

**THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:**
**COUNTIES:**

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

**LINES OF BUSINESS:**

- Molina Medi-Cal Managed Care
- Molina Medicare Options Plus
- Molina Dual Options Cal MediConnect Plan (Medicare-Medicaid Plan)
- Molina Marketplace (Covered CA)

**PROVIDER TYPES:**

- Medical Group/ IPA/MSO**

**Primary Care**

- IPA/MSO
- Directs

**Specialists**

- Directs
- IPA
- Hospitals**
- Ancillary**
- CBAS
- SNF/LTC
- DME
- Home Health
- Other

**FOR QUESTIONS CALL PROVIDER SERVICES:**  
 (855) 322-4075, Extension:

**Los Angeles/Orange Counties**

X111113 X123017  
 X127657 X120104

**Riverside/San Bernardino Counties**

X127684 X128010  
 X120618

**Sacramento County**

X126232 X121360

**San Diego County**

X121805 X121401  
 X127709 X121413  
 X123006 X120630

**Imperial County**

X125682 X125666

## MEDI-CAL CHDP WELLNESS INCENTIVE UPDATE

This is an advisory notification to Molina Healthcare of California (MHC) network providers regarding an update to MHC's Medi-Cal Child Health and Disability Prevention Program (CHDP) incentive.

### Update

MHC will be adding 4 additional service codes to Molina's CHDP incentive program effective for service dates 1/1/2018 and forward. Molina will be re-assessing the 2018 submissions to determine if any additional CHDP incentive payments are required.

### New CHDP Service Codes

90648, 90685, 90688, 90686

### CHDP Incentive Requirements

Providers must meet the below requirements in order to participate in MHC's

Medi-Cal CHDP program:

1. Providers must be contracted and credentialed with Molina
2. Submit completed and legible Provider P4P Acknowledgement Form
3. Submit completed W-9 form
4. Submit completed P4P Participating Provider Sites
5. Submit copy of DHCS CHDP Certification \* (required for LA County Providers serving LA County Medicaid members. CHDP Certification must be dated within the last 3 years)
6. Maintain a minimum enrollment of 200 Los Angeles County Molina Medi-Cal members (required for LA County Providers serving LA County Medicaid members)
7. Required P4P documents must be submitted and approved to participate
8. Submit CHDP Wellness Services on through standard claim and/or encounter submissions
9. Receipt of clean, complete and accurate Wellness Services submitted on a claim and/or encounter must be submitted to Molina within sixty (60) calendar days from the date of service
10. Pay To & Rendering service locations must match the approved locations reported on Participating P4P Provider Site form

## **CHDP Submissions**

If a PCP is contracted with an IPA/Medical Group, the PCP should follow their respective IPA/Medical Group's data submission guidelines. All providers should submit timely claims and/or encounter data through normal and current reporting channels to ensure the receipt of incentive payouts by MHC.

## **TIPS FOR SUCCESSFUL SUBMISSION**

- Rendering Provider NPI must be submitted with all Wellness Services
- Report with the current and valid ICD10, CPT and HCPCS codes with appropriate modifiers, EPSDT qualifiers and NDCs
- A Post Office Box address cannot be used for the billing Provider. Valid and complete address must be used.
- MHC recommends scheduled/ frequent submissions of Wellness Services to ensure timely submission.
- All Wellness Services must be submitted timely and meet the specified guideline requirements.
  - *Note: The method of transmission, connectivity and submission of electronic capitated encounters differ from FFS claims.*
- Contact the respective Provider Service Representative for detailed information on the appropriate method of submission and requirements

Please refer below for eligible CHDP services and bonus amounts:

<b>Visit Type, Lab &amp; Vaccines Description</b>	<b>Age Description</b>	<b>Series</b>	<b>CPT Code</b>	<b>VFC Modifier</b>	<b>LA</b>	<b>Inland, SAC, SD, Imperial</b>
New/Extended History or Physical	Birth - 11 months	by age 1- 2 ,4 ,6, & 9 months	99381		\$25.00	\$25.00
	1-4 years, 11 months	12, 15, 18, 24, 30 months and 3 & 4 years	99382		\$35.00	\$35.00
	5-11 years, 11 months	Yearly	99383		\$35.00	\$35.00
	12-17 years, 11 months	Yearly	99384		\$35.00	\$35.00
	18-20 years, 11 months	Yearly	99385		\$35.00	\$35.00
Routine History or Physical	Birth - 11 months	by age 1- 2 ,4 ,6, & 9 months	99391		\$25.00	\$25.00
	1-4 years, 11 months	12, 15, 18, 24, 30	99392		\$35.00	\$35.00

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Please leave provider name and fax number and you will be removed within 30 days.

		months and 3 & 4 years				
	5-11 years, 11 months	Yearly	99393		\$35.00	\$35.00
	12-17 years, 11 months	Yearly	99394		\$35.00	\$35.00
	18-20 years, 11 months	Yearly	99395		\$35.00	\$35.00
Lead: Blood Lead	Determined by Provider	Periodicity schedule	83655		\$20.00	\$20.00
Haemophilus influenzae type b vaccine	2 months thru 4 years, 11 months	2	90648		\$7.50	\$9.00
Influenza virus 0.25 mL dosage, preservative free	6 months thru 18 years, 11 months	2	90685		\$7.50	\$9.00
Influenza virus 0.5 mL dosage, for intramuscular use	6 months thru 18 years, 11 months	2	90688		\$7.50	\$9.00
Influenza virus 0.5 mL dosage, preservative free	6 months thru 18 years, 11 months	2	90686		\$7.50	\$9.00
9-Valent Human Papillomavirus (HPV9)	9 years thru 18 years, 11 months	3	90651	SL	\$7.50	\$9.00
Bivalent Human Papillomavirus (HPV2), VFC	9 years thru 18 years, 11 months	3	90650	SL	\$7.50	\$9.00
Chlamydia Culture + Urine	Determined by Provider	Periodicity schedule	87110		\$5.00	\$5.00
DT Pediatric, Non-VFC	2 months thru 6 years, 11 months	6	90702		\$7.50	\$9.00
DTaP	2 months thru 6 years, 11 months	6	90700	SL	\$7.50	\$9.00
DTaP-HepB-IPV Vaccine	2 months thru 6 years, 11 months	3	90723	SL	\$7.50	\$9.00

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DTaP-Hib-IPV	2 months thru 4 years, 11 months	4	90698	SL	\$7.50	\$9.00
DTaP-IPV	4 years thru 6 years, 11 months	1	90696	SL	\$7.50	\$9.00
FluMist	2 years thru 18 years, 11 months	3	90660	SL	\$7.50	\$9.00
Hepatitis A, Adult, VFC	19-20 years, 11 months	2	90632	SL	\$7.50	\$9.00
Hepatitis A, VFC	1 year thru 18 years, 11 months	2	90633	SL	\$7.50	\$9.00
Hepatitis B Higher Dose (Adult)	11 years thru 15 years, 11 months	4	90743	SL	\$7.50	\$9.00
Hepatitis B, Low-Risk	Birth thru 18 years, 11 months	3	90744	SL	\$7.50	\$9.00
Influenza Preservative 3 Non-VFC	6 months thru 35 months	2	90655		\$7.50	\$9.00
Influenza, Non-VFC	36 months thru 20 years, 11 months	2	90674		\$7.50	\$9.00
Influenza, VFC	6 months thru 18 years, 11 months	2	90674	SL	\$7.50	\$9.00
Measles/Mumps/Rubella (MMR)	12 months thru 18 years, 11 months	3	90707	SL	\$7.50	\$9.00
Meningococcal B (Bexsero) Recombinant Protein	10 years thru 18 years, 11 months	2	90620	SL	\$7.50	\$9.00
Meningococcal B (Trumenba) Recombinant Lipoprotein	10 years thru 18 years, 11 months	3	90621	SL	\$7.50	\$9.00
Meningococcal Conjugate Vaccine (MCV4)	2 years thru 18 years, 11 months	2	90734	SL	\$7.50	\$9.00

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Meningococcal/Hib (MenHibrix)	6 weeks through 18 months	4	90644	SL	\$7.50	\$9.00
MMRV VFC	12 months thru 18 years, 11 months	2	90710	SL	\$7.50	\$9.00
Pap Smear	Determined by Provider	Periodicity schedule	88150		\$5.00	\$5.00
Pneumococcal 13-Valent (PCV13) - (Pevnar 13TM)	6 weeks thru 18 years, 11 months	5	90670	SL	\$7.50	\$9.00
Pneumococcal Polysaccharide (23PS)	2 years thru 20 years, 11 months	4	90732		\$7.50	\$9.00
Pneumococcal Polysaccharide (23PS)	2 years thru 18 years, 11 months	2	90732	SL	\$7.50	\$9.00
Polio-Inactivated	2 months thru 18 years, 11 months	5	90713	SL	\$7.50	\$9.00
Quadrivalent Human Papillomavirus (HPV), VFC	9 years thru 18 years, 11 months	3	90649	SL	\$7.50	\$9.00
Rotavirus, 2 doses, oral	6 weeks thru 32 weeks	2	90681	SL	\$7.50	\$9.00
Rotavirus, 3 doses, oral	6 weeks thru 32 weeks	3	90680	SL	\$7.50	\$9.00
TB Mantoux (Birth thru 20 years 11 months)	Determined by Provider	Periodicity schedule	86580		\$7.50	\$9.00
Td Adult 3	7 years thru 20 years, 11 months	6	90714	SL	\$7.50	\$9.00
Tdap Booster	7 years thru 18 years, 11 months	1	90715	SL	\$7.50	\$9.00
Varicella, VFC	12 months thru 18 years, 11 months	3	90716	SL	\$7.50	\$9.00

## **QUESTIONS**

If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075. Please refer to the extensions on page one.

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