

PM₁₆₀ FAQ

Contents

2. Can we amend the original PM160 if we forgot to add a service that was preformed?	2		
Q. What time frame do we have to submit our PM160 for full payment?	2		
Q. Why shouldn't we put the insurance plan's address at the bottom of the form?Q. How do we know when new CHDP codes for immunizations are being rolled out?Q. What HEDIS measures does the PM160 capture?	2		
		Q. How can we limit the amount of rejects?	3

Q. Can we amend the original PM160 if we forgot to add a service that was preformed?

A. Yes, you can add the missing services preformed to the original PM160 and resubmit. Only the service lines previously paid will be registered as duplicates. You can also choose to complete a new PM160, including the original visit information and adding the previously missed information from the original date of service (DOS). Keep in mind the amended PM160 payment is still based on the original date of service.

Q. What time frame do we have to submit our PM160 for full payment?

A. Within the first 6 months of the service date, you receive full payment. If submitted between 7–9 months, payment is reduced by 25%; if submitted between 10-11 months, reimbursement is reduced by 50%; and if submitted after 12 months, the claim will be denied.

Q. Why shouldn't we put the insurance plan's address at the bottom of the form?

A. The address in this section must be the location where the services were rendered, and it is also where any rejects are sent. If your office needs the insurance company's address there, list it on the bottom right side of the section, as in this example.



Q. How do we know when new CHDP codes for immunizations are being rolled out?

A. While we all share the responsibility for checking the Medi-Cal website for any updated CHDP codes and regulations, the HEDIS team at Vivant Health frequently checks and will include any information found in our monthly bulletins and FAQs such as this. You can find updates at www.medi-cal.ca.gov/.

The most recent News Flash from the medi-cal.ca.gov website was released on February 26, 2016, and included the following new codes:

- Meningococcal B Recombinant Lipoprotein Vaccine (Trumenba) CPT 90621, PM160 code M4 for VFC and M5+M6 for non-VFC
- Meningococcal B Recombinant Protein and Outer Membrane Vesicle Vaccine (Bexsero) CPT 90620, PM160 code M1 for VFC and M2+M3 for Non-VFC

Q. How do we know when new CHDP codes for immunizations are being rolled out?

- A. 1. Childhood Immunization Status (CIS) 2.Immunization for Adolescents (IMA)
 - 3. Well-Child Visit 3–6 Years Old (W-34) 4. Well-Child Visit (W15)
 - 5. Lead Screening in Children (LSC) 6. Adolescents Well-Care Visits (AWC)
 - 7. Human Papillomavirus Vaccine for Female Adolescents (HPV)
 - 8. Weight Assessment and Counseling for Nutrition, Physical Activity for Children and Adolescents (WCC) (Stamp or write "Physical Activity Addressed" in the comments/problems section.)

Q. How can we limit the amount of rejects?

A. Here is a list of common reject reasons:

- Incorrect diagnosis code based on DOS
 EXAMPLE: DOS 9/30/2015 with ICD-10 code or DOS of 10/1/2015 with ICD-9 code
- Adding zeros to the end of the diagnosis codes
 EXAMPLE: Z23 is correct; Z23.00 is incorrect
- Not using the correct approved CHDP vaccine code associated with the vaccine given EXAMPLE: 71 Flu Mist, 88 Prevnar-13, Tdap 72 or 79
 (If only providing immunizations, use diagnosis code Z23 Encounter for immunization.)
- Not using the correct code for PPD screening. Use CHDP-approved code Z11.1 (not Z23), which is "encounter for screening for respiratory tuberculosis," on line 12, column A.)
- Illegible hand writing
- Scratching out or rewriting over codes
- Misalignment (make sure information is not over the column allotted)
- Date of service or date of birth (DOB) listed as a future date
- Date of birth listed as a later date than the date of service
 EXAMPLE: DOB 01/01/2016 with a DOS of 12/15/2015

As a reminder, the HEDIS team at Vivant Health is available for one-on-one, on-site training with your billing staff for your convenience.

Should you have any questions, or to schedule a visit, please reach out to us at **(916) 329-8118** or **HEDIS@vivanthealth.com**.

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