

Molina Healthcare of CA Medi-Cal Wellness Services Bonus

MHC Quality Dept.

Revised 12/15/17



Your Extended Family.

Changes to the Wellness Service Bonus

As of January 1, 2018 DHCS is sun-setting the Information Only PM160 form Molina was previously required to submit to the State of California.

Moving forward to receive bonus payments, providers are required to submit complete accurate and timely claims and encounters **using the correct codes** for Wellness Services. These codes are documented under the Well Child Visit Incentive coding section.

All claims and encounters must be submitted to MHC within sixty (60) calendar days from the date of service. In the event guidelines are not followed, MHC has the right to withhold bonus payment.

PCPs in Los Angeles County must maintain a minimum enrollment of 200 Los Angeles County Molina Medi-Cal members as well as have a CHDP Certification dated within the last three years to be eligible for the Medi-Cal Wellness Services Bonus.

Summary of Well Child Visit Incentive*

Services	Previous Payment	New Incentive
New, Extended or Routine History and Physical (Birth - 2 years)	\$40	\$25
New, Extended or Routine History and Physical (3-6 years and 9-18 years)	\$40	\$35
Lead Screening	\$20	Same
Chlamydia Culture	\$5	Same
Immunizations	\$9 \$7.50 for Los Angeles	Same
Pap Smear	\$20	\$0

* In Los Angeles providers must maintain a minimum enrollment of 200 LA County Molina Medi-Cal members to be eligible for the Wellness bonus.

Well Child Visit Incentive Coding

Visit Type	Age Description	Series	CPT	ICD 10 (both)
New/Extended/Routine History or Physical	Birth – 2 years	Yearly schedule	99381, 99382	Z71.82 and Z71.3
New/Extended/Routine History or Physical	3 – 6 years and 9 – 18 years	Yearly schedule	99382, 99383, 99384, 99385	Z71.82 and Z71.3
Routine History or Physical	Birth - 2 years	Yearly schedule	99391, 99392	Z71.82 and Z71.3
Routine History or Physical	3 – 6 years and 9 – 18 years	Yearly schedule	99392, 99393, 99394, 99395	Z71.82 and Z71.3

Immunization Coding for ages 0-2

Description	CPT Codes	CVX Codes
DTaP	90698, 90700, 90721, 90723	20, 50, 106, 110, 120
IPV	90698, 90713, 90723	10, 110, 120
MMR	90707, 90710	03, 94
Measles and Rubella	90708	04
Measles	90705	05
Mumps	90704	07
Rubella	90706-90708, 90710	03, 04, 06, 94
HiB	90644-90649, 90698, 90721, 90748	46, 47, 48, 49, 50, 51, 120, 148
Hepatitis B	90723, 90740, 90744, 90747-90748, G0010	08 51, 110
Influenza	90655, 90657, 90661-90662, 90673, 90685, 90687, G0008	135, 140, 141, 153, 155, 161, 166
VZV	90710, 90716	21, 94
Pneumococcal Conjugate	90669-90670, G0009	100, 133
Hepatitis A	90633	83
Rotavirus (2-dose schedule)	90681	119
Rotavirus (3-dose schedule)	90680	116

Additional Codes

Visit Type & Lab Description	Age Description	Series	CPT/HCPCS
Anticipatory Guidance	Yearly	Yearly	99401
Psychosocial Assessment	Yearly	Yearly	96150
Snellen (Eye exam) New or Est. Patient	Determined by Provider	Periodicity schedule	92499
Audiometric (Ear Exam)	Determined by Provider	Periodicity schedule	92551
Autism Screening	Determined by Provider	Periodicity schedule	96110
Lead Test- Lead blood drawing only	Determined by Provider	Periodicity schedule	83655
Chlamydia Culture + Urine	Determined by Provider	Periodicity schedule	87110
TB Mantoux (Birth thru 20 years 11 months)	Determined by Provider	Periodicity schedule	86580
Dental Assessment	Determined by Provider	Periodicity schedule	D0120

Claim Submission

All Providers are required to submit encounters electronically via EDI. Providers contracted with an IPA will submit electronic encounter data to their contracted IPA. Providers submitting encounter data directly to Molina Healthcare of California must use the standardized 837 format.

MHC utilizes Change Healthcare (formerly known as Emdeon) as its outside clearinghouse vendor. Providers who contract directly with Change Healthcare can submit in the same manner as other payer submissions. Providers not contracted with Change Healthcare can submit to Change Healthcare through their contracted Clearinghouse. Providers can use any clearinghouse of their choosing, but the clearinghouse must have connectivity to Change Healthcare; note that fees may apply.

When submitting EDI encounters data via a clearinghouse, utilize the following Payer ID's:

- Encounters – Payer ID 33373
- FFS Claims – Payer ID 38333

For EDI Encounter Data Submission Issues or questions, please email the Encounter Data Department at: MHCEncounterDepartment@MolinaHealthCare.Com

When emailing the Encounter Data Department please copy your Provider Services Representative to ensure they are aware of any issues to provide additional support

FAQs

Who receives the funds?

- Generally paid at the practice level.

How will medical groups know who their payment is for?

- A report will accompany the Medi-Cal Wellness payment that details the physician and services by member.

When will providers be paid?

- Six months after the close of the quarter in which the service was delivered.

Do you accept supplemental data for Wellness Program?

- No, you will need to submit encounter electronically through claims submissions

If the provider's IPA is the one who submits the claims and encounters and the IPA submits after the timeframe for submission will the provider still be eligible?

- Yes, but the payment may be delayed one payment cycle. If the physician submitted in a timely manner, the physician will not be penalized for the IPA submitting beyond the timeframe.

Appendix



Additional Codes

Visit Type & Lab Description	Age Description	Series	CPT/HCPCS
Chlamydia Culture + Urine	Determined by Provider	Periodicity schedule	87110
Urine Dipstick	Determined by Provider	Periodicity schedule	81000
Syphilis	Determined by Provider	Periodicity schedule	86592, 86593
Gonorrhea (CG) Culture	Determined by Provider	Periodicity schedule	87592
Pap Smear	Determined by Provider	Periodicity schedule	88150, 88141

Additional Codes

Visit Type & Vaccines Description	Age Description	Series	CPT	HPCPS/CVX
TB Mantoux	Birth thru 20 years, 11 months	Periodicity schedule	86580	
MMR	12 months thru 18 years, 11 months	Periodicity schedule	90707, 90710	MMR: 03, 94, Mumps: 07 Rubella: 06, Measles: 05
Measles ³	12 months thru 20 years, 11 months	Periodicity schedule	90705	05
Rubella	12 months thru 20 years, 11 months	Periodicity schedule	90706	06
Hib	2 months thru 18 years, 11 months	Periodicity schedule	90645-90648, 90698, 90721, 90748	46, 47, 48, 49, 50, 51, 120, 148
Polio-Inactivated	2 months thru 18 years, 11 months	Periodicity schedule	90713	
Hepatitis B Lower Dose (Pediatric/ Adolescent)	Birth thru 18 years, 11 months	Periodicity schedule	90723, 90740, 90744, 90747, 90748	08, 44, 51, 110
Hepatitis B Higher Dose (Adult)	11 years thru 15 years, 11 months	Periodicity schedule	90743	
DTaP	2 months thru 6 years, 11 months	Periodicity schedule	90698, 90700, 90721, 90723	20, 50, 106, 110, 120
Varicella	12 months thru 18 years, 11 months	Periodicity schedule	90710, 90716	21, 94
Influenza	6 months thru 18 years, 11 months	Periodicity schedule	90655, 90657, 90661, 90662, 90673, 90685, 90687	135, 140, 141, 153, 155, 161, 166
	36 months thru 20 years, 11 months	Periodicity schedule	90657	135, 140, 141, 153, 155, 161, 166

Additional Codes

Visit Type & Vaccines Description	Age Description	Series	CPT	HPCPS/CVX
Pneumococcal Polysaccharide (23PS)	2 years thru 20 years, 11 months	Periodicity schedule	90732	
Hepatitis B/Hib Combination	2 months thru 4 years, 11 months	Periodicity schedule	90748	08, 51, 110
Td Adult PF (DECAVAC™)	7 years thru 18 years, 11 months	Periodicity schedule	90719	
DT Pediatric ³	2 months thru 6 years, 11 months	Periodicity schedule	90702	
Td Adult ³	7 years thru 20 years, 11 months	Periodicity schedule	90714	
Hepatitis A	135, 140, 141, 153, 155, 161, 166	Periodicity schedule	90633	
Pneumococcal Heptavalent (Prevnar™)	1 month thru 4 years, 11 months	Periodicity schedule	90669	100, 133
Pediarix™ (DTaP/HepB/IPV)	2 months thru 6 years, 11 months	Periodicity schedule	90698, 90713, 90723	10, 110, 120
Meningococcal Conjugate Vaccine (MCV4)	2 years thru 18 years, 11 months	Periodicity schedule	90734, 90644	
FluMist	2 years thru 18 years, 11 months	Periodicity schedule	96660	
Tdap	7 years thru 18 years, 11 months	Periodicity schedule	90715	
MMRV (ProQuad)	12 months thru 18 years, 11 months	Periodicity schedule	90710	
Rotavirus Vaccine (Rotateq™)	6 weeks thru 32 weeks	Periodicity schedule	90680	
Human Papillomavirus (HPV) - (Gardasil)	9 years thru 18 years, 11 months	Periodicity schedule	90649, 90650, 90651	
Influenza Preservative Free ³	6 months thru 35 months	Periodicity schedule	90655	135, 140, 141, 153, 155, 161, 166
Rotavirus Vaccine (Rotarix™)	6 weeks thru 32 weeks	Periodicity schedule	90681	
DTaP/Hib/IPV	2 months thru 4 years, 11 months	Periodicity schedule	90698, 90713, 90723	10, 110, 120
DTaP/IPV	4 years thru 6 years, 11 months	Periodicity schedule	90698, 90713, 90723	10, 110, 120

Additional Codes

Visit Type & Vaccines Description	Age Description	Series	CPT	HPCPS/CVX
Bivalent Human Papillomavirus (HPV2) - (Cervarix)	9 years thru 18 years, 11 months	Periodicity schedule	90649, 90650, 90651	
Pneumococcal 13-Valent (PCV13) - (Prenvar 13™)	6 weeks thru 18 years, 11 months	Periodicity schedule	90669, 90670	100, 133
Pneumococcal Polysaccharide (23PS)	2 years thru 18 years, 11 months	Periodicity Schedule	90732	
Meningococcal/Hib (MenHibrix)	6 weeks through 18 months	Periodicity Schedule	90644	
Meningococcal B (Bexsero) Recombinant Protein	10 years thru 18 years, 11 months	Periodicity Schedule	90620	
Meningococcal B (Bexsero) Recombinant Protein - Purchase	19 years thru 20 years, 11 months	Periodicity Schedule	90620	
Meningococcal B (Bexsero) Recombinant Protein - Purchase	19 years thru 20 years, 11 months	Periodicity Schedule	90620	
Meningococcal B (Trumenba) Recombinant Lipoprotein	10 years thru 18 years, 11 months	Periodicity Schedule	90621	
Meningococcal B (Trumenba) Recombinant Lipoprotein -Purchase	19 years thru 20 years, 11 months	Periodicity Schedule	90621	
Meningococcal B (Trumenba) Recombinant Lipoprotein -Purchase	19 years thru 20 years, 11 months	Periodicity Schedule	90621	

1. Only services provided within the frequency limits of the periodicity schedule and as indicated herein will qualify for bonus payment.
2. Eligible 6 Counties include: Los Angeles (LA), San Bernardino and Riverside (Inland Empire), Sacramento (SAC), and San Diego (SD) and Imperial County
3. Purchased Vaccine (not covered through VFC program).
4. New vaccines *Codes 93, (94 & 95)

CPT Visit Code Guide

Description	CPT Code
First patient visit	
Initial preventive medicine (age under 1 year)	99381
Initial preventive medicine (age 1 through 4 years)	99382
Initial preventive medicine (age 5 through 11 years)	99383
Initial preventive medicine (age 12 through 17 years)	99384
Initial preventive medicine (age 18 years and older)	99385
Routine patient visit	
Periodic preventive medicine (age under 1 year)	99391
Periodic preventive medicine (age 1 through 4 years)	99392
Periodic preventive medicine (age 5 through 11 years)	99393
Periodic preventive medicine (age 12 through 17 years)	99394
Periodic preventive medicine (age 18 years and older)	99395

BMI ICD-10 Codes

BMI PERCENTILE - BMI, pediatric <5%	Z68.51
BMI PERCENTILE - BMI, pediatric 5% - <85%	Z68.52
BMI PERCENTILE - BMI, pediatric 85% - <95%	Z68.53
BMI PERCENTILE - BMI, pediatric >= 95%	Z68.54
BMI less than 19, adult	Z68.1
BMI 20.0-20.9, adult	Z68.20
BMI 21.0-21.9, adult	Z68.21
BMI 22.0-22.9, adult	Z68.22
BMI 23.0-23.9, adult	Z68.23
BMI 24.0-24.9, adult	Z68.24
BMI 25.0-25.9, adult	Z68.25
BMI 26.0-26.9, adult	Z68.26
BMI 27.0-27.9, adult	Z68.27
BMI 28.0-28.9, adult	Z68.28
BMI 29.0-29.9, adult	Z68.29
BMI 30.0-30.9, adult	Z68.30
BMI 31.0-31.9, adult	Z68.31
BMI 32.0-32.9, adult	Z68.32
BMI 33.0-33.9, adult	Z68.33
BMI 34.0-34.9, adult	Z68.34
BMI 35.0-35.9, adult	Z68.35
BMI 36.0-36.9, adult	Z68.36
BMI 37.0-37.9, adult	Z68.37
BMI 38.0-38.9, adult	Z68.38
BMI 39.0-39.9, adult	Z68.39
BMI 40.0-44.9, adult	Z68.41
BMI 45.0-49.9, adult	Z68.42
BMI 50.0-59.9, adult	Z68.43
BMI 60.0-69.9, adult	Z68.44
BMI 70 and over, adult	Z68.45

Weight Assessment and Counseling (WCC)

Measure Description:

Children 3-17 years of age who had an outpatient visit with a primary care physician or OB/GYN and who had evidence of the following during the measurement year.

- Counseling for nutrition or referral for nutrition education
- Counseling for physical activity or referral for physical activity

When **counseling for nutrition** document:

- Current nutrition behaviors (e.g. appetite or meal patterns, eating and dieting habits).

When **counseling for physical activity** document:

- Physical activity counseling (e.g. child rides tricycle in yard).
- Current physical activity behaviors (e.g. exercise routine, participation in sports activities and exam for sports participation).
- While “cleared for sports” does not count, a sports physical does count.

Description	Codes
Counseling for Nutrition	CPT: 97802-97804 ICD-10: Z71.3 HCPCS: G0270, G0271, G0447, S9449, S9452, S9470
Counseling for Physical Activity	HCPCS: S9451, G0447 ICD-10: Z71.82

Childhood Immunizations (CIS)

Measure Description:

Children 2 years of age who had the following vaccines on or before their second birthday:

- 4 DTaP (diphtheria, tetanus and acellular pertussis)
- 4 PCV (pneumococcal conjugate)
- 3 IPV (polio)
- 3 HiB (H influenza type B)
- 3 Hep B (hepatitis B)
- 1 MMR (measles, mumps, rubella)
- 1 VZV (chicken pox)
- 2 or 3 RV (rotavirus)
- 1 Hep A (hepatitis A)

Description	CPT Codes	CVX Codes
DTaP	90698, 90700, 90721, 90723	20, 50, 106, 110, 120
IPV	90698, 90713, 90723	10, 110, 120
MMR	90707, 90710	03, 94
Measles and Rubella	90708	04
Measles	90705	05
Mumps	90704	07
Rubella	90706-90708, 90710	03, 04, 06, 94
HiB	90644-90649, 90698, 90721, 90748	46, 47, 48, 49, 50, 51, 120, 148
Hepatitis B	90723, 90740, 90744, 90747-90748, G0010	08 51, 110
Influenza	90655, 90657, 90661-90662, 90673, 90685, 90687, G0008	135, 140, 141, 153, 155, 161, 166
VZV	90710, 90716	21, 94
Pneumococcal Conjugate	90669-90670, G0009	100, 133
Hepatitis A	90633	83
Rotavirus (2-dose schedule)	90681	119
Rotavirus (3-dose schedule)	90680	116