

General Billing Information

The PM160 Information Only (PM160 INF) form is to be used by providers when claiming payment for pediatric preventive services (PPS) rendered to CalOptima members. Include covered services historically reimbursed by the California Child Health and Disability Prevention (CHDP) program.

CalOptima health networks are not responsible for payment of PPS-covered services. All PPS claims, including those for members actively enrolled in a CalOptima health network, are to be submitted using the PM160 INF form and sent directly to the CalOptima claims processing center in Orange:

CalOptima Direct PPS Claims Unit, P.O. Box 11037, Orange, CA 92856

PM160 INF forms that are sent to a CalOptima health network in error will be returned to the name and location of the provider documented on the claim form.

Member Eligibility Verification

It is critical to verify a member's eligibility **for each date of service** prior submitting claims. Failure to verify a member's eligibility may result in misdirected claims, claim denials and a reduction in payments to the provider.

Duplicate Billing

Providers may not bill the health networks for PPS. Billing CalOptima and a health network for all or part of the same service is a potential violation of California Administrative Code, Section 51470 (d) (1).

It will be considered duplicate billing and a potential violation of California Administrative Code if any office visit codes other than 99211, 99212, or 99213 are billed to a health network in addition to billing the CalOptima PPS program for the history and physical. This prohibition includes new patient office codes 99201 through 99205, and established visit codes 99214 and 99215.