are listed in the following table. Modifier SL is billed with the appropriate vaccine CPT-4 code to report administration of a VFC free vaccine.

Providers should refer to the Medi-Cal provider manual for instructions to bill the following codes, including use of modifiers and restrictions that may apply when billing CPT-4 and HCPCS codes.

<b>Current CHDP Local Billing Codes</b>		<b>New CHDP National Billing Cods</b>		
<b>Local Code</b>	<b>Description</b>	<b>National Code</b>	<b>Description</b>	<b>Notes</b>
M1	Bexsero (MenB vaccine)	90620 + SL	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, intramuscular	
M2+M3	Bexsero (MenB vaccine)	90620	Meningococcal recombinant protein and outer membrane vesicle vaccine, serogroup B (MenB), 2 dose schedule, intramuscular	
M4	Trumenba (MenB vaccine)	90621 + SL	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB), 3 dose schedule, intramuscular	
M5+M6	Trumenba (MenB vaccine)	90621	Meningococcal recombinant lipoprotein vaccine, serogroup B (MenB), 3 dose schedule, intramuscular	
33	Measles/Mumps/ Rubella (MMR)	90707 + SL	Measles, mumps and rubella virus vaccine (MMR), live, subcutaneous, VFC	
34	Measles, Purchased Non-VFC	Not Applicable		Local Code Discontinued

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<b>Local Code</b>	<b>Description</b>	<b>National Code</b>	<b>Description</b>	<b>Notes</b>
36	Rubella	Not Applicable		<b>Local Code Discontinued</b>
38	HIB CV, VFC	Not Applicable		<b>Local Code Discontinued</b>
39	Polio, Inactivated, VFC	90713 + SL	Poliovirus vaccine, inactivated, (IPV), subcutaneous or intramuscular, VFC	
40	Hepatitis B, Low-Risk, VFC	90744 + SL	Hepatitis B vaccine, (HepB), pediatric/adolescent dosage, 3 dose schedule, intramuscular, VFC	
		90744	Non-VFC, purchased vaccine	
41 and 57	HBIg – Hepatitis B Immune Globulin (Non-VFC)  HBIg Fee Balance	90371	Hepatitis B immune globulin (HBIg), human, intramuscular, non-VFC, purchased vaccine	
42	Hepatitis B, High-Risk, Adult, VFC	90743 + SL	Hepatitis B vaccine, (HepB), adolescent, 2 dose schedule, intramuscular, VFC	
		90743	Non-VFC, purchased vaccine	
45	DTaP	90700 + SL	Diphtheria, tetanus toxoids, and acellular pertussis vaccine (DTaP), intramuscular, VFC	
		90700	Non-VFC, purchased vaccine	

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<b>Local Code</b>	<b>Description</b>	<b>National Code</b>	<b>Description</b>	<b>Notes</b>
46	Varicella, VFC	90716 + SL	Varicella virus vaccine (VAR), live, subcutaneous, VFC	
48	Measles/Mumps/ Rubella (MMR), Adult, Non-VFC	90707	Measles, mumps and rubella virus vaccine (MMR), live, subcutaneous, non-VFC, purchased vaccine	
51	Hepatitis B, High Risk, Adult, Non-VFC	90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, intramuscular, non-VFC, purchased vaccine	
52	Varicella, Purchased	90716	Varicella virus vaccine (VAR), live, subcutaneous, non-VFC, purchased vaccine	
53	Influenza, VFC	90655 + SL	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, intramuscular, VFC	
		90658 + SL	Influenza virus vaccine, trivalent (IIV3), split virus, intramuscular, VFC	
53	Influenza, VFC	90674 + SL	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 ml dosage, intramuscular, VFC	
		90674	Non-VFC, purchased vaccine	

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53	Influenza, VFC	90685 + SL	Influenza virus vaccine, quadrivalent (IIV4), split virus preservative free, intramuscular	
		90685	Non-VFC, purchased vaccine	
53	Influenza, VFC	90686 + SL	Influenza virus vaccine, quadrivalent (IIV4), split virus preservative free, intramuscular	
		90686	Non-VFC, purchased vaccine	
53	Influenza, VFC	90688 + SL	Influenza virus vaccine, quadrivalent (IIV4), split virus, intramuscular	
		90688	Non-VFC, purchased vaccine	
54	Influenza, Non-VFC	90658	Influenza virus vaccine, trivalent (IIV3), split virus, intramuscular, non-VFC, purchased vaccine	
55	Pneumococcal Polysaccharide (23PS)	90732	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, subcutaneous or intramuscular, non-VFC, purchased vaccine	
56	Hepatitis B/Hib Combination	Not Applicable		Local Code Discontinued

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Local Code	Description	National Code	Description	Notes
58	Td Adult	90714 + SL	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, intramuscular, VFC	
59	DT Pediatric, Non-VFC	90702	Diphtheria and tetanus toxoids adsorbed (DT), intramuscular, non-VFC, purchased vaccine	
60	Td Adult PF	90714	Tetanus and diphtheria toxoids adsorbed (Td), preservative free, intramuscular, non-VFC, purchased vaccine	
63	HIB CV, Non-VFC	Not Applicable		Local Code Discontinued
64	Polio, Inactivated, Non-VFC	90713	Poliovirus vaccine, inactivated, (IPV), subcutaneous or intramuscular, non-VFC, purchased vaccine	
65	Hepatitis A, VFC	90633 + SL	Hepatitis A vaccine (HepA), pediatric/adolescent dosage, 2 dose schedule, intramuscular, VFC	
		90633	Non-VFC, purchased vaccine	
66	Hepatitis A, Adult, VFC	90632	Hepatitis A vaccine (HepA), adult dosage, intramuscular, Non-VFC, purchased vaccine	

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67	Prevnar/PCF7	Not Applicable		Local Code Discontinued
68	DTaP-HepB-IPV Vaccine	90723 + SL	Diphtheria, tetanus toxoids, acellular pertussis vaccine, hepatitis B, and inactivated poliovirus vaccine (DTaP-HepB-IPV), intramuscular, VFC	
		90723	Non-VFC, purchased vaccine	
69	Meningococcal Conjugate Vaccine (MCV4)	90734 + SL	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MenACWY) intramuscular, VFC	
70 + 73	Meningococcal Conjugate Vaccine (MCV4)	90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135, quadrivalent (MenACWY), intramuscular, non-VFC, purchased vaccine	
71	FluMist	90660 + SL	Influenza virus vaccine, trivalent, live (LAIV3), intranasal, VFC	
		90660	Non-VFC, purchased vaccine	

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Current CHDP Local Billing Codes		New CHDP National Billing Codes		
Local Code	Description	National Code	Description	Notes
72	Tdap Booster	90715 + SL	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), intramuscular, VFC	
		90715 + SE	State-supplied	
74	MMRV VFC	90710 + SL	Measles, mumps, rubella, and varicella vaccine (MMRV), live, subcutaneous, VFC	
		90710	Non-VFC, purchased vaccine	
75	Rotavirus, 3 doses, oral	90680 + SL	Rotavirus vaccine, pentavalent (RV5), 3 dose schedule, live, oral, VFC	
		90680	Non-VFC, purchased vaccine	
76	Quadrivalent Human Papillomavirus (HPV), VFC	90649 + SL	Human Papillomavirus (HPV) vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, intramuscular, VFC	
77 + 78	Quadrivalent Human Papillomavirus (HPV), Non-VFC	90649	Human Papillomavirus (HPV) vaccine, types 6, 11, 16, 18, quadrivalent (4vHPV), 3 dose schedule, intramuscular, non-VFC, purchased vaccine	

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<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>Description</b>	<b>Notes</b>
79	Tdap	90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), intramuscular, non-VFC, purchased vaccine	
80	Influenza, Inactivated, Preservative-Free, Non-VFC	90655	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, intramuscular, non-VFC, purchased vaccine	
81	Rotavirus, 2 doses, oral	90681 + SL	Rotavirus vaccine, human, attenuated (RV1), 2 dose schedule, live, oral, VFC	
		90681	Non-VFC, purchased vaccine	
82	DTaP-Hib-IPV	90698 + SL	Diphtheria, tetanus toxoids, acellular pertussis vaccine, Haemophilus influenza type B, and inactivated poliovirus vaccine (DTaP-IPV/Hib), intramuscular, VFC	
		90698	Non-VFC, purchased vaccine	
83	DTaP-IPV	90696 + SL	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), intramuscular, VFC	
		90696	Non-VFC, purchased vaccine	

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<b>Local Code</b>	<b>Description</b>	<b>National Code</b>	<b>Description</b>	<b>Notes</b>
84	Influenza, H1N1 Vaccine	Not Applicable		Local Code Discontinued
85	Bivalent Human Papillomavirus (HPV2), VFC	90650 + SL	Human Papillomavirus (HPV) vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, intramuscular, VFC	
86 + 87	Bivalent Human Papillomavirus (HPV2), Non-VFC	90650	Human Papillomavirus (HPV) vaccine, types 16, 18, bivalent (2vHPV), 3 dose schedule, intramuscular, non-VFC, purchased vaccine	
88	Pneumococcal 13-Valent Conjugate (PCV13)	90670 + SL	Pneumococcal conjugate vaccine, 13 valent (PCV13), intramuscular, VFC	
		90670	Non-VFC, purchased vaccine	
90	Pneumococcal Polysaccharide (23PS)	90732 + SL	Pneumococcal polysaccharide vaccine, 23-valent (PPSV23), adult or immunosuppressed patient dosage, subcutaneous or intramuscular, VFC	
92	Meningococcal/Hib (MenHibrix)	90644 + SL	Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza type b vaccine (Hib-MenCY), 4 dose schedule, intramuscular, VFC	
		90644	Non-VFC, purchased vaccine	

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93	9-Valent Human Papillomavirus (HPV9)	90651 + SL	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonvalent (9vHPV), 3 dose schedule, intramuscular	
94 + 95	9-Valent Human Papillomavirus (HPV9)	90651	Human Papillomavirus vaccine types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonvalent (9vHPV), 3 dose schedule, intramuscular	
No Local Code		90630 + SL	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, intradermal, VFC	
		90630	Non-VFC, purchased vaccine	
No Local Code		90636	Hepatitis A and hepatitis B vaccine (HepA-Hep B), adult dosage, intramuscular	
No Local Code		90647 + SL	Haemophilus influenza type b vaccine (Hib), PRP-OMP conjugate, 3 dose schedule, intramuscular, VFC	
		90647	Non-VFC, purchased vaccine	
No Local Code		90648 + SL	Hemophilus influenza type b vaccine (Hib), PRP-T conjugate, 4 dose schedule, intramuscular, VFC	
		90648	Non-VFC, purchased vaccine	

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Current CHDP Local Billing Code		New CHDP National Billing Code		
Local Code	Description	National Code	Description	Notes
No Local Code		90656 + SL	Influenza virus vaccine, trivalent (IIV3), split virus, preservative free, intramuscular, VFC	
		90656	Non-VFC, purchased vaccine	
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	For postexposure prophylaxis bites.
No Local Code		90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, intramuscular	

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