

Child Health and Disability Prevention (CHDP) Program Code Conversion

Health Assessments

All codes are effective for dates of service on or after July 1, 2017. (Select codes for laboratory-only providers became effective February 1, 2017.) Policy for codes in this crosswalk is located in the Medi-Cal provider manual. Providers should bill according to instructions in the Medi-Cal provider manual.

Current CHDP Local Billing Codes		New CHDP National Billing 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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Health Assessments

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		Not Applicable	Included in E&M preventive medicine health assessment.
03	Nutritional Assessment		Not Applicable	Included in E&M preventive medicine health assessment.
04	Anticipatory Guidance Health Education		Not Applicable	Included in E&M preventive medicine health assessment.
05	Developmental Assessment		Not Applicable	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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Laboratory Tests

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	
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	

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Laboratory Tests

Current CHDP Local Billing Codes		New CHDP National Billing Codes		
Local Code	Description	National Code	Description	Notes
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	
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)	
26	Total Cholesterol	82465	Blood/Serum cholesterol	
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	

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Current CHDP Local Billing Codes		New CHDP National Billing Codes		
Local Code	Description	National Code	Description	Notes
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	
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	
No Local Code		87536	HIV-1, quantification, includes reverse transcription when performed	
No Local Code		87591	Neisseria gonorrhoeae, amplified probe technique	

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

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 Codes		
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
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	

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

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Current CHDP Local Billing Codes		New CHDP National Billing Codes		
Local Code	Description	National Code	Description	Notes
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 + SL	Hepatitis A vaccine (HepA), adult dosage, intramuscular, VFC	
		90632	Non-VFC, purchased vaccine	
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	
72	Tdap Booster	90715 + SL	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), intramuscular, VFC	
		90715 + SE	State-supplied	

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Local Code	Description	National Code	Description	Notes
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	
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	

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Current CHDP Local Billing Codes		New CHDP National Billing Codes		
Local Code	Description	National Code	Description	Notes
83	DTaP-IPV	90696 + SL	Diphtheria, tetanus toxoids, acellular pertussis vaccine and inactivated poliovirus vaccine (DTaP-IPV), intramuscular, VFC	
		90696	Non-VFC, purchased vaccine	
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	
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	

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Local Code	Description	National Code	Description	Notes
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	
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.