

CHILD HEALTH CHECK-UP VISITS CODING REQUIREMENTS

The codes to be used to document the receipt of a Child Health Check-Up are as follows:

OPTION 1: Initial or Periodic Screening visit

Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient;

- **99381** - infant (age younger than 1 year)
- **99382** - early childhood (age 1 through 4 years)
- **99383** - late childhood (age 5 through 11 years)
- **99384** - adolescent (age 12 through 17 years)
- **99385** – **Modifier EP** – 18-20 years

Referral Codes

- V – Patient Refused Referral
- U – Patient Not Referred
- 2 – Abnormal, Treatment Initiated
- T – Abnormal, Patient Referred

Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient;

- **99391** - infant (age younger than 1 year)
- **99392** - early childhood (age 1 through 4 years)
- **99393** - (age 5 through 11 years)
- **99394** - adolescent (age 12 through 17 years)
- **99395** – **Modifier EP** – 18-20 years

Referral Codes

- V – Patient Refused Referral
- U – Patient Not Referred
- 2 – Abnormal
- T – Abnormal, Child Referred for New Services

This should **not** reflect sick visits or episodic visits provided to children unless an initial or periodic screen was also performed during the visit.

A "catch-up" CHCUP screening - outside of the normal state periodicity schedule will be counted as compliant. A catch-up CHCUP screening is defined as a **complete** screening that is provided to bring a child up-to-date with the State's screening periodicity schedule. For example: A child who did not receive a periodic screen at age 5 visits a provider at age 5 and 4 months. The provider may use that visit to provide a complete age appropriate screening.

OPTION 2: Use of Evaluation and Management Codes with a specific Diagnosis Code

Office visits with E&M Codes may be used, but to be counted for a CHCUP visit one of the following CPTs must be paired with one of the following Z codes:

Procedure code:

New Patient Office or other outpatient visit for the evaluation and management of a new patient, which requires 3 key components.

- **99202** (typically 20 minutes face-to-face)
- **99203** (typically 30 minutes face-to-face)
- **99204** (typically 45 minutes face-to-face)
- **99205** (typically 60 minutes face-to-face)

Established Patient Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of 3 key components.

- **99213** (typically 15 minutes face-to-face)
- **99214** (typically 25 minutes face-to-face)
- **99215** (typically 40 minutes face-to-face)

With the following Diagnosis code:

Z76.1 Health supervision of infant or child (Health supervision and care of foundling)

Z76.2 Encounter for health supervision and care of healthy infant and child

Z00.121 Encounter for routine child health exam w abnormal findings

Z00.129 Encounter for routine child health exam w/o abnormal findings

Newborn health supervision

Z00.110 Health examination for newborn under 8 days old

Z00.111 Health examination for newborn 8 to 28 days old

Z00.00, Z00.01 Routine general medical examination at a health care facility

Z02.0, Z02.2, Z02.4, Z02.5, Z02.6, Z02.82, Z02.89 Other general medical examination for administrative purposes

Z02.81, Z02.83 Examination for medicolegal reason

Z02.1, Z02.3, Z02.89 Health examination of defined subpopulations

Z00.8 Health examination in population surveys

Z00.6 Examination of participant in clinical trial

Z00.5, Z00.70, Z00.71, Z00.8 Other specified general medical examinations

Z00.8 Unspecified general medical examination

NOTE: The codes provided are only a guide for listing codes compliant for CHCUP. The above code lists include a high-level description and not all detailed requirements to determine the appropriate procedure and/or diagnosis code for the services provided.