



Well Child Visit (CHCUP) Billing Requirements

A Child Health Check-Up (CHCUP) is a comprehensive, preventive health screening service. CHCUPs are performed according to a periodicity schedule that ensures that children have a health screening on a routine basis. In addition, a child may receive a CHCUP whenever it is medically necessary or requested by the child or the child’s parent or caregiver.

The purpose of the CHCUP Program is to provide the following services to children from birth through age 20:

- Comprehensive, preventive, well child care on a regularly scheduled basis;
- Identification and correction of medical conditions before the conditions become serious and disabling; and
- An entry into the health care system and access to a medical home

Below are the billing requirements and referral codes to help you conduct, document and bill for the CHCUP exams. Providers must report the most current and appropriate diagnosis code (ICD-10) to the highest level of specificity that supports medical necessity, as appropriate for this service.

CPT Code	Description	Age
NEW PATIENT		
99381	Initial screening	Less than 1 year of age
99382	Initial screening	1-4 years of age
99383	Initial screening	5-11 years of age
99384	Initial screening	12-17 years of age
99385	Initial screening	18-20 years of age
ESTABLISHED PATIENT		
99391	Periodic screening	Less than 1 year of age
99392	Periodic screening	1-4 years of age
99393	Periodic screening	5-11 years of age
99394	Periodic screening	12-17 years of age
99395	Periodic screening	18-20 years of age
SERVICES		
83655	Lead Testing Screening	0-20 years of age
92552	Hearing Screening (Pure tone-air only)	3-20 years of age
85013	Anemia (Hematocrit spun)	9 & 12 months of age
85018	Anemia (Hemoglobin)	9 & 12 months of age
80061	Dyslipidemia	18-20 years of age

Modifiers

EP	With procedure code for child health check-up for recipients between the ages of 18 to 20 years
24	Evaluation and management visit services that are performed during the post-operative global surgery period
25	Significant, separately identifiable evaluation and management visit services by the same provider on the same day as another service

Referral Codes

When submitting a claim whether paper or electronic claim, report the referral codes below. The claim and/or encounter will be rejected if you do not include a referral code as required.

- ❖ For EDI claims, claim header Loop 2300, CRC-02
- ❖ For Paper claims, Box 24H

Code	Description
AV	Available-not used (recipient refused referral)
NU	Not used (no EPSDT recipient referral given)
S2	Under treatment (recipient currently under treatment for referred diagnostic or corrective health problem)
ST	New service requested (recipient referred to another provider for diagnostic or corrective treatment or scheduled for another appointment with screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service, not including dental referrals)