





PM 160 INF Form

Quick Tips

DO NOT STAPLE IN BASK AREA						CLAIM CONTROL NUMBER • FOR STATE USE ONLY							STAPLE HERE	
P PAT	P PATIENT NAME (LAST)						(INITIAL)	MEDICA	MEDICAL RECORD NO. L.A. Code					
P RES	o. Day Day	Year AGE ON (NAME	SEX M/F	PATIENT'S CO	UNTY OF R	ESIDENCE	CO.CODE (APT/SPACE	TELEPHON ()	(CITY)	NEXT CHDP E) Mo. Day (ZIP)	Year Eth	1- America 2- Asian 3- Black 4- Filipino 6- White 7- Other	an Indian mer./Hispanic Islander	
	DP ASSES Indicate outcome screening proc		NO PROBLEM SUSPECTED	REFUSED, CONTRA- INDICATED, NOT NEEDED	PROBLEM Enter Fol Acoropri NEW C	SUSPECTI low Up Code in ate Column KNOW D		SERVICE Day Year	1. NO DX/RX INDIC UNDER CARE. 2. QUESTIONABLE SCHEDULED. 3. DX MADE AND R		W UP CODE 4. DX PEND SCHEDU 5. REFERRI FOR DXF 6. REFERR	S Pacific S INGRETURN VIS LED. ED. TO ANOTHER I	п	
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	NTAL ASSESSM JTRITIONAL ASSI					-		REF	ERRED TO:		TE	LEPHONE NUME	BER	
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	1													
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									land) Tobacco obacco Used b			Yes 🗌	No 🔲	
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SERVICE Telephon	RVICE LOCATION: Name, Address, Hiphone Number (Please Include Area Code) HEALTH PLAN CODE/PROVIDER NUMBER PLACE OF SERVICE								1 Enrol	led in WIC		red to WIC	it	
	NPI# 999999999							1	PARTIAL SCRE	EN 2 SCF	REENING PRO	CEDURE RECI	HECK	
_	Health Net PO BOX 419071							ACCO PATIE ELIGIE	MPANIES PRIOR P		ICATION NUMBE	iR		
	Rancho Cordova, CA 95741												,,,,,,,	
	ING PROVIDER (P		-					STATE	OF CALIFORNIA	-CHILD HEALTH	AND DISABILIT	Y PREVENTION	PROGRAM	

Submit the PM 160 INF form to the Encounter Department by the 10^{th} day of each month for the previous month's Child Health and Disability Prevention (CHDP).

Submitting PM 160 INF forms electronically is preferred; however, Health Net does accept paper PM 160 INF forms. Providers must mail completed

paper PM 160 INF forms to the following address:

CalViva Health Health Net PO Box 419071 Rancho Cordova, CA 95741 Complete each PM 160 Information Only (INF) form in its entirety. Use only black ink to complete all fields and press hard to ensure all four copies of the form are legible. Type or write clearly, especially the patient identification number and date of service. Do not use staples or attachments.

Submit PM 160 INF forms electronically by logging in to provider.healthnet.com and selecting *Transactions* > *Claims* > *Submit PM 160 INF Form*.

If your office uses an electronic database for PM 160 INF information, contact the Encounter Department for electronic submission at ENC_Team@healthnet.com.

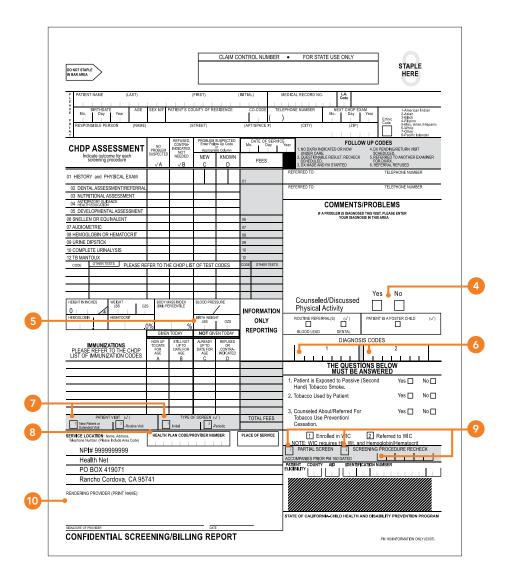
The PM 160 INF form will be rejected if the following three fields are not complete. Providers must:

- A. Enter the date of service.
- B. Enter the National Provider Identifier (NPI).
- C. Enter the member identification number.

The following fields must be completed for timely processing:

- 1. Next CHDP exam.
- 2. Body mass index (BMI) percentile and blood pressure for a child older than age three.
- 3. Height and weight for all ages.

14-084 (continued)



- 4. Check the appropriate box in the Comments section to indicate whether you counseled/ discussed physical activity with the patient or responsible party.
- 5. Birth weight for a child younger than 25 months.
- 6. An ICD-9 code must be entered in the Diagnosis Codes box even if no illnesses are present. For example, a V202 code for a "routine visit or child health check" may be appropriate.
- 7. Check the applicable box for Type of Patient Visit and Type of Screen.

- 8. Enter the appropriate health plan code: Fresno 315, Kings 316, Madera 317
- 9. If the PM 160 INF form is being completed for a visit that did not include a full exam, place an X in the Partial Screen box or Screening Procedure Re-Check box, as appropriate, and enter the last physical exam date in the Accompanies Prior PM 160 Dated field. In this case, blood pressure and height are not required.
- 10. Name and address of rendering provider.