



CalOptima Health Pediatric Quality Measure Guides for HEDIS

Table of Contents

CalOptima Health Pediatric Quality Measure Guides for HEDIS	3
Introduction	3
More Information	3
List of Abbreviations and Acronyms	4
Blood Lead Testing Guide	5
When to Conduct Lead Testing	5
Optimize Office Processes for Lead Testing	6
Get Credit for Lead Testing	6
Child and Adolescent Well-Care Visit Guide	8
Get Credit for Providing Care to Members 3-21 Years Old	8
Tips for Success	8
Well-Care Codes	9
Developmental Screening in the First Three Years of Life Guide	10
Developmental Screening Tool Criteria	10
Get Credit for Conducting Developmental Screenings	11
Tips for Success	11
Topical Fluoride for Children Guide	12
Clinical Recommendations	12
Get Credit for Applying Topical Fluoride	12
Tips for Success	13
Well-Child Visits in the First 30 Months of Life Guide	14
Well-Child Visits Key Takeaways	14
Get Credit for Providing Care to Newborn Under Mother’s CIN	15
Tips for Success	13

CalOptima Health Pediatric Quality Measure Guides for HEDIS

Important: This document contains guidance that may be modified as of revision date noted in the footer. It is recommended to confirm the current quality metric specifications before making decisions.

Introduction

CalOptima Health strives to provide quality preventive care to our members. This guide was created to support clinicians in improving their quality performance around key pediatric measures, increasing rates and addressing care opportunities.

More Information

For questions about the content in this guide, contact the CalOptima Health Quality Initiatives department by email at QI_Initiatives@caloptima.org.

List of Abbreviations and Acronyms

AAP	American Academy of Pediatrics
CIN	Medi-Cal client index number
CCN	CalOptima Health Community Network
CCR	California Code of Regulations
CDC	Centers for Disease Control and Prevention
CLPPB	Childhood Lead Poisoning Prevention Branch
CMS	Centers for Medicare & Medicaid Services
CPT	Current Procedural Terminology
DEV	Developmental Screening in the First Three Years of Life
EMR	electronic medical record
TFL-CH	Topical Fluoride for Children
HCPCS	Healthcare Common Procedure Coding System
HEDIS	Healthcare Effectiveness Data and Information Set
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification
NCQA	National Committee for Quality Assurance
PCP	primary care provider
P4V	CalOptima Health Pay for Value Program
SSA	County of Orange Social Services Agency
USPSTF	United States Preventive Service Task Force
WCV	Child and Adolescent Well-Care Visits
W30	Well-Child Visits in the First 30 Months of Life

[:: Table of Contents ::](#)

Blood Lead Testing Guide

CalOptima Health has created this guide to assist providers with optimizing their performance with blood lead testing in accordance with California state requirements and clinical best practice guidelines per recommendations from AAP/Bright Futures for blood lead testing in children with Medi-Cal insurance.

Background

- Lead exposure is one of the most common and preventable environmental diseases among California children.
- Lead toxicity is associated with impaired cognitive, motor, behavioral and physical abilities.
- A blood lead test is the only way to screen for lead exposure.
- There is no safe blood lead level.

Blood Lead Testing Key Takeaways

- All CalOptima Health-enrolled children between the ages of 6 and 72 months should be routinely assessed for lead exposure risk at well-child visits and anticipatory guidance on preventing lead poisoning provided to their parent/guardian.
- All CalOptima Health-enrolled children must receive blood lead testing at BOTH 12 and 24 months of age per AAP/Bright Futures guidelines and California state requirements.
- If testing is performed before 12 months of age, then retesting should be performed again at 12 months and 24 months.
- Testing routinely at 12 and 24 months also supports compliance with the HEDIS lead measure, which is included in the P4V program.

When to Conduct Lead Testing

CalOptima Health follows the CCR mandates for blood lead testing as follows:

- Obtain blood lead tests at both 12 and 24 months of age
- Obtain catch-up blood lead testing:
 - » Between 12 and 24 months of age if not performed at 12 months of age
 - » Between 24 and 72 months of age if not performed at 24 months of age

In addition, children who are tested at 6 or 9 months or prior to 12 months of age should be retested at 12 months of age because of continued risk for lead exposure due to increased mobility and in accordance with AAP/Bright Future's recommendations.

Exception to Conducting a Blood Lead Test

- Legal parent/guardian refuses the lead test
 - » A signed statement of voluntary refusal should be obtained from the parent/guardian and documented in the child member's medical record.
 - Refer to CalOptima Health's [Anticipatory Guidance and Blood Lead Refusal Form](#) found in the Common Forms section under Resources at www.caloptima.org.

Optimize Office Processes for Lead Testing

- Perform point-of-care lead testing during well-child visits. It's the best way to ensure lead testing is completed and improve screening rates.
- If point-of-care lead testing is unavailable, obtain a capillary or venous blood draw in-office and send to a lab for analysis.
- Combine the 12-month anemia finger stick test with the blood lead test for efficiency and patient convenience.
- If using lab orders, institute an office process to monitor lab tests that are not yet completed by leveraging text messaging reminders or working with labs to send reminders to parents/guardians.

[:: Table of Contents ::](#)

- Create alerts in your EMR system to notify you when lead testing is due.
- Avoid missed opportunities by taking advantage of every office visit (including sick visits) to perform any lead testing that is due.
- Use the CalOptima Health blood lead performance report to:
 - » Identify members who have missed a blood lead test in accordance with the state testing requirements
 - » Proactively identify members due for lead testing at 12 and 24 months of age.

Get Credit for Lead Testing

Code	Definition	Code System
83655	Lead Test	CPT

Use of codes should be appropriate for the service rendered and follow billing guidelines. Codes are from the Bright Futures/AAP Coding for Pediatric Preventive Care 2022 specifications. For specific billing and reimbursement guidelines, please check with your billing department.

Reporting Blood Lead Results

Health care providers and labs performing blood lead analysis must report all lead test results electronically, along with patient demographic, ordering physician and analysis data on each test performed, to the CLPPB [Electronic Blood Lead Reporting \(EBLR\)](#) system. For more information, please contact EBLRSupport@cdph.ca.gov.

Provider offices using Lead Care Analyzer II in-office are considered laboratories.

Additional Resources

- Clinical Practice Guidelines for Childhood Lead Poisoning can be found under [Clinical Practice and Preventive Health Guidelines](#) in the Provider section of www.caloptima.org.
- CDC-recommended actions based on blood lead level results can be found by visiting <https://www.cdc.gov/nceh/lead/advisory/acclpp/actions-blls.htm>.
- For questions or support with member education resources, please contact CalOptima Health Customer Service at **888-587-8088** from 8 a.m. to 5:30 p.m. Visit us at www.caloptima.org.
- For questions related to patient, case management or environmental investigations, please contact the Orange County Health Care Agency's Childhood Lead Poisoning Prevention Program (CLPPP) at 714-567-6220. CLPPP contracts with the California Department of Public Health to support providers.

Sources

1. DHCS All Plan Letter 20-016 (Revised): Blood Lead Screening of Young Children
2. Bright Futures/AAP Coding for Pediatric Preventive Care 2022
3. Bright Futures/AAP Recommendations for Preventative Pediatric Health Care
4. Section 37100 of the CCR
5. California Health and Safety Code, Section 124130
6. California Department of Public Health Requirements for Blood Lead Reporting

Child and Adolescent Well-Care Visit Guide-WCV

CalOptima Health created this guide to assist providers with optimizing their performance on the WCV measure in alignment with AAP/Bright Futures clinical best practice guidelines.

The WCV measure assesses the percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN during the measurement year. The provider does not have to be assigned to the member.

Get Credit for Providing Care to Members 3–21 Years Old

- For new patients, obtain well-child medical records from the previous provider.
- Submit supplemental EMR/health record data to close gaps for members who have completed well-child visits with another provider.
- Check with your health network or CalOptima Health for information on how to submit supplemental data.

The following codes align with HEDIS technical specifications for well-care services rendered.

Code System	Codes
CPT	99381-99385 (new patient), 99391-99395 (established patient)
ICD-10-CM	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, X00.2, X00.3, Z01.411, Z01.419, Z02.5, Z76.1, Z76.2
HCPCS	S0610, S0612, S0613, G0438, G0439, S0302

An expanded list of codes can be found on the next page. Use of codes should be appropriate for the service rendered and follow billing guidelines. Codes are from the Bright Futures/AAP Coding for Pediatric Preventive Care 2022 specifications. For specific billing and reimbursement guidelines, please check with your billing department.

Tips for Success

- Convert sick visits or sports physicals to well-care visits for patients whenever possible.
- Monitor the monthly opportunity list of non-compliant members to conduct outreach and complete a routine well-care visit.
- Send texts or make reminder calls to patients who have missed their well-care appointment.

Sources

1. Bright Futures/AAP Coding for Pediatric Preventive Care 2022
2. Bright Futures/AAP Recommendations for Preventative Pediatric Health Care

[:: Table of Contents ::](#)

Well-Care Codes

Code	Definition	Code System
99381-99385	Initial comprehensive preventive medicine E/M, new patient	CPT
99392-99395	Periodic comprehensive preventive medicine reevaluation, established patient	CPT
S0612	Annual gynecological examination, established patient	HCPCS
S0610	Annual gynecological examination, new patient	HCPCS
S0613	Annual gynecological examination; clinical breast examination without pelvic evaluation	HCPCS
G0439	Annual wellness visit, includes a personalized prevention plan of service (pps), subsequent visit	HCPCS
G0438	Annual wellness visit; includes a personalized prevention plan of service (pps), initial visit	HCPCS
S0302	Completed early periodic screening diagnosis and treatment (epsdt) service (list in addition to code for appropriate evaluation and management service)	HCPCS
Z00.00	Encounter for general adult medical examination without abnormal findings	ICD-10-CM
Z00.01	Encounter for general adult medical examination with abnormal findings	ICD-10-CM
Z00.110	Health examination for newborn under 8 days old	ICD-10-CM
Z00.111	Health examination for newborn 8 to 28 days old	ICD-10-CM
Z00.121	Encounter for routine child health examination with abnormal findings	ICD-10-CM
Z00.129	Encounter for routine child health examination without abnormal findings	ICD-10-CM
Z00.2	Encounter for examination for period of rapid growth in childhood	ICD-10-CM
Z00.3	Encounter for examination for adolescent development state	ICD-10-CM
Z01.411	Encounter for gynecological examination (general) (routine) with abnormal findings	ICD-10-CM
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings	ICD-10-CM
Z02.5	Encounter for examination for participation in sport	ICD-10-CM
Z76.1	Encounter for health supervision and care of foundling	ICD-10-CM
Z76.2	Encounter for health supervision and care of other healthy infant and child	ICD-10-CM

[:: Table of Contents ::](#)

Developmental Screening in the First Three Years of Life Guide-DEV

CalOptima Health created this summary to guide providers in optimizing their performance with the DEV quality measure in accordance with CMS and clinical practice guidelines.

Assessing Developmental Screenings in the First Three Years of Life

The DEV measure assesses the percentage of children who turned 1, 2 and 3 years old during the measurement period (January 1–December 31) and who were screened for risk of developmental delays with a standardized developmental screening tool each time within the 12 months preceding their first, second and third birthday. Children must be screened at least three times in the first three years of life.

Why Should Providers Conduct Developmental Screenings?

Many children with developmental delays or behavior concerns are often not identified on a timely basis. Screenings help ensure referrals for at-risk children and support early intervention.

Clinical Recommendations

AAP recommends developmental screenings using a standardized screening tool for all children during their regular well-child visits at 9, 18 and 30 months of age.

Developmental Screening Tool Criteria

Screenings must be completed using a standardized tool that screens for the risk of developmental, behavioral and social delays. Standardized tools focused on one domain of development such as Ages and Stages Questionnaires: Social-Emotional (ASQ-SE) or Modified Checklist for Autism in Toddlers (M-CHAT) **do not** meet the criteria.

Examples of Standardized Developmental Screening Tools*

- Ages and Stages Questionnaires (ASQ) — 2 months to 5 years
- Ages and Stages Questionnaires, Third Edition (ASQ-3)
- Parents' Evaluation of Developmental Status (PEDS) — Birth to 8 years
- Parents' Evaluation of Developmental Status: Developmental Milestones (PEDS:DM)
- The Survey of Well-being of Young Children. Available for free download from www.theswyc.org

*Tools listed are not specific recommendations but are examples of tools cited in AAP/Bright Futures that meet the criteria.

Get Credit for Conducting Developmental Screenings

It is recommended to use the following codes for developmental screenings:

Code	Definition	Code System
96110	Developmental Screening	CPT
Z13.42	Encounter for screening for global developmental delays	ICD-10-CM

Use of codes should be appropriate for the service rendered and follow billing guidelines. Code is from the Bright Futures/AAP Coding for Pediatric Preventive Care 2022 specifications.

[:: Table of Contents ::](#)

Note: For CCN members, code 96110 without modifier KX is reimbursed in the amount of \$59.90 for each developmental screening. For members in other health networks, please check reimbursement details with the health network. The KX modifier is used to screen for autism spectrum disorder (ASD). ASD is a recommended screening per AAP/Bright Futures recommendations but is different from a general developmental screening.

Tips for Success

- Request parents arrive 15 minutes early for their child's appointment to provide enough time to complete the screening questionnaire or make the tool available online for completion prior to the visit.
- Document the standardized tool utilized, the date of the screening, the total score and interpretation of results in the medical record.
- Ensure children who missed the screening at the recommended age are scheduled for a follow-up visit for screening completion.
- Ensure timely submission of procedure codes for each standardized developmental screening completed.

Sources

1. Bright Futures/AAP Coding for Pediatric Preventive Care 2022
2. Bright Futures/AAP Recommendations for Preventative Pediatric Health Care

[:: Table of Contents ::](#)

Topical Fluoride for Children Guide-TFL-CH

CalOptima Health created this summary to provide guidance to clinicians for optimizing their performance on the TFL-CH measure.

Assessing the Application of Topical Fluoride Varnish

The TFL-CH measure assesses the percentage of children ages 1–20 who received at least two topical fluoride varnish applications with a medical or dental provider within the measurement year (January 1–December 31). Fluoride applications must be provided on two different dates of service.

Why Should Providers Apply Fluoride Varnish?

Young children in their first few years of life are seen earlier and more frequently by a medical provider than by a dentist. Low-income children are at higher risk for early dental decay (cavities) caused by dental caries. Topical fluoride varnish is effective in preventing dental decay. Physicians and other qualified health care professionals can play a vital role in a child’s oral health by applying topical fluoride varnish for children in the office.

Clinical Recommendations

AAP/Bright Futures Periodicity Schedule recommends fluoride varnish application at least once every six months for all children and every three months for children at high risk for dental caries. It also recommends PCPs apply fluoride varnish in the office for children through the age of 5. The USPSTF recommends that PCPs apply fluoride varnish to the primary teeth of all infants and children periodically starting at the age of primary tooth eruption through 5 years of age.

Get Credit for Applying Topical Fluoride

PCPs or health care professionals applying topical fluoride in an office setting should use CPT 99188.

Code	Definition	Code System
99188	Application of topical fluoride varnish by a physician or other qualified health care professional	CPT

Use of codes should be appropriate for the service rendered and follow billing guidelines. Code is from the Bright Futures/AAP Coding for Pediatric Preventive Care 2022 specifications.

Note: Topical fluoride varnish does not require prior authorization. The application of fluoride is payable as a full mouth treatment, regardless of the number of teeth treated. For CCN members, CalOptima Health provides a fee-for-service reimbursement at \$23.22 per fluoride varnish treatment. For health network members, please check fluoride varnish reimbursement details with the health network.

Tips for Success

- Apply fluoride varnish in the office at least twice during the measurement year for all children 1–5 years of age and children who do not have a dental home. Documentation of service with different dates of service must be reflected in the medical record.
- Make sure to submit the appropriate CPT code for fluoride varnish application on claims and encounters.
- Assess at every visit whether the child has a dental home. Children with no dental home should be provided with a referral for dental services and counseled on the importance of dental hygiene and oral health issues associated with poor dental health.
 - » To assist members with finding a dental home, visit: <https://dental.dhcs.ca.gov/find-a-dentist/home>

Sources

1. Bright Futures/AAP Coding for Pediatric Preventive Care 2022
2. Bright Futures/AAP Recommendations for Preventative Pediatric Health Care
3. USPSTF guidelines

[:: Table of Contents ::](#)

Well-Child Visits in the First 30 Months of Life Guide-W30

CalOptima Health has created this guide to assist providers with optimizing their performance on the W30 measure in alignment with AAP/Bright Futures clinical best practice guidelines.

Well-Child Visits Key Takeaways

- The W30 HEDIS measure includes completion of at least six well visits within the first 15 months of life and at least two well visits between 15 and 30 months of age.
- Encourage early Medi-Cal enrollment for newborn members.
- Code specifically and accurately for all well-child visits, including newborn visits.
- For new patients, obtain well-child medical records from the prior provider and submit them to the health network or CalOptima Health as supplemental data.
- Follow best practices for scheduling well-child visits, vaccinations and screenings, including blood lead screening at 12 months and 24 months of age.
- Take advantage of sick visits to convert to well-child visits.

How W30 Well-Child Visits Are Measured

CalOptima Health uses the NCQA HEDIS definitions and measurement specifications to align with industry standards and to offer comparative data to other health plans.

- W30 assesses the following:
 - 1. Well-Child Visits in the First 15 Months:** Percentage of children who turned 15 months old during the calendar year and had at least **six or more** well-child visits completed.
 - 15-month birthday is calculated as the child's first birthday plus 90 days.
 - 2. Well-Child Visits for Age 15 Months–30 Months:** Percentage of children who turned 30 months old during the calendar year and had at least **two or more** well-child visits completed.
 - 30-month birthday is calculated as the child's second birthday plus 180 days.
- Well-child services must be provided by a PCP provider type.
- Well visits must occur at least 14 days apart to be counted as distinct visits.

Newborn Medical Coverage Under Mother's CIN and Early Registration for Medi-Cal Benefits

- Coverage for newborn services and billing under the mother's CIN is for a limited time — during the birth month and the following month.
 - » For example, if a child is born March 15, the newborn would be covered under the mother's CIN for the rest of March and the month of April (46 days). Enrollment into Medi-Cal would need to be established for the child to have coverage beginning May 1.
- Encourage new moms to register their newborns with SSA early to receive Medi-Cal benefits for their children.
- Resource: [SSA, Medi-Cal Enrollment for Newborns](#)

Get Credit for Providing Care to Newborn Under Mother's CIN

- Obtain medical records from the previous provider when establishing care for a new patient.
- Submit supplemental EMR/health record data for newborn well-care visits completed under the mother's Medi-Cal.
- Use specific ICD-10-CM and CPT newborn well-child codes in the first 28 days of life (less than 8 days, 8–28 days) for accurate coding. See the table below.

[:: Table of Contents ::](#)

- Submission of specific newborn well-child codes enables CalOptima Health to map services provided to the newborn under the mother's CIN and link it back to the baby for HEDIS credit.
- Do not resubmit claims under the child's CIN for services provided under the mother's Medi-Cal since those claims will be rejected based on the child not being eligible at the time of service. Instead, provide supplemental data as proof of these services as noted above.

CPT Codes	ICD-10-CM Codes
New Patients Less than 1 Year — Use Both CPT and ICD-10-CM Codes	
99381 Infant (younger than 1 year)	<ul style="list-style-type: none"> • Z00.110: Health supervision for newborn under 8 days old • Z00.111: Health supervision for newborn 8 to 28 days old • Z00.129: Encounter for routine child health examination without abnormal findings (for infants > 28 days old)
Established Patients Less than 1 Year — Use Both CPT and ICD-10-CM Codes	
99391 Infant (younger than 1 year)	<ul style="list-style-type: none"> • Z00.110: Health supervision for newborn under 8 days old • Z00.111: Health supervision for newborn 8 to 28 days old • Z00.129: Encounter for routine child health examination without abnormal findings (for infants > 28 days old)

Use of codes should be appropriate for the service rendered and follow billing guidelines. Codes are from the Bright Futures/AAP Coding for Pediatric Preventive Care 2022 specifications. For specific billing and reimbursement guidelines, please check with your billing department.

When to Schedule Well-Child Visits

- Well-child visits should align with the Bright Futures Guidelines and Pocket Guide2.
- Coordinate the timing of well-child visits and the timing of vaccines. Schedule the first newborn visit early, by one week of age, followed by a visit at one month of age, followed by a well-child visit schedule as outlined by AAP/Bright Futures. Make sure to complete the one-month well-child visit, which often gets missed. The goal should be to complete at least five visits by 6 months of age.
- Perform blood lead screenings at 12 months and 24 months of age.
- For children behind on their well-child visits or vaccinations, consider scheduling catch-up visits and/or converting sick visits to well-child visits.
- Resource: [CalOptima Health's Well-Child Visits: When to Go and What to Expect Flyer](#)

Tips for Success

- Open schedules six to nine months in advance to allow for appointments to be scheduled ahead of time.
- Make reminder phone calls or leverage text messaging to confirm upcoming appointments and to recall patients who have missed appointments.
- Offer appointments during evening/weekend hours for member accessibility.
- Leverage eligibility files and gap reports to identify and outreach to members due for well-child services.

Sources

1. Bright Futures/AAP Coding for Pediatric Preventive Care 2022
2. Bright Futures/AAP Recommendations for Preventative Pediatric Health Care
3. Social Services Agency, Newborn Referrals

[:: Table of Contents ::](#)



CalOptima Health, A Public Agency
505 City Parkway West, Orange, CA 92868
caloptima.org