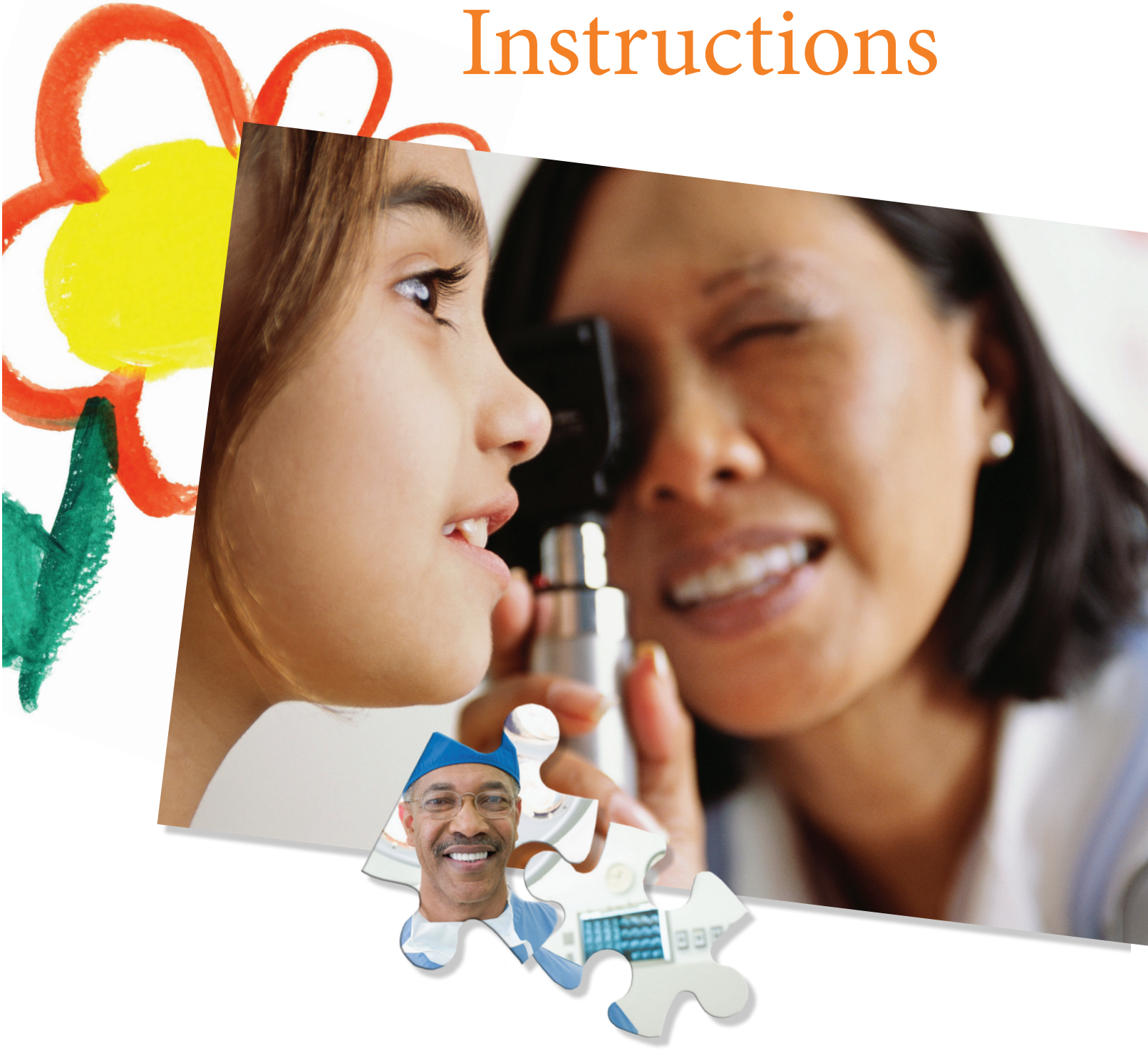
Medi-Cal

CHDP PM 160 *INF Form* Instructions



Health Net® COMMUNITY SOLUTIONS

CalViva HEALTH®

COMPLETING THE PM 160 INF FORM

This guide contains detailed information on correct completion of the PM 160 Information Only (INF) form.

A PM 160 INF form must be submitted for each pediatric exam of a CalViva Health Medi-Cal member. The PM 160 INF form is used to meet federal Medicaid requirements for reporting preventive health services rendered to Medi-Cal recipients who are enrolled in a Medi-Cal managed care plan.

The PM 160 INF form is used to report preventive care services rendered and monitor compliance with the provision of Child Health and Disability Prevention (CHDP) screening requirements. It is not used for billing purposes. Practitioners with direct fee-for-service (FFS) Medi-Cal contracts must also submit the CMS 1500 form to bill for payment. Practitioners with capitated Medi-Cal contracts must also submit professional encounter data.

Practitioners must use the PM 160 INF form, not the PM 160 form for FFS. The FFS form is used for billing by practitioners who contract directly with the Department of Health Care Services (DHCS) to provide FFS Medi-Cal services. If a practitioner uses the FFS form for a CalViva Health member, the form will be rejected by the state and returned to the physician who submitted it.

Providers may submit PM 160 INF forms electronically by logging in to provider.healthnet.com and selecting *Transactions > Claims > Submit PM 160 INF Form*. All submissions providers enter through the website go directly into the Encounters Department computer system. Providers may print completed PM 160 INF forms as needed for required submission to the local CHDP office, to give to the member's parent or legal guardian and for the member's medical records. Refer to the reference document at the end of this booklet for additional information on submitting PM 160 INF forms online.

Health Net, on behalf of CalViva Health, also accepts PM 160 INF forms by fax at (866) 684-7363. Multi-tiff documents are accepted, which are multiple pages that can be faxed at a time. Faxing PM 160 forms ensures the forms are received faster than via postal mail.

Additional Information

Resources are available to contracting providers to assist with correctly completing the PM 160 INF form. A computer-based training is available at provider.healthnet.com. In addition, information on county-specific PM 160 INF form submission and required CHDP services is provided via the Medi-Cal operations manuals for each county, which are also available at provider.healthnet.com. For more information, contact the National Provider Communications Department via email at provider.communications@healthnet.com.

For additional questions, contact the Encounter Department at (916) 935-0165.

Instructions for Completing the PM 160 INF Form

Providers must include Date of Service, Patient Identification Number, and National Provider Identifier (NPI) on the PM 160 INF form, or the form will be rejected (for independent physicians, the physician's NPI should be included; for physicians affiliated with a clinic, the clinic's NPI should be included). Completion of each of the fields listed on the following pages is required for timely processing.

Patient Name – Enter the patient's last name, first name and middle initial, exactly as it appears on the beneficiary identification card (BIC), including blank spaces. If the patient's name differs in any way from the name on the BIC or is incorrect, enter the name that the patient is also known as (AKA) in the name block or in the Comments/Problems area.

Medical Record Number (optional) – Use this space to enter the patient's record or account number assigned by the provider.

Birthdate – Enter the month, day and year of the patient's birth exactly as it appears in the Medi-Cal eligibility verification system. Use zeros (when entering dates of only one digit (for example, January 1, 2015, is entered as 010115). If the birthdate stated on the Medi-Cal eligibility verification system is incorrect, note the discrepancy in the Comments/Problems area.

Age – Enter the patient's age with one of the following indicators: "y" for years, "m" for months, "w" for weeks. A baby less than one week old is entered as "0 w."

Sex – Enter "F" if the patient is female. Enter "M" if the patient is male. This must be entered exactly as it appears in the Medi-Cal eligibility verification system.

Patient's County of Residence and Code – Enter either the name and appropriate two-digit code of the county where the patient lives (not the county where assessment is performed) or the two-digit city code if the individual lives in Berkeley, Long Beach or Pasadena.

Code	County	Code	County	Code	County
1	Alameda	22	Mariposa	43	Santa Clara
2	Alpine	23	Mendocino	44	Santa Cruz
3	Amador	24	Merced	45	Shasta
4	Butte	25	Modoc	46	Sierra
5	Calaveras	26	Mono	47	Siskiyou
6	Colusa	27	Monterey	48	Solano
7	Contra Costa	28	Napa	49	Sonoma
8	Del Norte	29	Nevada	50	Stanislaus
9	El Dorado	30	Orange	51	Sutter
10	Fresno	31	Placer	52	Tehama
11	Glenn	32	Plumas	53	Trinity
12	Humboldt	33	Riverside	54	Tulare
13	Imperial	34	Sacramento	55	Tuolumne
14	Inyo	35	San Benito	56	Ventura
15	Kern	36	San Bernardino	57	Yolo
16	Kings	37	San Diego	58	Yuba
17	Lake	38	San Francisco	59	Berkeley
18	Lassen	39	San Joaquin	62	Long Beach
19	Los Angeles	40	San Luis Obispo	63	Pasadena
20	Madera	41	San Mateo		
21	Marin	42	Santa Barbara		

Telephone Number – Enter residence, business or message telephone number, including area code, where a responsible person can be reached during the day.

Next CHDP Exam – Enter the month, day and year when the next complete health assessment is due. Use a leading zero when entering dates of only one digit (for example, August 1, 2014, is entered as 080114). Enter the month and year of the next appointment for children ages three and older.

Responsible Person Address – When the patient is younger than age 18 and not an emancipated minor, enter the name, street address, city, and ZIP code of the parent, legal guardian or foster parent with whom the patient lives.

Ethnic Code – Enter the appropriate ethnic code (select one only). If the patient's ethnicity is not included in the code list on the PM 160 INF, or if ethnicity is unknown, enter code 7 (Other).

Date of Service – Enter the date the CHDP service was rendered. Use a leading zero when entering dates with only one digit (for example, January 1, 2015, is entered as 010115). If procedures were performed on different days, enter the date of the history and physical exam. Verify that the month and year of the date of service are the same as the month and year of eligibility for services.

CHDP Assessment – This section is used to record the screening procedures performed and outcomes of the procedures.

Screening procedures appropriate to a patient's age and sex are listed on the Periodicity Schedule for Health Assessment Requirements by Age Groups table. Screening procedure codes are pre-printed on the form. Refer to the end of this guide for the Periodicity Schedule.

Assessment Outcome Columns – Columns A thru D – Every screening procedure must have either a check mark (✓) in column A or B or a numeric follow-up code in column C and/or D.

- Do not enter check marks (✓) in both columns A and B for the same procedure.
- Do not enter check marks (✓) in columns C and D.
- Do not enter a check mark (✓) in column A or B and also enter a follow-up code in column C and/or D for the same procedure.
- A follow-up code may be entered in both columns C and D for a single screening procedure if that procedure reveals both a new problem and the recurrence of an old problem.
- For Screening Procedure 01, History and Physical Exam, up to two follow-up codes may be entered in column C and up to two follow-up codes may be entered in column D.
- Outcomes and comments should always be entered by the examiner.
- Entries are made in the assessment outcome columns for procedures 01 through 12 and for "Other Tests."

Column A (No Problem Suspected) – Enter a check mark (✓) in this column if the procedure is performed and no problem is suspected, or if a child age one or older is being referred to a dentist for routine dental care.

Column B (Refused, Contraindicated, Not Needed) – Enter a check mark (✓) in this column when the procedure is one of the following:

- **Refused** – The patient or responsible person refuses the procedure for any reason, or the patient is unable to cooperate in a procedure where the provider attempts to obtain a specimen or perform a procedure. It is also considered a refusal of a test when the patient or family does not call back or return for a reading of a tuberculin test.
- **Contraindicated** – The procedure is deemed medically inappropriate.
- **Not Needed** – The test is not appropriate for the patient's age or the test was recently done.

Column B (exclude check mark) – Do not check column B when laboratory tests are performed outside of the provider's office. Enter the results of the tests even though no fee is charged to CHDP.

Column C (New) and Column D (Known) – Problem Suspected – Enter follow-up code in appropriate column. Determine whether the condition or problem is one of the following:

- **New** – Not known to the family per history and currently or previously not under care
- **Known** – Is known to the family per history and currently or previously under care

Follow-Up Codes – Do not use check marks (✓) in column C or D. Use only follow-up codes 1 – 6 as follows:

- *Code 1: No Dx/Rx indicated or now under care* – Enter code 1 if no treatment is indicated or the patient is now under care.
- *Code 2: Questionable result – recheck scheduled* – Enter code 2 if the accuracy of a test result is questionable. Use only for screening procedures 06 through 20 and 22. A fee may be charged for this screening procedure even though the result is questionable.
- *Code 3: Dx made and Rx started* – Enter code 3 if the diagnosis and treatment of a problem are started on this visit. Enter the diagnosis and the appropriate ICD-9-CM diagnosis code in the Comments/Problems area.
- *Code 4: Dx pending/return visit scheduled* – Enter code 4 if a return visit has been scheduled for diagnosis, or a return visit has been scheduled for diagnosis and treatment, or a return visit has been scheduled for treatment only. Enter the diagnosis and the appropriate ICD-9-CM diagnosis code in the Comments/Problems area.
- *Code 5: Referred to another examiner for Dx/Rx* – Enter code 5 if:
  - The patient has been referred to another provider for diagnosis and treatment. Enter the name and telephone number of the other provider in the designated area.
  - A diagnosis has been made on the day of the health assessment and the patient has been referred to another provider for treatment. Enter the diagnosis and the appropriate ICD-9-CM diagnosis code in the Comments/Problems area. Enter the name and telephone number of the Referred To provider in the Referred To area.
  - A dental problem is suspected. Enter the name and telephone number of the dentist in the Referred To area.
- *Code 6: Referral refused* – Enter code 6 if the patient or responsible person has refused referral or follow-up by examiner for any reason.

Other Tests – Screening procedure codes 13 through 26 are not pre-printed and must be entered on the form. When one of these tests is performed, enter either a check mark in the outcome column A or an appropriate numeric follow-up code in the outcome column C and/or D. Do not enter a check mark in the Other Tests outcome columns unless other tests are performed.

Refer to the following chart for codes to be used for Other Tests.

Screening Procedure	CHDP Code	Notes
Sickle Cell: Electrophoresis	13	
Lead: Blood lead level types (Pb test)	15	Used by clinical lead laboratory or clinical laboratory provider
VDRL, RPR, or ART	16	
Gonorrhea culture (GC)	17	
Pap smear	18	
Chlamydia test	20	
Pelvic exam	21	
Ova and/or parasites	22	
Lead test, counseling and blood drawing for lead testing	23	Used by all providers other than clinical lead laboratory or clinical laboratory providers
Lead referral – counseling and referral for blood drawing for lead testing	24	Used by all providers other than clinical lead laboratory or clinical laboratory providers
Blood glucose	25	Collection and analysis, or collection and handling
Total cholesterol	26	Collection and analysis, or collection and handling

Vital Statistics – Height in inches, Weight, Blood Pressure, Hemoglobin, Hematocrit, and Birth Weight – Fill in all spaces. Use zeros, as necessary. Use the American system for height and weight measurements.

- **Height** – If the child is younger than age 25 months, measure the child's recumbent (lying down) length. If the child is age 25 months or older, measure the child's standing height. Record the height or length in inches to the nearest quarter inch. Fill in all spaces. A zero is preprinted in the first space. Enter whole inches in the second and third spaces. A four is preprinted in the last space. Convert all fractions of an inch to fourths (1/4) and enter as follows:
  - whole inches = Enter "0"
  - ¼ inches = Enter "1"
  - ½ inch = Enter "2"
  - ¾ inch = Enter "3"
- **Weight** – Enter weight in pounds (lbs) and to the nearest ounce. Enter a leading zero in the first space for weights of less than 100 pounds. Use the last two spaces for ounces. Enter zeros when there are no ounces.

- **Body Mass Index (BMI) Percentile** – Enter the BMI percentile using whole numbers only based on the member's height (inches) and weight (lbs) and age. Refer to the end of this guide for the CDC BMI Growth Charts to use in plotting BMI percentile.
- **Blood Pressure** – Record both the systolic and diastolic blood pressure for children ages three and older.
- **Hemoglobin** – Record amounts to the nearest 0.1 gram. Always enter three digits so that every box is filled. Add leading zeros when needed. Do not leave a box empty.
- **Hematocrit** – Record numbers to the nearest whole number. Do not enter more than two digits, only whole numbers. Do not enter tenths, such as 34.1 percent. Do not enter percent (%) marks.
- **Birth Weight** – Enter the birth weight, if known, in pounds and ounces. Birth weight should be entered for children younger than age two.

Immunizations – When providing information for immunizations, enter the two-digit CHDP code (as listed below) for the immunization and name of the vaccine on a blank line in the immunizations area. Enter a check mark (✓) in either column A or B for each immunization.

Immunization	Abbreviation	CHDP Code	Vaccine Source	Age Range
DTaP		45	VFC	2 mos – 6 yrs
DTaP-Hib-IPV		82	VFC	2 mos – 4 yrs
DTaP-IPV		83	VFC	4 yrs – 6 yrs
DT pediatric	DTP or DPT	59	Purchased	2 mos - 6 yrs
Td adult PF	DECAVAC™	58	VFC	7 yrs – 18 yrs
Td adult		60	Purchased	7 yrs – 20 yrs
FluMist		71	VFC	2 yrs – 18 yrs
Hepatitis A	HAV	65	VFC (Pediatric)	1 yr – 18 yrs
		66	Purchased (Adult)	19 yrs – 20 yrs
HBIG		41+57	Purchased	birth – 20 yrs
Hepatitis B/HIB combination	Comvax	56	VFC	2 mos – 4 yrs
Hepatitis B lower dose (pediatric/adolescent)	HB or HepB	40	VFC	birth – 18 yrs
Hepatitis B higher dose (adult)	HLP	42	VFC	11 yrs – 15 yrs
Hepatitis B		51	Purchased	19 yrs – 20 yrs
Hib		38	VFC	2 mos – 18 yrs
		63	Purchased	19 yrs – 20 yrs
Human papillomavirus	HPV	76	VFC	9 yrs – 18 yrs
		77+78	Purchased	19 yrs – 20 yrs
Bivalent human papillomavirus	HPV2	85	VFC	9 yrs – 18 yrs
Bivalent human papillomavirus	HPV2	86+87	Purchased	19 yrs – 20 yrs

Immunization	Abbreviation	CHDP Code	Vaccine Source	Age Range
Influenza		53	VFC	6 mos – 18 yrs
		54	Purchased	36 mos – 20 yrs
Influenza, preservative free		80	Purchased	6 mos – 35 mos
MMR		33	VFC	12 mos – 18 yrs
		48	Purchased	19 yrs – 20 yrs
MMRV		74	VFC	12 mos – 18 yrs
Measles		34	Purchased	12 mos – 20 yrs
Meningococcal conjugate	Menactra or MCV4	69 70+73	VFC Purchased	2 yrs – 18 yrs 19 yrs – 20 yrs
Pediarix		68	VFC	2 mos – 6 yrs
Polio, inactivated	IPV	39	VFC	2 mos – 18 yrs
		64	Purchased	19 yrs – 20 yrs
Pneumococcal polysaccharide	PCV	55	Purchased	2 yrs – 20 yrs
Pneumococcal, heptavalent	Prevnar™	67	VFC	1 mos – 4 yrs
Pneumococcal, 13-valent	Prevnar 13™	88	VFC	6 wks – 18 yrs
Rotavirus	Rotateq™	75	VFC	6 wks – 32 wks
Rotavirus, 2 doses	Rotarix™	81	VFC	6 wks – 32 wks
Rubella		36	Purchased	12 mos – 20 yrs
Tdap		72	VFC	7 yrs – 18 yrs
Tdap		79	Purchased	19 yrs – 20 yrs
Varicella	Varivax or V2v	46	VFC	12 mos – 18 yrs
		52	Purchased	19 yrs – 20 yrs

If an immunization is given today, enter a check mark (✓) as follows:

- **Column A (Now Up to Date for Age)** – This indicates that the immunization given today brings the patient up-to-date for his or her age.
- **Column B (Still Not Up to Date for Age)** – This indicates the immunization given today does not bring the patient up-to-date for his or her age.

If an immunization is not given today and you would like to record immunizations for which the child was assessed, but not given at the time of the health assessment, enter a check mark (✓) as follows:

- **Column C (Already Up to Date for Age)** – The immunization status is current or the patient has had the disease.
- **Column D (Refused or Contraindicated)** – The patient or responsible person refuses the needed immunization, the administration of a needed dose is medically contraindicated or is deemed inappropriate.

If immunizations are administered, complete the entire Immunizations area.

If no immunizations are to be recorded, please leave this section blank and do not write in "up-to-date" or any similar notification.

Patient Visit – Enter a check mark (✓) in the New Patient/Extended Visit box if the patient has never received a CHDP health assessment from the rendering provider of care **or** if the patient requires as much assessment as a new patient. Enter a check mark (✓) in the Routine Visit box if the visit is a return visit and required less time than a new or extended patient visit. **Do not check both boxes.**

Type of Screen – Enter a check mark (✓) in the Initial box if this is the first time this patient has received a CHDP health assessment. Enter a check mark (✓) in the Periodic box if this patient has received a CHDP health assessment by any provider. **Do not check both boxes.**

Fees – Not to be completed on the PM 160 INF form.

Total Fees – Not to be completed on the PM 160 INF form.

Service Location – For independent physicians, enter the physician's NPI; for physicians affiliated with a clinic, enter the clinic's NPI. This section should contain the name of the health plan and address. The following address is usually pre-printed on the form.

PO Box 419071
Rancho Cordova, CA 95741-9071

Health Plan Code/Provider Number – Enter the appropriate health plan code below.

- Fresno – 315
- Kings – 316
- Madera – 317

Place of Service – Enter the two-digit Place of Service (POS) code (listed below) that best describes where the services were rendered.

Place of Service Code	Description
11	Office (any location other than Place of Service code 22 or 71)
22	Outpatient Hospital
71	State or Local Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
99	Other

Rendering Provider – This section should be filled in with the rendering provider's name, address, telephone number, California license number, and/or NPI (for independent physicians, enter the physician's NPI; for physicians affiliated with a clinic, enter the clinic's NPI).

Signature of Provider – The rendering physician or designated representative must sign and date each copy of the four-ply PM 160 INF form. Do not use a signature stamp.

Referrals to Other Providers – When referring the patient to other providers, enter the name and telephone number of the other provider or agency. If the patient is referred to more than two providers, enter the additional provider name or agency and telephone number in the Comments/Problems area.

Comments or Problems – A descriptive entry must be made to correspond with each marking in columns C and D in the CHDP Assessment category. Use this space for remarks that clarify the results of the health assessment and communicate issues to the local and state CHDP programs. Check the appropriate box in the Comments section to indicate whether you counseled/discussed physical activity with the patient or responsible party.

Routine Referrals:

- **Blood Lead** – Enter a check mark (✓) in this box when a child has been referred to a laboratory for the collection of a blood specimen for the lead test.
- **Dental** – Enter a check mark (✓) in this box only when no dental problems are suspected, but you have advised the parents to obtain annual preventive dental care for a Medi-Cal child. Annual referrals begin at age three or earlier, if necessary, for maintenance of dental health.

Foster Child Indicator – Enter a check mark (✓) when the patient is in a foster care home or has been placed with a relative by the county welfare department.

Diagnosis Codes – Enter the Internal Classification of Diseases, in the Diagnosis Codes area, for each condition or problem suspected. Do not leave blank spaces in the boxes. Five digits must be entered. If the diagnosis code is fewer than five numbers, enter zeros in the last (right) spaces of the box. For example, diagnosis code 034 is entered as 03400. An ICD-9-CM code must be entered in the ICD-9-CM box even if no illnesses are present. For example, a V202 code for a "routine visit or child health check" may be appropriate.

Tobacco Prevention/Cessation Questions – Questions must be answered. Enter patient's responses.

WIC Status – Infants and children younger than age five, pregnant women at nutritional or medical risk, and women up to six months postpartum or breastfeeding an infant younger than age 12 months may be eligible for the Women, Infants, and Children (WIC) Supplemental Nutrition Program.

If the patient is already enrolled in WIC, enter an "X" in Enrolled in WIC (Box 1).

If you are making a referral to the WIC Program, enter an "X" in Referred to WIC (Box 2).

WIC requires that height, weight, hemoglobin, and hematocrit values be entered.

Partial Screens – Enter a check mark (✓) in the Partial Screen box when completing the CHDP services missed at a previous visit. The date of the previous visit must be included in the Accompanies Prior PM 160 Dated field (next to Partial Screen box).

Screening Procedure Recheck – Enter a check mark (✓) in the Screening Procedure Recheck box when a screening procedure is performed. The date of the previous visit must be included in the Accompanies Prior PM 160 INF Dated field.

Accompanies Prior PM 160 Dated – Enter the date of the complete CHDP health assessment from the prior PM 160 INF.

Patient Eligibility – Patient eligibility information is completed as follows:

- **County** – Enter the patient's two-digit county code (obtained when eligibility verification process is performed).
- **Aid** – Enter the patient's two-digit aid code (obtained when the eligibility verification is performed).
- **Identification Number** – Enter the patient's identification number (Client Index Number) from the BIC or the patient's CalViva Health identification (ID) card (8 digits followed by a letter).

Submission and Distribution of Completed Forms

After the practitioner completes the four-ply PM 160 INF form, copies of the form must be distributed as follows:

Copy	Distribution
Copy 1 (white and brown)	Submit the top copy to: CalViva Health Health Net Encounter Department Attention: CHDP Specialist PO Box 419071 Rancho Cordova, CA 95741-9071
Copy 2 (yellow)	Submit to local CHDP office.
Copy 3 (white)	Keep in member's medical record file.
Copy 4 (pink)	Give to member, parent or legal guardian.

Troubleshooting Common Errors

To help you identify and avoid some of the most common errors made when completing the PM 160 INF form, refer to the PM 160 INF Quick Tips sheet on page 13. This reference sheet can be posted in your office to help you identify and avoid some of the most common errors when completing the form.

Ordering PM 160 INF Forms

Participating providers may order PM 160 INF forms by using the CHDP PM 160 INF Form Request on the next page or contact the CHDP Coordinator at (916) 935-0165.

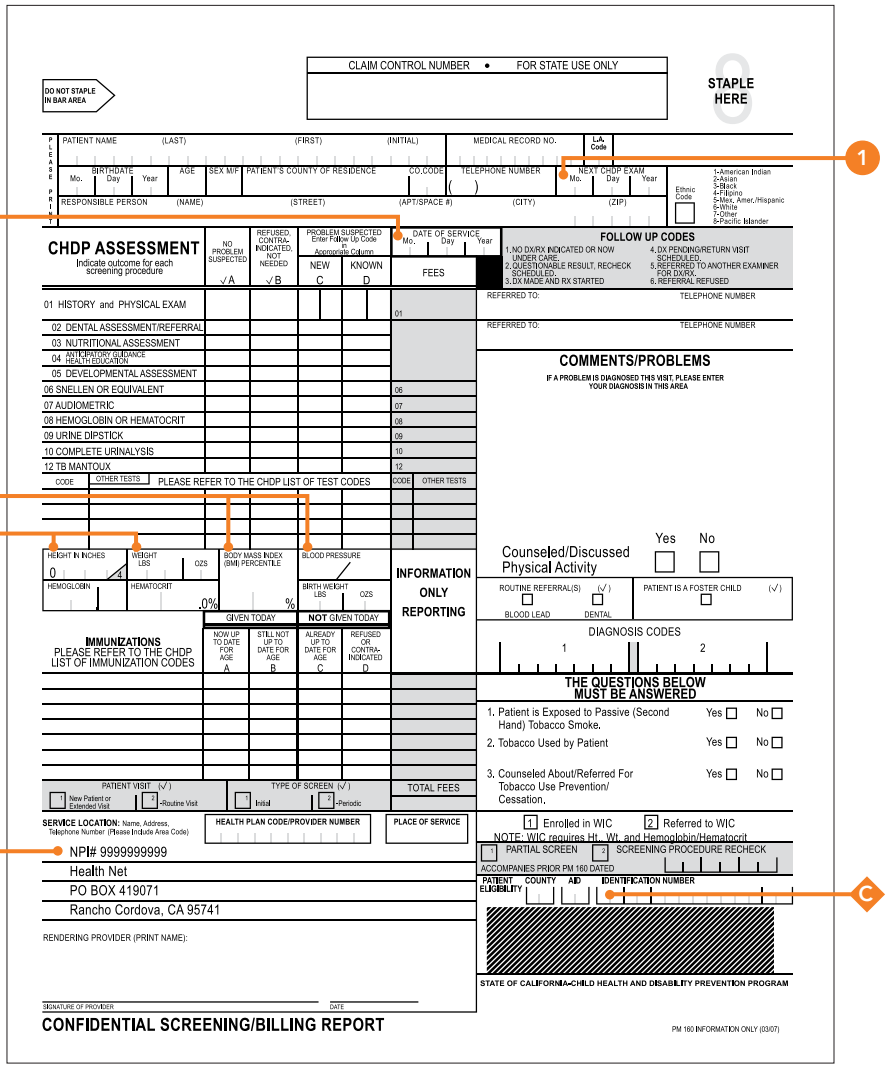
Child Health and Disability Prevention (CHDP) PM 160 Information Only (INF) Form Request

Providers can now submit PM 160 INF forms electronically by logging in to the provider website at provider.healthnet.com > *Transactions* > *Claims* > *Submit PM 160 INF Form*. Submitting PM 160 INF forms online ensures the forms are received quickly and directly, while reducing environmental burden. If you prefer to submit hard-copy PM 160 INF forms, complete and submit this form via mail, secure fax or email to Health Net as directed below.
Please allow up to two weeks to receive the requested forms.

CHDP PM 160 INF Form Request	
Requester:	
PCP name:	
California license #:	
PPG affiliation:	
Mailing address:	
City, ZIP code:	
Telephone number:	
Attention: (if different from requester)	
Quantity of forms requested:	
Date:	
Comments:	
Send request form to:	CalViva Health Health Net Encounter Department Attention: CHDP Coordinator PO Box 419071 Rancho Cordova, CA 95741-9071 Fax: (866) 684-7363 Email: ENC_Team@healthnet.com

PM 160 INF Form

Quick Tips



Submit the PM 160 INF form to the Encounter Department by the 10th 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.

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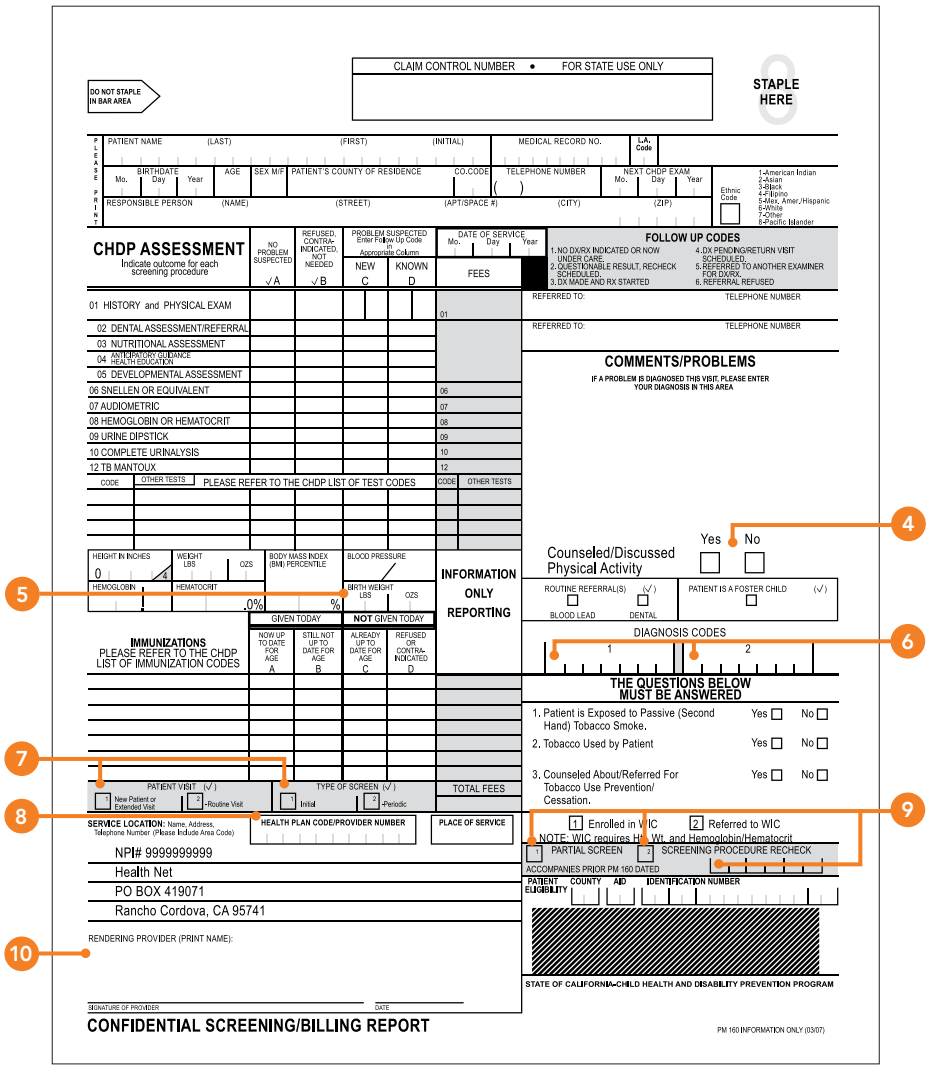

4. Check the appropriate box in the Comments section to indicate whether you counseled/ discussed physical activity with the patient or responsible party.
5. Birth weight for a child younger than 25 months.
6. An ICD-9 code must be entered in the Diagnosis Codes box even if no illnesses are present. 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.

We're *going* green

Submit PM 160 Information Only (INF) encounter reporting forms electronically online at HealthNet.com

Karyn Boyd
Health Net

An electronic option was developed for you to submit encounters for CalViva Health Medi-Cal members. The PM 160 INF form is now available on HealthNet.com for participating Medi-Cal providers. By submitting encounters online, you ensure that your encounters are received quickly and directly, while you help to reduce the environmental impact of paper submissions. Participating providers with a registered account on HealthNet.com can easily access the electronic PM 160 INF form tool. Simply log in to provider.healthnet.com and select *Transactions* > *Claims* > *Submit PM 160 INF Form*. The electronic PM 160 INF form contains the same fields as the hard-copy version. This easy-to-use tool offers step-by-step prompts to enter information for all required fields as follows:

1. Enter member name and Client Index Number (CIN). (Patient Information and Responsible Party Information fields automatically populate when these are entered.)
2. Record screening procedures performed and the outcome of each procedure.
3. Record vital statistics and immunization information.
4. Indicate whether you counseled/ discussed physical activity with the

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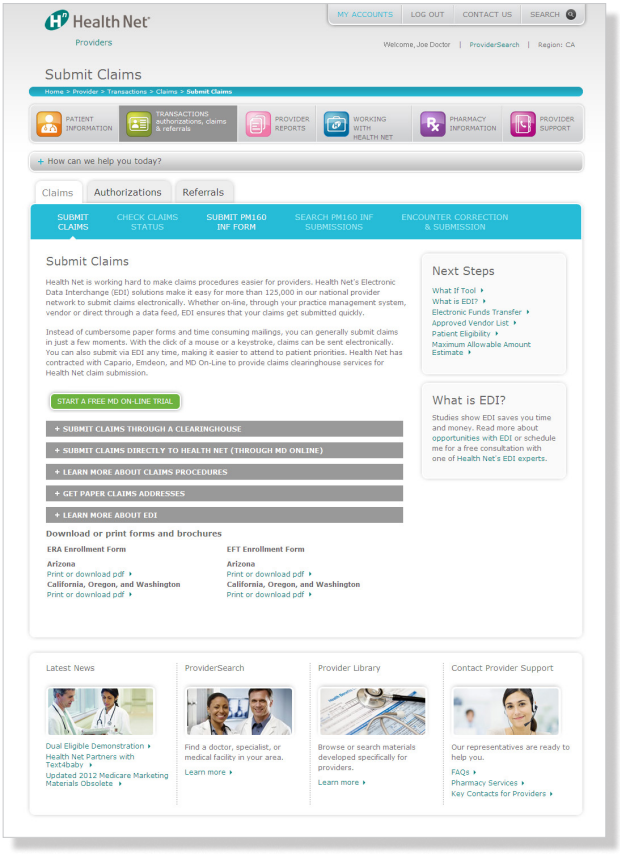
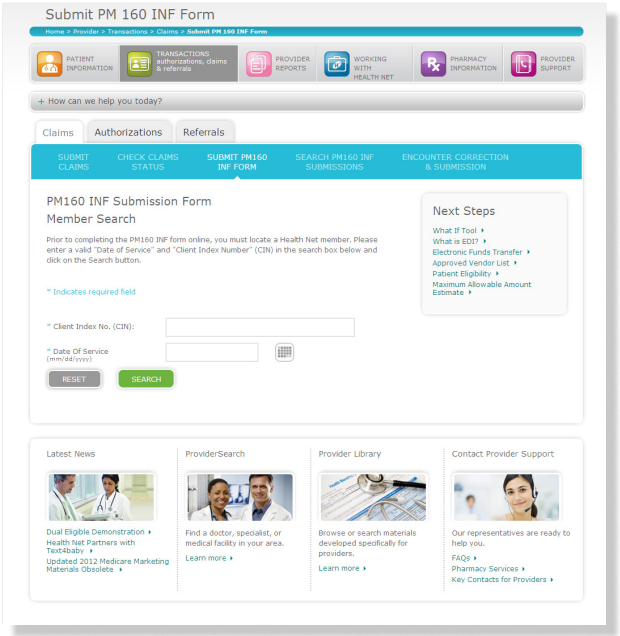
Submitting PM 160 INF forms online ensures encounters are received quickly and directly, while reducing environmental burden.





patient or responsible party. Document additional information, such as referrals to other providers, tobacco questions, eligibility information, and any problems or comments.

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

Once complete, select *Submit*. Upon submission, providers receive a confirmation page for each PM 160 INF form submitted.

Providers with electronic medical records can easily import the final form into the member's electronic record. The electronic tool also supports form printing as needed for required submission to the local Child Health and Disability Prevention (CHDP) office, to give to the member's parent or legal guardian, or for your office's hard-copy medical records.

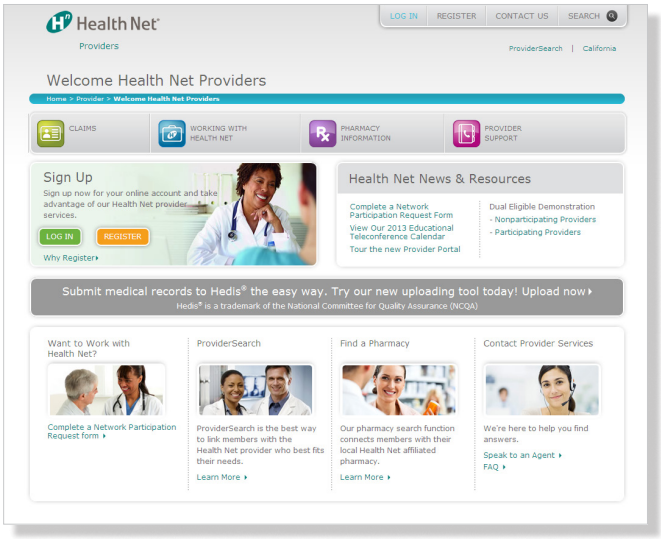
Register for a provider website account

Registering for a provider account on HealthNet.com is simple and quick. To register, complete the following steps:

Step 1:
Go to provider.healthnet.com.

Step 2:
Select *Register*.

Step 3:
Review Terms of Use, select *I agree to these terms*, select the region that applies and then *Continue*.



Step 4:
Select the appropriate provider type and complete the required fields.

- Once you select provider type, complete the form with first and last name, license number (physician only), tax ID number (TIN), and email address. Providers selecting to register as Physicians will also be prompted to select *Solo Practitioner* or *Delegated Administrator* as their user type.

Step 5:
Select *Submit*.

Providers are prompted to create a user name and password, and then walk through the registration process to select the personalized Sign-In Seal. In most cases, individual providers or delegated administrators are able to create a user name and password and log in to access the site immediately.

For more information, contact the Encounter Department at (916) 935-0165.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Bright Futures
prevention and health promotion for infants, children, adolescents, and their families™

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal.

Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in *Bright Futures* guidelines (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents*. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008).

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

	INFANCY								EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
AGE[1]	Prenatal[2]	Newborn[3]	3-5 d[4]	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																																
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●																				
Weight for Length		●	●	●	●	●	●	●	●	●	●																					
Body Mass Index[5]												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure[6]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																																
Vision		★	★	★	★	★	★	★	★	★	★	★	★	●[7]	●	●	●	★	●	★	●	★	●	★	★	●	★	★	●	★	★	★
Hearing		●[8]	★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	★	●	★	●	★	★	★	★	★	★	★	★	★	★	★	★
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT																																
Developmental Screening[9]								●			●		●																			
Autism Screening[10]											●	●																				
Developmental Surveillance		●	●	●	●	●	●		●	●		●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Alcohol and Drug Use Assessment[11]																						★	★	★	★	★	★	★	★	★	★	★
Depression Screening[12]																						●	●	●	●	●	●	●	●	●	●	●
PHYSICAL EXAMINATION[13]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[14]																																
Newborn Blood Screening[15]		←———	●	———→																												
Critical Congenital Heart Defect Screening[16]		●																														
Immunization[17]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hematocrit or Hemoglobin[18]						★			●	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead Screening[19]							★	★	● or ★[20]		★	● or ★[20]		★	★	★	★															
Tuberculosis Testing[21]				★			★		★			★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia Screening[22]												★			★		★		★	←——	●	———→	★	★	★	★	★	←——	●	———→		
STI/HIV Screening[23]																						★	★	★	★	★	←——	●	———→	★	★	★
Cervical Dysplasia Screening[24]																																●
ORAL HEALTH[25]							★	★	● or ★		● or ★	● or ★	● or ★	●			●															
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per the 2009 AAP statement "The Prenatal Visit" (http://pediatrics.aappublications.org/content/124/4/1227.full).
3. Every infant should have a newborn evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in the 2012 AAP statement "Breastfeeding and the Use of Human Milk" (http://pediatrics.aappublications.org/content/129/3/e827.full). Newborn infants discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per the 2010 AAP statement "Hospital Stay for Healthy Term Newborns" (http://pediatrics.aappublications.org/content/125/2/405.full).
5. Screen, per the 2007 AAP statement "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full).
6. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
7. If the patient is uncooperative, rescreen within 6 months, per the 2007 AAP statement "Eye Examination in Infants, Children, and Young Adults by Pediatricians" (http://pediatrics.aappublications.org/content/111/4/902.abstract).
8. All newborns should be screened, per the AAP statement "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (http://pediatrics.aappublications.org/content/120/4/898.full).
9. See 2006 AAP statement "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening" (http://pediatrics.aappublications.org/content/118/1/405.full).
10. Screening should occur per the 2007 AAP statement "Identification and Evaluation of Children with Autism Spectrum Disorders" (http://pediatrics.aappublications.org/content/120/5/1183.full).
11. A recommended screening tool is available at http://www.ceasar-boston.org/CRAFFT/index.php.
12. Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit and at http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf.
13. At each visit, age-appropriate physical examination is essential, with infant totally undothed and older children undressed and suitably draped. See 2011 AAP statement "Use of Chaperones During the Physical Examination of the Pediatric Patient" (http://pediatrics.aappublications.org/content/127/5/991.full).
14. These may be modified, depending on entry point into schedule and individual need.
15. The Recommended Uniform Newborn Screening Panel (http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/recommendedpanel/uniformscreeningpanel.pdf), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/nbsdisorders.pdf), establish the criteria for and coverage of newborn screening procedures and programs. Follow-up must be provided, as appropriate, by the pediatrician.
16. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per the 2011 AAP statement "Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease" (http://pediatrics.aappublications.org/content/129/1/190.full).
17. Schedules, per the AAP Committee on Infectious Diseases, are available at: http://aapredbook.aappublications.org/site/resources/izschedules.xhtml. Every visit should be an opportunity to update and complete a child's immunizations.
18. See 2010 AAP statement "Diagnosis and Prevention of Iron Deficiency and Iron Deficiency Anemia in Infants and Young Children (0-3 Years of Age)" (http://pediatrics.aappublications.org/content/126/5/1040.full).
19. For children at risk of lead exposure, see the 2012 CDC Advisory Committee on Childhood Lead Poisoning Prevention statement "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf).
20. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.
21. Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of *AAP Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high-risk factors.
22. See AAP-endorsed 2011 guidelines from the National Heart Blood and Lung Institute, "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm).
23. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the *AAP Red Book: Report of the Committee on Infectious Diseases*. Additionally, all adolescents should be screened for HIV according to the AAP statement (http://pediatrics.aappublications.org/content/128/5/1023.full) once between the ages of 16 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.
24. See USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm). Indications for pelvic examinations prior to age 21 are noted in the 2010 AAP statement "Gynecologic Examination for Adolescents in the Pediatric Office Setting" (http://pediatrics.aappublications.org/content/126/3/583.full).
25. Refer to a dental home, if available. If not available, perform a risk assessment (http://www2.aap.org/oralhealth/docs/RiskAssessmentTool.pdf). If primary water source is deficient in fluoride, consider oral fluoride supplementation. For those at high risk, consider application of fluoride varnish for caries prevention. See 2008 AAP statement "Preventive Oral Health Intervention for Pediatricians" (http://pediatrics.aappublications.org/content/122/6/1387.full) and 2009 AAP statement "Oral Health Risk Assessment Timing and Establishment of the Dental Home" (http://pediatrics.aappublications.org/content/111/5/1113.full).

KEY ● = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ←—— ● ——→ = range during which a service may be provided

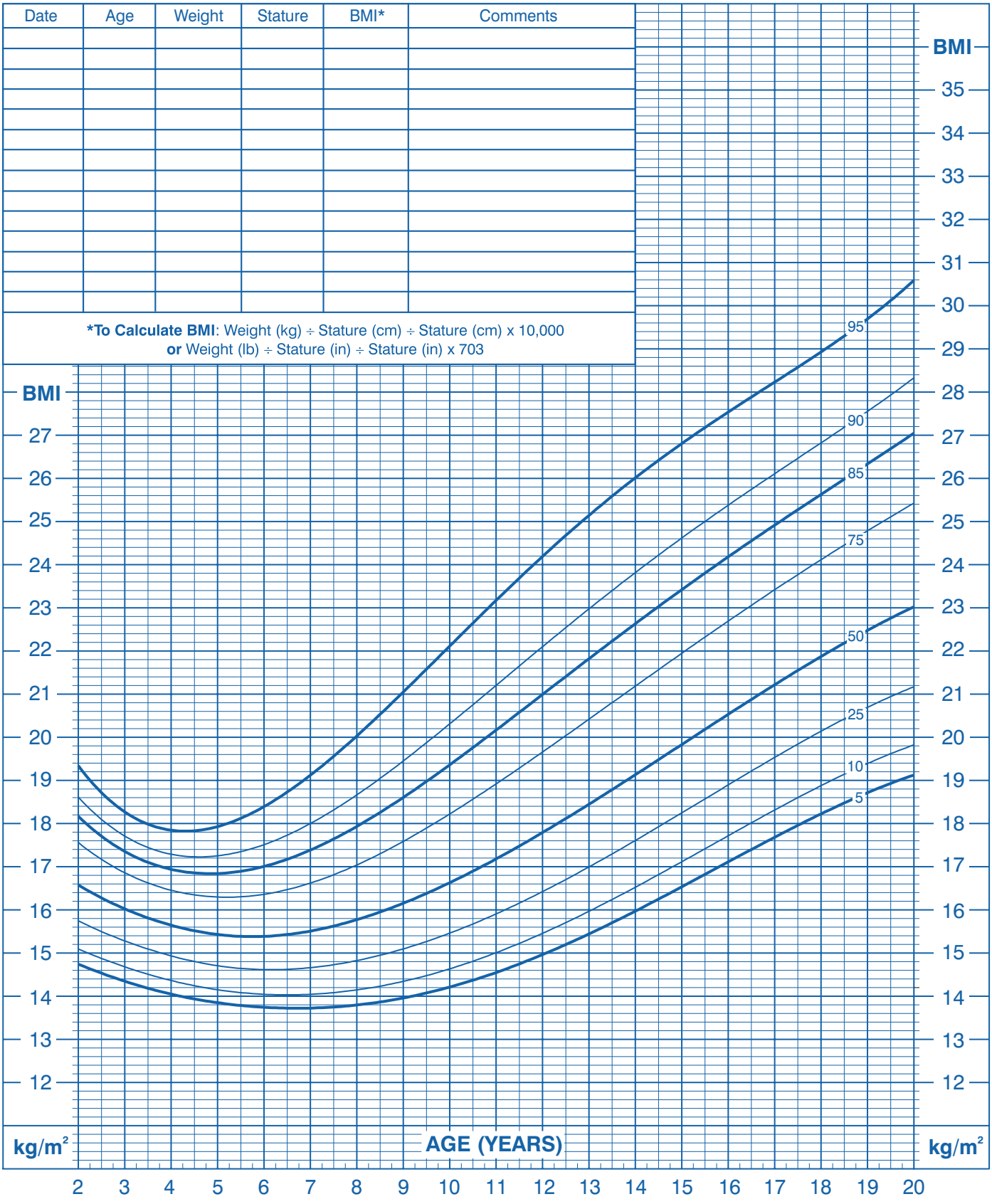
2 to 20 years: Boys
Body mass index-for-age percentiles

NAME _____

RECORD # _____

Date	Age	Weight	Stature	BMI*	Comments

***To Calculate BMI**: Weight (kg) ÷ Stature (cm) ÷ Stature (cm) x 10,000
or Weight (lb) ÷ Stature (in) ÷ Stature (in) x 703



Published May 30, 2000 (modified 10/16/00).

SOURCE: Developed by the National Center for Health Statistics in collaboration with the National Center for Chronic Disease Prevention and Health Promotion (2000).
http://www.cdc.gov/growthcharts

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2 to 20 years: Girls
Body mass index-for-age percentiles

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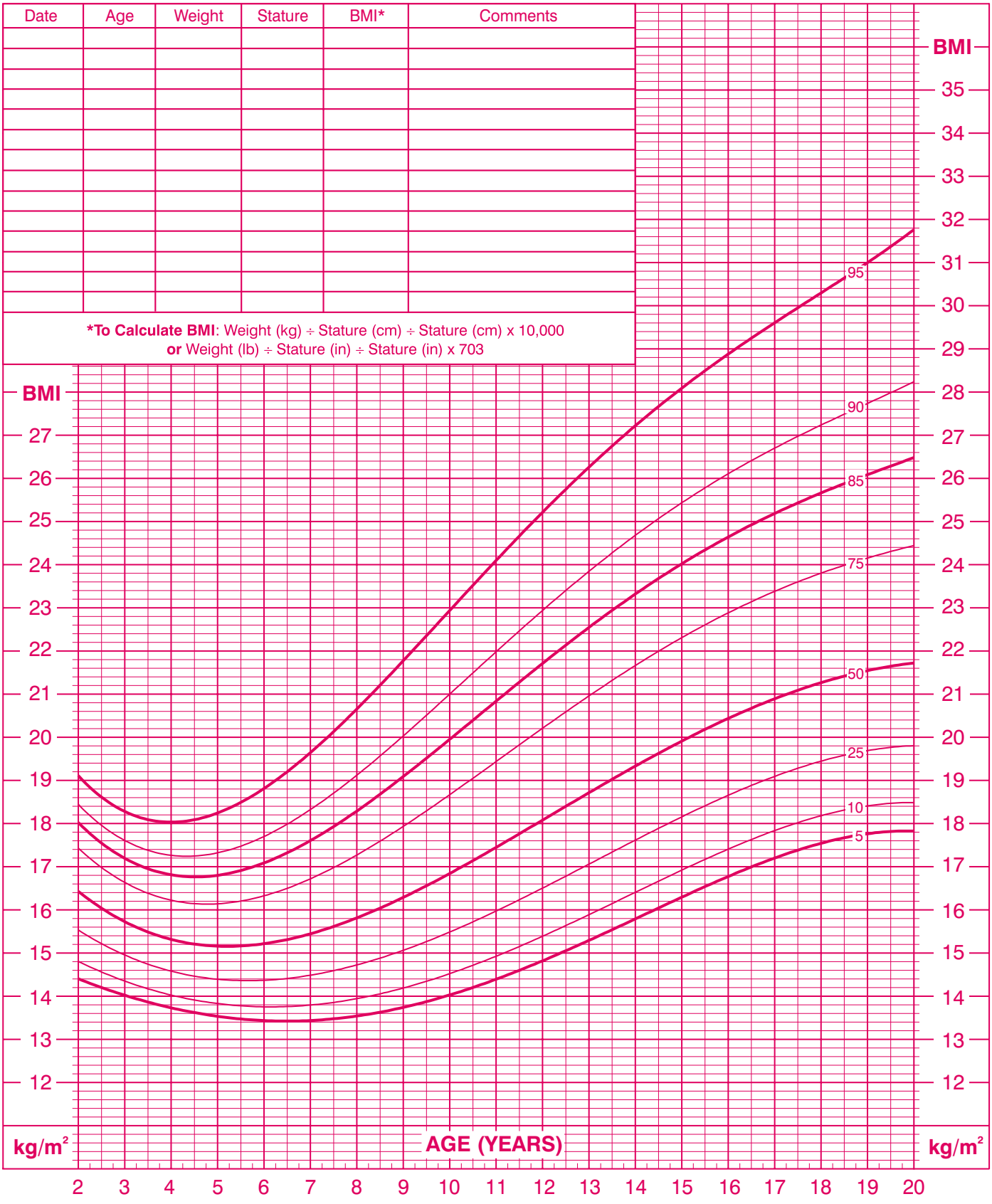

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