

**PARTNERSHIP HEALTHPLAN OF CALIFORNIA
POLICY / PROCEDURE**

Policy/Procedure Number: CLPM-42		Lead Department: Claims	
Policy/Procedure Title: Preventive Services (Formerly CHDP)		<input checked="" type="checkbox"/> External Policy <input type="checkbox"/> Internal Policy	
Original Date: 9/1/25		Next Review Date: 01/01/2026 Last Review Date:	
Applies to:	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Employees	
Reviewing Entities:	<input type="checkbox"/> IQI	<input type="checkbox"/> P & T	<input type="checkbox"/> QUAC
	<input type="checkbox"/> OPERATIONS	<input type="checkbox"/> EXECUTIVE	<input type="checkbox"/> COMPLIANCE <input checked="" type="checkbox"/> DEPARTMENT
Approving Entities:	<input type="checkbox"/> BOARD	<input type="checkbox"/> COMPLIANCE	<input type="checkbox"/> FINANCE <input type="checkbox"/> PAC
	<input type="checkbox"/> CEO <input type="checkbox"/> COO	<input type="checkbox"/> CREDENTIALING	<input checked="" type="checkbox"/> DEPT. DIRECTOR/OFFICER
Approval Signature: <i>Lisa Malvo</i>		Approval Date: 09/1/25	

I. RELATED POLICIES:

A. N/A

II. IMPACTED DEPTS:

A. Claims

III. DEFINITIONS:

A. N/A

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To provide, for the provider, general guidelines and requirements relating to preventive services.

VI. POLICY / PROCEDURE:

Children who are assigned to a PCP are required to receive their Preventive services from their PCP. Preventive service claims received for children not assigned to the provider of service will not be reimbursed. The exception would be children in a Direct Case Managed status or a Native American Indian, who may receive services from their PCP or any Native American Indian (IHC) Clinic.

CHDP Gateway services remain the financial responsibility of the State of California and are not payable by Partnership. Continue to follow all directions for the CHDP Gateway Program as outlined in the State CHDP Provider Manual.

Claims should be billed with one of the following standard billing formats: CMS-1500 form, UB04 form or the electronic 837 HIPAA compliant claim format.

All billing codes and requirements for preventive services can be found in the Medi-Cal Provider Manual at:

https://meweb.apps.prd.cammi.medi-cal.ca.gov/assets/DDBB7BD0-9D06-4B3C-9597-7FAFF5471E6F/prev.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYvIPyP5ULO

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Non-PCP providers may bill procedure codes 99385, 99395, 99396 and 99397 and will be paid on a fee for service basis. PCP's may bill for these codes and will continue to be capitated.

VII. REFERENCES:

A.

VIII. DISTRIBUTION:

A. PARTNERSHIP4ME PowerDMS Policies & Procedures

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Senior Director, Claims Department

X. REVISION DATES: 9/1/25