



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:

	CODE	REFERRAL DESCRIPTION
➤ Claim Header Loop 2300, CRC-02 (EDI) OR ➤ Box 24H – (Paper)	AV	Patient refused referral (available, not used)
	NU	Patient not referred (not used)
	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:

Professional Claim Provider Information - Windows Internet Explorer

https://provider.molinahealthcare.com/Claims/Provider

Share Browser WebEx

Favorites: Molina Intranet Web Slice Gallery New Tab

Professional Claim Provider Information

NPI: 1750534210 Last Name: ZQUIERDO HOME CARE I First Name: Middle Initial: Zip Code: 33144

+ Add another type of provider

Facility Information
Select one: Service Location Facility Independent Lab

Diagnosis Code

Remove	DX No.	Diagnosis Code	Diagnosis Description
<input type="checkbox"/>	1		
<input type="checkbox"/>	2		

+ Add more Diagnosis Code

Claim Line Details *

(Remove)	Service From Date	Service To Date	Place of Service	Emergency	Procedure Code	Modifier	Diagnosis Code Reference	Charges	Units of Measurement	Quantity	EPSDT	EPSDT Family Plan	More Details
<input type="checkbox"/>	1			No					Select	0.00	Yes	No	

EPSDT Information

Certification Condition Indicator: Yes No

Condition Code:
Select
AV-Available - Not Used
NU-Not Used
S2-Under Treatment
ST-New Services Requested

+ Add more Claim lines

Comments

Remarks:

256 Characters Max. 256 characters remaining.

Total Amount

Total Charge: 0 Total Paid: 0 Balance Due: 0

Trusted sites | Protected Mode: Off

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