

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

PHC Preventive Services (formerly CHDP)

A. PHC Preventive Services (formerly CHDP) Billing Instructions for all dates of service on or after 7/1/17

1. Children who are assigned to a PCP are required to receive their Preventive services from their PCP. Preventive service 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. CHDP HIPAA Code Conversion and Claim Form Transition

a. Non FQHC/RHC/IHC Providers:

- 1) Effective for dates of service on or after July 1, 2017, the PM160 Information Only billing form and the 2-digit local procedure codes currently used for Child Health and Disability Prevention (CHDP) program claims will be discontinued.

Claims with dates of service on or after July 1, 2017 should be billed with one of the following standard billing formats: the CMS-1500 form, UB04 form or the electronic 837 HIPAA compliant claim format, and the codes in Attachment B.

- 2) Claims with dates of service on or before June 30, 2017, should continue to be billed on the PM160 Information Only CHDP billing form with the 2-digit local procedure codes.

PHC will continue to provide a separate CHDP check/EOP for claims billed on the PM160 Information Only form with dates of service on or before 6/30/17. Claims with dates on or after July 1, 2017, will no longer be reported on a separate EOP/check run.

b. FQHC/RHC/IHC Providers:

- 1) Required Reporting for FQHC/RHC/IHC providers:

There is a reporting requirement by the State for FQHCs/RHCs/IHCs to continue to submit the PM160 Information Only form to PHC. See Attachment A - State CHDP Bulletin dated June 8, 2017.

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PHC will require all FQHC/RHC/IHC providers to continue to submit the PM160 Information Form to PHC for reporting purposes only. You will not be paid by PHC based on the PM160 Information Only form.

PHC will collect and forward the PM160 Information Only forms to the State Encounter Data unit for State Federal reporting needs only. All PM160 Information Only forms should be sent to:

PHC Claims Department
P.O. Box 1368
Suisun City, CA 94585

2) Required Billing Forms and Codes for FQHC/RHC/IHC providers:

Effective for dates of service on and after 7/1/17, PHC will no longer pay for CHDP services based on the PM160 Information Only form. PHC will require that FQHC/RHC/IHC Providers bill for services as outlined below. If you are a contracted FQHC/RHC/IHC, reimbursement will be based on your PHC contract amendment effective 7/1/17. If you are a non-contracted FQHC/RHC/IHC, reimbursement will be based on Medi-Cal rates. PHC will delink the PM160 Information Only form from the payment process.

3) Effective for dates of service on or after July 1, 2017, the PM160 Information Only billing form and the 2-digit local procedure codes currently used for Child Health and Disability Prevention (CHDP) program claims will be discontinued for payment purposes by PHC.

Claims with dates of service on or after July 1, 2017 should be billed with one of the following standard billing formats: the CMS-1500 form, UB04 form or the electronic 837 HIPAA compliant claim format and the codes in Attachment B.

Claims with dates of service on or before June 30, 2017, should continue be to billed on the PM160 Information Only CHDP billing form with the 2-digith local procedure codes.

PHC will continue to provide a separate CHDP check/EOP for claims billed on the PM160 Information Only form with dates of service on or before 7/1/17. Claims with dates on or after July 1, 2017, will no longer be reported on a separate EOP/check run.

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Medi-Cal NewsFlash: Update: FQHC, RHC and IHS/MOA Billing Not Affected by CHD... Page 1 of 1

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Update: FQHC, RHC and IHS/MOA Billing Not Affected by CHDP Code Conversion

June 8, 2017

The following provider types will not be affected by the Child Health and Disability Prevention (CHDP) Phase 2 code conversion and claim transition as originally indicated:

- Federally Qualified Health Centers (FQHCs)
- Rural Health Clinics (RHCs)
- Indian Health Services/Memorandum of Agreement 638 Clinics (IHS/MOAs)

FQHCs, RHCs and IHS/MOAs should continue to submit their cost-based claims for CHDP Early and Periodic Screening, Diagnosis and Treatment (EPSDT) well-child assessments according to their current billing instructions, including the following:

- Submitting a copy of the *Confidential Screening/Billing Report Information Only (PM 160 Information Only)* form as an attachment to a UB-04 claim.
- Or
- Submitting a PM 160 Information Only form as an electronic Computer Media Claim (CMC)

FQHC, RHC and IHS/MOA providers are encouraged to watch for updates to the FQHC, RHC, IHS/MOA code conversion, which is scheduled for implementation in October 2017.

The CHDP code conversion and claim transition is effective for CHDP claims with dates of service on or after July 1, 2017. The implementation eliminates billing with two-digit local procedure codes and requires use of national HCPCS procedure codes and modifiers that comply with HIPAA requirements. In addition, the project transitions providers to billing on national CMS-1500 or UB-04 claim forms.

Email Address for Questions/Concerns

Providers may submit questions or concerns regarding the CHDP code conversion and claim form transition to CHDPTransition@conduent.com.

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Health Assessments

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Current CHDP Local Billing Codes		New CHDP National Codes		
Local Code	Description	National Code	Description	Notes
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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Current CHDP Local Billing Codes		New CHDP National Billing Codes		
Local Code	Description	National Code	Description	Notes
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.

Current CHDP Local Billing Codes		New CHDP National Billing Codes		
Local Code	Description	National Code	Description	Notes
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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Current CHDP Local Billing Codes		New CHDP National Billing Codes		
Local Code	Description	National Code	Description	Notes
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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Current CHDP Local Billing Codes		New CHDP National Billing Codes		
Local Code	Description	National Code	Description	Notes
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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Local Codes	Description	National Code	Description	Notes
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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Local Code	Description	National Code	Description	Notes
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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Local Code	Description	National Code	Description	Notes
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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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.

Current CHDP Local Billing Codes		New CHDP National Billing Cods		
Local Code	Description	National Code	Description	Notes
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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Current CHDP Local Billing Codes		New CHDP National Billing Codes		
Local Code	Description	National Code	Description	Notes
36	Rubella	Not Applicable		Local Code Discontinued
38	HIB CV, VFC	Not Applicable		Local Code Discontinued
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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Current CHDP Local Billing Code		New CHDP National Billing Codes		
Local Code	Description	National Code	Description	Notes
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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Current CHDP Local Billing Codes		New CHDP National Billing Codes		
Local Code	Description	National Code	Description	Notes
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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Current CHDP Local Billing Codes		New CHDP National Billing Codes		
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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Current CHDP Local Billing Codes		New CHDP National Billing Codes		
Local Code	Description	National Code	Description	Notes
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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Local Code	Description	National Code	Description	Notes
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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Current CHDP Local Billing Codes		New CHDP National Billing Codes		
Local Code	Description	National Code	Description	Notes
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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Local Code	Description	National Code	Description	Notes
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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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.