CalOptima Health

CalOptima Health

Pediatric Quality Measure Guides for HEDIS MY 2026

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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.

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List of Abbreviations and Acronyms

AAP	American Academy of Pediatrics
CIN	Medi-Cal client index number
CIS-E	Childhood Immunization Status
CHCN	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
HCPCS	Healthcare Common Procedure Coding System
HEDIS	Healthcare Effectiveness Data and Information Set
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification
IMA-E	Immunization Adolescent Status
LSC-E	Lead Screening in Children
NCQA	National Committee for Quality Assurance
PCP	primary care provider
P4V	CalOptima Health Pay for Value Program
TFL-CH	Topical Fluoride for Children
SSA	County of Orange Social Services Agency
USPSTF	United States Preventive Services Task Force
WCV	Child and Adolescent Well-Care Visits
W30	Well-Child Visits in the First 30 Months of Life

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 as recommended by AAP/Bright Futures for children enrolled in Medi-Cal.

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

- Parents or guardians of CalOptima Health-enrolled children should receive oral or written anticipatory guidance on preventing lead poisoning at every well-child visit between the ages of 6 and 72 months.
- Document anticipatory guidance for lead prevention in the child's medical record.
- All CalOptima Health–enrolled children must receive blood lead testing at BOTH 12 and 24 months of age.
- Testing routinely at 12 and 24 months supports compliance with the HEDIS lead measure, which is included in the P4V program.
- Testing should not be performed before 12 months of age.

When to Conduct Lead Testing

CalOptima Health requires providers to follow 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
- Test all refugee infants and children ≤16 years of age, as well as internationally adopted children, at the earliest opportunity

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 it 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 and issue reminders to parents/guardians.
- 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:

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» 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 2025 specifications and may not reflect Medi-Cal billing guidelines and reimbursement.

Reporting Blood Lead Results

Health care providers and labs performing blood lead analysis must report all lead test results electronically, along with patient demographics, the 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/lead-prevention/hcp/clinical-guidance/?CDC_AAref_Val=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. Department of Health Care Services (DHCS) All Plan Letter (APL) 20-016 (Revised): Blood Lead Screening of Young Children
2. Bright Futures/AAP Coding for Pediatric Preventive Care 2025
3. Bright Futures/AAP Recommendations for Preventive 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

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Child and Adolescent Well-Care Visit Guide

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), 99461
ICD-10-CM	Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z00.3, Z01.411, Z01.419, Z02.5, Z02.84, Z76.1, Z76.2
HCPCS	S0302, S0610, S0612, S0613, G0438, G0439

An expanded list of codes can be found on page 11. 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 2025 specifications and may not reflect Medi-Cal billing guidelines and reimbursement.

Tips for Success

- Convert sick visits or sports physicals to well-care visits for patients whenever possible.
- Monitor the monthly CalOptima Health member list or your EMR tool to identify noncompliant members to conduct outreach and complete a routine well-care visit.
- Use phone, text or patient portals to issue appointment reminders and reduce missed visits.
- Reschedule canceled appointments at the time of cancellation or ensure that timely outreach is provided to patients who have missed their well-care appointment.
- When possible, allow extended hours or weekend well-care clinics, especially during times of high demand.
- Create paired services, such as combining immunizations, behavioral health screenings and health education during well-care visits to improve completion and efficiency.
- Use standing outreach protocols where office staff run periodic lists of upcoming birthdays (ages 3–21), during school breaks, or summer and schedule annual visits.

Sources

1. Bright Futures/AAP Coding for Pediatric Preventive Care 2025
2. Bright Futures/AAP Recommendations for Preventative Pediatric Health Care

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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 and 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
Z02.84	Encounter for child welfare exam	ICD-10-CM

Childhood Immunization Status Guide

Background

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

The CIS measure assesses the percentage of members who turned 2 years old during the measurement year who received the following vaccinations on or before their second birthday:

- four diphtheria, tetanus and acellular pertussis (DTaP)
- three polio (IPV); one measles, mumps and rubella (MMR)
- three haemophilus influenza type B (HiB)
- three hepatitis B (HepB), one chicken pox (VZV)
- four pneumococcal conjugate (PCV)
- one hepatitis A (HepA); two or three rotavirus (RV)
- two influenza (flu) vaccines

Get Credit for Providing Care

Acceptable Documentation:

- A certificate of immunization prepared by an authorized health care provider or agency, including the specific dates and types of immunizations administered.
- A note indicating the name of the specific antigen and immunization date.
  - » Immunizations documented using a generic header (e.g., polio vaccine) or "IPV/OPV" can be counted as evidence of IPV.
  - » Immunizations documented using a generic header or "DTaP/DTP/DT" can be counted as evidence of DTaP.
- A note in the medical record indicating the member received the immunization "at delivery" or "in the hospital." Use the date of birth as the date administered.

Not Acceptable Documentation:

- A note that the "member is up to date" with all immunizations, but does not list the dates and names of all immunizations.
- Vaccines documented as adult.
- Influenza: Do not count a vaccination administered prior to six months (180 days after birth).
- DTaP, IPV, HiB, Pneumococcal conjugate, Rotavirus: Do not count a vaccination administered prior to 42 days after birth.

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 2025 specifications and may not reflect Medi-Cal billing guidelines and reimbursement.

Tips of Success

- Review the child's immunization records prior to the member's visit and administer any needed vaccines.
- Use point-of-care prompts or alerts in your EMR tool to quickly identify patients who are due or overdue for immunizations.
- Leverage California Immunization Registry (CAIR) or other state registries to locate missing vaccine records and close care gaps as needed.
- Strongly recommend immunizations to parents or caregivers as they are more likely to agree with vaccinations when supported by their child's provider.
- Provide clear, age-appropriate educational materials about the importance, safety and benefits of vaccines.
- Keep staff up to date on current recommendations, communication tools and resources on vaccine-preventable diseases. Address common misconceptions about vaccinations (e.g., disproven claims that MMR causes autism).

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- For tips on effectively communicating to parents regarding the importance of vaccinations, go to the AAP website at: AAP Website - Importance of Vaccinations
- Utilize the appropriate billing codes to record compliance and reduce the need for medical record requests.
- Ensure patient vaccination record is complete, accurate and updated with records of vaccinations obtained at other provider offices.

Childhood Immunization Status Codes

Description	Code
Immunization Administration Through 18 Years Old	CPT: 90460
DTaP	CPT: 90723 ,90700 ,90698 ,90697 CVX: 198 ,146 ,120 ,110 ,107 ,106 ,50 ,20
IPV	CPT: 90723 ,90713 ,90698 ,90697 CVX: 146 ,120 ,110 ,89 ,10
MMR	CPT: 90707, 90710 CVX: 03, 94 ICD-10: B05.0-B05.4, B05.81, B05.89, B05.9, B06.00-B06.02, B06.09, B06.81, B06.82, B06.89, B06.9, B26.0-B26.3, B26.81-26.85, B26.89, B26.9
HiB	CPT: 90644, 90647, 90648, 90697, 90698, 90748 CVX: 17, 46-51, 120, 146, 148, 198
Hepatitis A	CPT: 90633 CVX: 31, 83, 85 ICD-10: B15.0, B15.9
Hepatitis B	CPT: 90697, 90723, 90740, 90744, 90747, 90748 CVX: 08, 44, 45, 51, 110, 146, 198 ICD-10: B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11 HCPCS: G0010
VZV	CPT: 90710, 90716 CVX: 21, 94 ICD-10: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21- B02.24, B02.29-B02.34, B02.39, B02.7-B02.9
Pneumococcal Conjugate	CPT: 90670, 90671, 90677 CVX: 109, 133, 152, 215, 216 HCPCS: G0009
Rotavirus Vaccine (Two-Dose Schedule)	CPT: 90681 CVX: 119
Rotavirus Vaccine (Three-Dose Schedule)	CPT: 90680 CVX: 116, 122

Influenza	CPT: 90655,90656, 90657,90658, 90661, 90673, 90674, 90685-90689, 90756 CVX: 88, 140, 141, 150, 153, 155, 158, 161, 171, 186 CVX: 320
Encounter for Immunization	ICD-10: Z23
Parent Refusal	ICD-10: Z28.21
Caregiver Refusal	ICD-10: Z28.82

Sources

1. Bright Futures/AAP Coding for Pediatric Preventive Care 2025
2. Bright Futures/AAP Recommendations for Preventative Pediatric Health Care

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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

Use of codes should be appropriate for the service rendered and follow billing guidelines.

Note: For CHCN 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.

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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 2025
2. Bright Futures/AAP Recommendations for Preventative Pediatric Health Care

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Immunizations for Adolescents

Background

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

The IMA measure assesses the percentage of adolescents 13 years old who have had the following immunizations completed on or prior to their 13th birthday:

- One tetanus, diphtheria toxoids and acellular pertussis (Tdap)
- One meningococcal
- At least two human papillomavirus (HPV)

Get Credit for Immunizations for Adolescents

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

Description	Code
Meningococcal Immunization	CPT: 90619, 90623, 90733, 90734, 90624 CVX: 32, 108, 114, 136, 147, 167, 203, 316, 328
Tdap Vaccine Procedure	CPT: 90715
HPV Immunization	CPT: 90651 ,90650 ,90649 CVX: 165 ,137 ,118 ,62

Use of codes should be appropriate for the service rendered and follow billing guidelines.

Tips of Success

- Consider initiating the HPV series at age 9. [LV26.1][LV26.2]The HPV series is suitable for administration on or between the member's ninth and 13th birthdays, with a minimum of 146 days between the first and second doses.
- Recommend immunizations to parents. Parents are more likely to agree with vaccinations when supported by the provider. Address common misconceptions about vaccinations.
- Discuss HPV in terms of cancer prevention, and how the HPV vaccine is most effective before sexual activity begins
- Utilize each visit to review the vaccine schedule and catch up on any missing immunizations.
- Document the dates and immunizations provided at other practices (including out-of-state) and the health department in the patient's medical record.
- Implement standing orders to allow for nurse-only visits to administer vaccines.
- Conduct proactive outreach to schedule visits for teens aged 9–12 and capitalize on annual wellness visits.
- Utilize each visit to review the vaccine schedule and catch up on any missing immunizations.
- Set up automated reminders for upcoming doses and conduct routine outreach for overdue adolescents.
- Offer vaccines during same-day sick visits when appropriate.
- Recommend the HPV vaccine series the same way you recommend the Tdap and meningococcal vaccines. Missing HPV vaccines are the primary reason for noncompliance. Schedule the second HPV appointment when giving the first HPV vaccine.
- Train staff to review the member's chart before each appointment to identify and flag any overdue immunizations.

Sources

1. Bright Futures/AAP Coding for Pediatric Preventive Care 2025
2. Bright Futures/AAP Recommendations for Preventative Pediatric Health Care

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Topical Fluoride for Children Guide

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 aYoung 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 cavities caused by tooth decay. Topical fluoride varnish is effective in preventing dental cavities. 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 and connecting children to dental homes.

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 cavities. 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

Codes must accurately reflect the service provided and adhere to proper billing guidelines. Dental providers should bill for topical fluoride applications using dental CDT codes D1206 or D1208, which are distinct from the CPT code used for medical providers. When a dental provider applies topical fluoride, this service counts toward the compliance rate.

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 CHCN members, CalOptima Health provides a fee-for-service reimbursement of $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.
- Utilize the CalOptima Health member due list or your EMR tool to identify members due for one or both fluoride varnish applications.
- 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 2025
2. Bright Futures/AAP Recommendations for Preventative Pediatric Health Care
3. USPSTF guidelines

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

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 record data for newborn well-care visits completed under the mother's [LV29.1][IM29.2]Medi-Cal per your medical group's data submission process.
- Use specific ICD-10-CM and CPT newborn well-child codes in the first 28 days of life (less than 8 days, 8 to 28 days) for accurate coding. See the table below.
- 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.

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- 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)	• Z00.110: Health supervision for newborn under 8 days old • Z00.111: Health supervision for newborn 8 to 28 days old • Z00.121: Encounters for routine child health examination with abnormal findings • Z00.129: Encounter for routine child health examination without abnormal findings
Established Patients Less than 1 Year — Use Both CPT and ICD-10-CM Codes	
99391 Infant (younger than 1 year)	• Z00.110: Health supervision for newborn under 8 days old • Z00.111: Health supervision for newborn 8 to 28 days old • Z00.121 Encounter for routine child health examination with abnormal findings • Z00.129: Encounter for routine child health examination without abnormal findings

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 2025 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 Guide.
- Coordinate the timing of well-child visits and the timing of vaccines. Schedule the first newborn visit early, by 1 week of age, followed by a visit at 1 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 2025
2. Bright Futures/AAP Recommendations for Preventative Pediatric Health Care

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