

MANAGED MEDICAL ASSISTANCE - CHILD HEALTH CHECK-UP TIPS

Pediatric members are entitled to receive a comprehensive package of preventive health care.

Below are the billing requirements and referral codes to help you conduct, document and bill for the Child Health Check-Up (CHCUP) exams.

BILLING REQUIREMENTS

New Patient: Initial evaluation and management of a healthy individual requiring a comprehensive history, an examination, identification of risk factors and ordering of appropriate lab/diagnostic procedures.

PROCEDURE CODE	AGE GROUP
99381	Infant (age under 1 year)
99382	Age 1 through 4 years
99383	Age 5 through 11 years
99384	Age 12 through 17 years
99385	Age 18 through 20 years – use EP modifier

Established Patient: Periodic re-evaluation and management of a healthy individual requiring a comprehensive history, examination, and identification of risk factors and the ordering of appropriate lab/diagnostic procedures.

PROCEDURE CODE	AGE GROUP
99391	Infant (age under 1 year)
99392	Age 1 through 4 years
99393	Age 5 through 11 years
99394	Age 12 through 17 years
99395	Age 18 through 20 years – use EP modifier

REFERRAL CODES

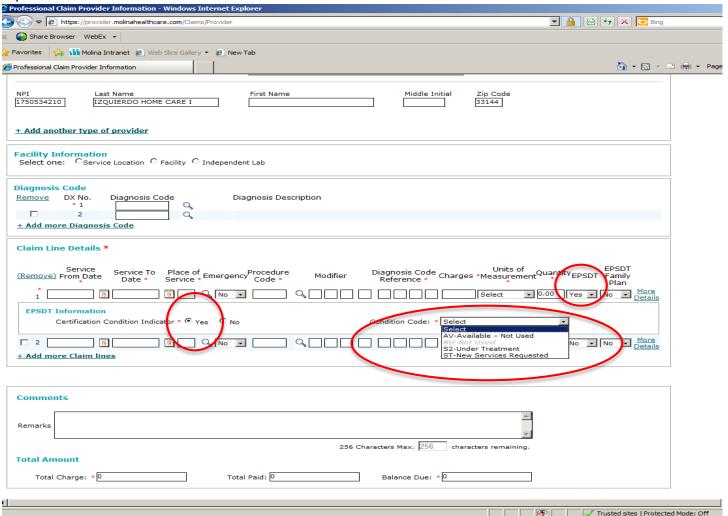
Referral Codes: It is a federal requirement that referral codes are billed for CHCUP services. The claim and/or encounter will be rejected if you do not include a referral code on the claim or encounter.

When submitting a claim; whether paper (CMS-1500) or its electronic equivalent, report the referral codes below:

> Claim Header Loop 2300,CRC-02 (EDI)	CODE	REFERRAL DESCRIPTION
	AV	Patient refused referral (available, not used)
	NU	Patient not referred (not used)
<u>OR</u> ➤ Box 24H – (Paper)	S2	Under treatment (for referred diagnostic or corrective health problem)
	ST	New services requested (Patient referred to another provider for diagnostic or corrective treatments or scheduled for another appointment with check-up provider or diagnostic or corrective treatment for at least one health problem identified during a Child Health Check-Up, not including dental referrals.)



When the claim and/or encounter is billed through the Molina Web Portal, ensure that the referral codes are reported in the fields identified below:



CONFIDENTIALITY NOTICE: This communication, including any attachments, contains confidential information that may be privileged. The information is intended only for the use of the individual(s) or entity to which it is addressed. If you are not the intended recipient, any disclosure, distribution or the taking of any action in reliance upon this communication is prohibited and may be unlawful. If you have received this communication in error, please notify the sender immediately via telephone at the above phone number and destroy the original information. Thank you.