It is known that even a mild hearing loss can impact a child’s social, academic and behavioral development (1). Therefore it is important to screen a child during the well child exam at the recommended intervals, using the appropriate technique. The American Academy of Pediatrics (AAP) recommends hearing screens for children of all ages by pure tone audiometry at 20 decibels at 500, 1,000, 2,000, and 4,000 Hertz.

With the release of AAP/Bright Futures (BF) 4th edition this past February, additional frequencies were added to the adolescent exam to identify teens with a potential high frequency hearing loss. It is estimated that one in six adolescents has this loss, most likely associated with exposure to hazardous noise (2). AAP/BF now recommends that screenings for children 11 years and older should also include testing at 6000 and 8000 Hz.

**AAP/BF Recommendations:**
Screen at 20dB
Ages 4-10: screen at 500, 1000, 2000 and 4000 Hz
Ages 11+: screen at 500, 1000, 2000, 4000, 6000 and 8000 Hz

The CHDP Hearing Health Assessment Guideline is currently being updated to reflect the new AAP/BF recommendations and will be published on the state CHDP website.

See insert for a Hearing Screening Cheat Sheet.


Important message from Dr. Jeremy Shumaker, Pediatric Optometrist:

“A child with a vision problem can and will pass a screening many times before finally failing. Most of the children I examine are referred to me by another professional (pediatrician, psychologist, teacher, learning specialist, OT, etc) after a year or more of struggling with reading and learning. Many of them have common visual disorders that are relatively easy to treat. With early intervention, vision loss and the associated educational, psychological, and financial impacts can be alleviated. When in doubt, refer. A child should have a comprehensive eye exam administered by a qualified optometrist or ophthalmologist by 3 years of age and again by the time they reach grade school.”

Key Points to Remember
Screen right eye, then left eye – NO LONGER NEED TO SCREEN BOTH EYES TOGETHER

Referral Guidelines:
3 yo: 20/63 or worse in either eye
4 yo: 20/50 or worse in either eye
5+ yo: 20/40 or worse in either eye
All ages: refer if there is a 2 line difference between the eyes

New Occluder Requirements:
Occlusive patches now recommended for best practice
CHDP will also accept occluder glasses for children less than 10 years and a flip paddle occluder for children 10 years and up

See insert for Vision Screening Cheat Sheet.

San Francisco Health Plan Care Management

San Francisco Health Plan offers care management services for its members. Referrals to the Community Based Management Program, Time Limited Coordination, and Complex Medical Case Management programs can be made by calling 415-615-4515. All programs include assessment, care planning, and in person visits.

The program’s focus is on patients with:
(1) complex medical conditions
(2) high utilization - frequent ED and inpatient visits
(3) psycho-social barriers preventing access to care

If you need more information about SFHP’s care management services, please call the SFHP Care Coordination line at 415-615-4515 to speak with the Intake Coordinator.
HEARING SCREEN: 4 YEARS AND UP

Following American Academy of Pediatrics Bright Futures periodicity: screens to be performed at 4, 5, 6, 8, 10 year old well child checks and once between 11-14, 15-17 and 18-21 years

*Catch up any patient who was not screened at the recommended age*

Risk assessment questions at all other visits

TIPS

- Ages 4-6: Play audiometry
  “Let’s play a game.”
  “When you hear the beep, put the block in the basket.”
- Over 6 years old: “Raise your hand when you hear the beep.”
- Practice with younger patients with the headphones on the table and the volume dialed up to 90 dB.
  Turn volume back down prior to placing headphones on child.
- If the patient doesn’t respond to a tone/beep, increase the volume from 20 dB to 50 dB to get their attention. Then retest that frequency at 20 dB. If they still don’t respond at 20 dB, move on.

AUDIOMETER SETTINGS

- Earphones: Red = Right, Blue = Left
- Pure tone air conduction
- Masking OFF
- Pulse tone ON, if available
- Remember, dB = volume/loudness; Hz = frequency/pitch (high or low).

LOCATION/BACKGROUND NOISE

If an adult with normal hearing cannot hear the tones at 15 dB, the location is too noisy for an accurate screen.

Refer patients who cannot be tested in clinic due to developmental delay, autism, or other conditions.

---

Hearing Screening Audiogram

Child's Name: ____________________________ Date: ____________

✓ A check indicates child responds at 20 dB (passing at that frequency)

- A dash indicates child did NOT respond at 20 dB (re-screen in 6 weeks)

Right Ear

500 1K 2K 3K 4K 6K 8K

Left Ear

500 1K 2K 3K 4K 6K 8K

Comments:

Re-screen date: __________________________

Right Ear

500 1K 2K 3K 4K 6K 8K

Left Ear

500 1K 2K 3K 4K 6K 8K

San Francisco CHDP
(415) 575-5712
3/2017
Vision Screen: 3+ years

Vision Screening following American Academy of Pediatrics Bright Futures periodicity: screens to be performed at 3, 4, 5, 6, 8, 10, 12, 15 year old well child checks

Risk assessment questions at all other visits

*Catch up any patient who was not screened at the recommended age*

**TIPS**
- If the child wears glasses, screen with glasses on.
- Use occlusive patch for best practice. Occluder glasses (under 10yo) and flip paddle occluder (10+yo) will also be acceptable.
- Line up the heels on the testing line (refer to chart for testing distance).
- Make sure the child is not peeking or squinting.
- Use flash cards to prepare the younger child.
- For the shy child, let the child point to a response panel so they don’t have to speak.
- Give one direction at a time
- Give positive reinforcement like “great!” after each response, even if it’s wrong.
- If the child needs to be retested or referred, don’t use the words “fail” or “failed the test.”
- You may use the HOTV or LEA chart for patients who do not know all their letters.

Refer children who cannot be tested in clinic due to developmental delay or autism.

---

**3 years and up**

Test right eye and then left eye (no longer screen both eyes together) using LEA Symbols or HOTV (3-5 yo) and SLOAN or Snellen (for 5+ yo)

Document the smallest line where the patient can see more than half the letters (4 of 6, or 3 of 5). Ex. “20/20 R, 20/30 L with glasses”

- **Pass**
- **Refer**
- **Uncooperative or Questionable Result**

**3yo: 20/50 or better**

**4yo: 20/40 or better**

**5+yo: 20/30(32) or better**

**Refer:** 2 line difference between eyes

**LEA Symbols or HOTV**

3-5 yo

**SLOAN or Snellen 5+ yo**

---

**Occluder glasses**

(<10yo)

**Flip paddle occluder**

(10+yo)

**Occlusive patches**

(all ages)

---

SF CHDP 4/2017
Summary of CHDP Billing Changes for Non-FQHC Fee for Service Medi-Cal

<table>
<thead>
<tr>
<th>Date of Service</th>
<th>Prior to 7/1/17</th>
<th>One or After 7/1/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing Form</td>
<td>Standard PM 160 (green form)</td>
<td>CMS 1500 or electronic equivalent</td>
</tr>
<tr>
<td>Billing Codes</td>
<td>2 digit CHDP Codes</td>
<td>4 digit HIPAA Compliant CPT codes</td>
</tr>
<tr>
<td>EPSDT Data Collection</td>
<td>PM 160</td>
<td>To be determined</td>
</tr>
<tr>
<td>Claims Deadline</td>
<td>12 months</td>
<td>6 months</td>
</tr>
</tbody>
</table>

Billing and reporting for Medi-Cal Managed Care Clients will not be affected by this change.

**FQHC Providers:** Until further notice, FQHC Providers should continue with their current billing and reporting procedures.

**Resources:**
- CHDP Billing Code Conversion Table: https://files.medi-cal.ca.gov/pubsdoco/newsroom/25768_Cd_Conv_Table.pdf
- Reimbursement at Medi-Cal rates for CPT-4 procedure codes and a HCPCS code: http://filesaccepttest.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp
- Medi-Cal Telephone Service Center (TSC) at 1-800-541-5555.
- Specific questions concerning the transition can be sent to the CHDPTransition@conduent.com mailbox.

**Medi-Cal Fluoride Varnish Billing Code - Now Posted**

https://files.medi-cal.ca.gov/pubsdoco/rates/rates_information.asp?num=22&first=94799&last=99499

<table>
<thead>
<tr>
<th>Amount Reimbursed for Fluoride Medi-Cal Beneficiaries</th>
<th>CPT Code</th>
<th>ICD Diagnosis Code to send in with Billing Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>$18 for APP TOPICAL FLUORIDE VARNISH (up to 3x/year) applied in the medical office</td>
<td>99188</td>
<td>Z41.8</td>
</tr>
</tbody>
</table>

**Remember:** Fluoride varnish is a highly effective cavity prevention treatment and should be offered to children at moderate to high risk for caries. The child’s medical office can apply fluoride varnish three time a year and their dental office can provide applications twice a year (a total of up to 5 times/year).
“It has been my pleasure to visit fellow SF Health Plan medical providers to share 2015 AAP Bright Futures guidelines regarding improving Children’s Oral Health education and application of Fluoride Varnish! Dr. Susan Fisher Owens, UCSF Professor and ZSFGH pediatrician addresses questions raised during the training visits.” - Dr. Lyra Ng

### Doc to Docs: FAQs—AAP Bright Futures Dental Guidelines

<table>
<thead>
<tr>
<th>Questions from MDs/NPs</th>
<th>Dr. Fisher-Owens</th>
</tr>
</thead>
<tbody>
<tr>
<td>If a child has received fluoride varnish at the dentist, can I still apply it?</td>
<td>Yes, infants and toddlers can have fluoride varnish applied to all surfaces of the teeth up to 5 times per year without risk of over exposure to fluoride.</td>
</tr>
<tr>
<td>How much fluoride toothpaste is safe to use in little toddlers?</td>
<td>A small rice-sized amount of toothpaste from first tooth or a pea-sized amount over 3 years old is safe to do at home twice a day.</td>
</tr>
<tr>
<td>Why use fluoride toothpaste in babies when previous recommendations said to wait until 2 years old until using fluoride toothpaste?</td>
<td>Omitting fluoride in toothpaste fails to protect infant and toddlers from developing cavities in baby teeth.</td>
</tr>
<tr>
<td>Do patients need to know how to spit first so they do not swallow the foam?</td>
<td>Infants do not need to spit after brushing. Fluoride toothpaste works better and longer when babies and toddlers do not spit it out after brushing.</td>
</tr>
<tr>
<td>Why do infants need to see a dentist when they only have a few teeth?</td>
<td>The American Academy of Pediatric Dentists (AAPD) recommends infants see a dentist by the time they have their first tooth or turn 1 years old for an examination of the gums and erupting teeth.</td>
</tr>
</tbody>
</table>

### How dentists and dental hygienists can prepare parents:
- How to provide daily care for their children’s baby teeth to prevent cavities.
- Foods that can strengthen the teeth and which foods cause unintended harm.
- Tips and techniques on how to successfully brush infant and toddler teeth without causing distress to the child. (Parents are more likely to support tooth brushing when children accept brushing without crying.)
- A dental cleaning and fluoride treatment are provided at an infant dental visit.
- All SFHP Medi-Cal children are automatically enrolled in Denti-Cal.
The annual CavityFreeSF briefing was held on May 11th, to get input and share the citywide goals and accomplishments of the SF Children’s Oral Health Strategic Plan [http://assets.thehcn.net/content/sites/sanfrancisco/Final_document_Nov_2014_20141126111021.pdf].

**Year 3 goals include:**

- Integrate oral health (including fluoride varnish) in well child exams
- Screen & apply fluoride varnish/sealants in schools
- Engage the community with 3 neighborhood Children’s Oral Health Task forces (newly funded by the County of SF)
- Improve and continue on-going monitoring

**Attendees offered recommendations to increase fluoride varnish, earlier and more often, focusing on a community-based approach:**

- Create/share culturally appropriate messaging
- Provide incentives for medical centers
- Host joint meetings with Denti-Cal dentists and Medi-Cal primary care providers
- Increase capacity of Denti-Cal dentists to serve the very young child

Dr. Edward Chow, Health Commission Board President, and Barbara Garcia DPH Health Director both spoke in support of the citywide collaborative effort to address the oral health disparity faced by low income children of color. Director Garcia pledged her support for the application of fluoride varnish by SF Health Network’s (SFHN) primary care clinic teams!

If you would like to work with CavityFree SF or need support in any of the areas mentioned above please contact Prasanthi.Patel@sfdph.org (415) 575-5706 or Margaret.Fisher@sfdph.org (415) 575-5719.

*Cavity Free SF co-hosts included: UCSF Dental School; SF Dept of Public Health; SF Health Improvement Partnership; Our Children, Our Families; SF Unified School District; the SF Health Plan; First 5 San Francisco; and University of the Pacific Arthur A. Dugoni School of Dentistry.
CHDP Provider Information Notices

[CHDP Provider Information Notices](http://www.dhcs.ca.gov/services/chdp/Pages/CHDPPLPIN.aspx)

PIN # 17-02 5-4-17. Revision of the Food Screening Form “What does your child eat? Birth to 8 years” and “What do you eat? Ages 8-19 years”.

[CHDP NewsFlash](http://www.medi-cal.ca.gov/) - released April 5, May 12, 15, June 6 & 8, 2017.


**CHDP HIPAA Code Conversion and Claim Form Transition**

Goal: Replace the 2-digit local CHDP codes with HIPAA-compliant CPT-4 procedure codes.

Phase I: Transitions clinical laboratory-only services effective for dates of service on or after February 1, 2017.
Phase II: Transitions the remaining CHDP services (Well-child health assessments/vaccines) with effective dates of service on or after July 1, 2017.

The CHDP *Confidential Screening and Billing Report* (PM 160) claim form will no longer be used to bill for CHDP Early and Periodic Screening, Diagnosis and Treatment (EPSDT) health assessments, immunizations and ancillary services *for dates of service on or after July 1, 2017*. For these dates of service, *qualified Medi-Cal providers enrolled in the CHDP program must bill CHDP/EPSDT services on a CMS-1500, UB-04 claim form or electronic equivalent*. This Phase II Code Conversion only applies to CHDP well child exams/screenings performed on fee-for-service Medi-Cal recipients.

Providers should note the national codes cannot be submitted on the PM 160. Claims are processed based on a provider’s enrolled Medi-Cal location(s). If the business address on the claim does not match one of the business addresses on file in the claims processing system, the claim may be denied. Providers who are not enrolled in Medi-Cal in active status **must** complete and submit an enrollment application.

The following providers: Federal Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Indian Health Services/Memorandum of Agreement 638 Clinics (IHS/MOAs) are **NOT affected by the CHDP phase II Code Conversion**. FQHCs, RHCs, and IHS/MOAs should make NO CHANGES to what they are doing currently. They should continue to submit their claims for CHDP Early and Periodic Screening, Diagnosis and Treatment (EPSDT) well-child assessments according to their current billing instructions. These providers should watch for updates to the FQHC, RHC, IHS/MOA code conversion, which is scheduled for implementation in October 2017.

*Continued on page 7*
**CHDP Bulletin highlights** – for details, please use the following link. [http://www.medi-cal.ca.gov/](http://www.medi-cal.ca.gov/), click on Provider Bulletins, scroll to bottom. Click on CHDP Gateway to Health Coverage under Specialty Programs.

**Bulletin # 149 – March 2017**
1. **Final Phase of CHDP** program’s transition to billing with CPT-4 codes on the CMS-1500 or UB-04, or electronic equivalent, will be effective for dates of service on or after July 1, 2017. CHDP Frequently Asked Questions (FAQ) Web page of the Medi-Cal website. [https://files.medi-cal.ca.gov/pubsdoco/chdp_faq.asp](https://files.medi-cal.ca.gov/pubsdoco/chdp_faq.asp)

2. **Get the latest Medi-Cal News by subscribing to MCSS (Medi-Cal Subscription Service).** Subscribing is simple and free.
   i. Go to the MCSS Subscriber Form
   ii. Enter your email address and ZIP code
   iii. Customize your subscription by selecting subject areas for NewsFlash announcement, Medi-Cal Update bulletins and/or System Status Alerts.

**Bulletin # 150 – April 2017**

2. **SSN Removal Initiative to Replace HIC Number on Medicare Cards.**

**Bulletin # 151 – May 2017**
1. **Providers to Report PPCs using DHCS Secure Online Portal.** Effectively June 1, 2017, DHCS will no longer accept paper forms for reporting provider-preventable conditions. The new online process replaces the paper Medi-Cal Provider-Preventable Conditions (PPC) Reporting Form (DHCS 7107). The secure reporting portal is available on the Instructions for online reporting [http://www.dhcs.ca.gov/individuals/Pages/PPC_Form_Instructions.aspx](http://www.dhcs.ca.gov/individuals/Pages/PPC_Form_Instructions.aspx) of PPCs Web page of the DHCS website.

2. **June 2017 Medi-Cal Provider Training Webinars.** Beginning June 1, 2017, and continuing throughout the month of June, Medi-Cal providers may participate in provider training webinars by
   - Accessing through the Medi-Cal Learning Portal (MLP) [https://learn.medi-cal.ca.gov](https://learn.medi-cal.ca.gov) or the Medi-Cal home page.
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Child Health & Disability Prevention Program  
CHDP

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