PARTNERSHIP HEALTHPLAN OF CALIFORNIA

GUIDELINE/ PROCEDURE

<table>
<tr><td colspan="3">Guideline/Procedure Number: MCQG1015 (previously MPQG1015 & QG100115)</td><td colspan="3">Lead Department: Health Services</td></tr>
<tr><td colspan="3">Guideline/Procedure Title: Pediatric Preventive Health Guidelines</td><td colspan="3">☒ External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="2">Original Date: 04/25/1994</td><td colspan="4">Next Review Date: 01/08/2026
Last Review Date: 01/08/2025</td></tr>
<tr><td>Applies to:</td><td colspan="2">☒ Medi-Cal</td><td colspan="3">☐ Employees</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td>☐ P & T</td><td>☒ QUAC</td><td>☒ PQC</td></tr>
<tr><td colspan="2">☐ OPERATIONS</td><td>☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td>☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td>☐ COMPLIANCE</td><td>☐ FINANCE</td><td>☒ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td>☐ CREDENTIALING</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="3">Approval Signature: Robert Moore, MD MPH, MBA</td><td colspan="3">Approval Date: 01/08/2025</td></tr>
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I. RELATED POLICIES:

A. MCQP1021 - Initial Health Appointment
B. MCUP3047 – Tuberculosis Related Treatment
C. MPQP1022 - Site Review Requirements and Guidelines
D. MCCP2021 – Women, Infants and Children (WIC) Supplemental Food Program
E. MCCP2022 – Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services
F. MCCP2024 – Whole Child Model for California Children's Services (CCS)
G. MCUP3101 – Screening and Treatment for Substance Use Disorders
H. CMP-20 Records Retention and Access Requirements

II. IMPACTED DEPTS:

A. Health Services
B. Claims
C. Member Services
D. Provider Relations

III. DEFINITIONS:

A. Adolescent: The American Academy of Pediatrics (AAP) defines adolescents as persons aged 11 up to 21 years of age.
B. Parent: For our purposes, a "parent" is the designated legal guardian for the pediatric member.
C. CHDP: The Child Health and Disability Prevention (CHDP) was a preventive program that delivered periodic health assessments and services to low income children and youth in California. CHDP provided care coordination to assist families with medical appointment scheduling, transportation, and access to diagnostic and treatment services. CHDP sunsetted July 1, 2024, consolidating care responsibilities for children/youth under the Medi-Cal managed care plans.

IV. ATTACHMENTS:

A. AAP Recommendations for Preventive Pediatric Health Care
B. TB Screening Recommendations (Flow Charts)
C. Blood Lead Testing Refusal Form
D. Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger

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V. PURPOSE:

To specify Partnership HealthPlan of California (Partnership) policy for periodic health screening and preventive health services for members up to 21 years of age provided by primary care providers (PCPs). The California Department of Health Care Services (DHCS) requires that all Medi-Cal managed care health plans, including Partnership, utilize the American Academy of Pediatrics (AAP) preventive health care recommendations, as well as the Advisory Committee on Immunization Practices (ACIP)/AAP immunization schedule, in formulating plan specific standards and guidelines. Since all Partnership primary care providers who care for children are expected to be enrolled as CHDP providers, all other CHDP policies related to the provision of pediatric preventive services are applicable as well.

VI. GUIDELINE / PROCEDURE:

A. The following standards and guidelines address periodic health screening and preventive services for low-risk, asymptomatic children and adolescents. Pediatric preventive care is also addressed in Partnership's policy MCCP2022 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services.
   1. Individuals identified as being at high risk for a given condition may require screening at more frequent intervals or the performance of additional screening tests specific to the condition. High-risk individuals are defined as those whose risk behaviors, family history, socioeconomic status, life style or disease or genetic condition is associated with a higher tendency to the development of a specific condition or disease.
   2. The AAP scheduled assessment must include all components required for the lower age nearest to the current age of the child. A physical examination is completed according to AAP periodicity exam schedule and each health assessment will include:
      a. Anthropometric measurements of weight, length/height and head circumference of infants up to age 24 months.
      b. Physical examination/body inspection, including screen for sexually transmitted infection (STI)/ human immunodeficiency virus (HIV) on sexually active adolescents.
      c. Follow up care or referral for identified physical and behavioral health problems as appropriate.
      d. Pediatric preventive care visits may take place on a more frequent basis than the AAP periodicity recommendations, when medically necessary. Partnership recommends a 14-day minimum interval between well-child visits.

B. Primary Care Providers (PCPs) must complete an Initial Health Appointment (IHA) on all new Members within 120 days of enrollment to Partnership or assignment to a PCP, or within 12 months prior to Plan enrollment. (See policy MCQP1021.) The IHA must include a history of the Member's physical and behavioral health, an identification of risks, an assessment of need for preventive screens or services, health education, and the diagnosis and plan for treatment of any diseases (Reference A, CalAIM Population Health Management Guide (May 2024). PCP office should request and review previous medical record(s) to show a complete history.

C. PCPs must provide immunizations according to the *General Recommendations on Immunization: Recommendations of the* ACIP, AAP, the American Academy of Family Physicians (AAFP) and the Centers for Disease Control and Prevention (CDC).
   1. Specific to DHCS All Plan Letter (APL) 24-008, providers must ensure timely provision of immunizations to Members in accordance with the most recent schedule and recommendations published by ACIP, regardless of age, sex, or medical condition, including pregnancy [as clinically appropriate]. This policy ensures coverage of all U.S. Food and Drug Administration (FDA) approved vaccines recommended by the ACIP and their administration, without cost sharing.

2. VFC is not mandatory if a provider site has less than 200 children assigned and refers out to appropriate facility following the ACIP-recommended immunization schedule. Referrals should be documented in the EHR.
3. Providers must document each Member's need for ACIP recommended immunizations as part of all regular health visits. All provided immunizations must be reported within 14 calendar days to the California Immunization Registry (CAIR2).
4. When immunizations are provided at sites other than the PCP's office, that provider should enter the immunizations into CAIR2, according to the provisions of AB1797.

D. Screening for alcohol or drug or tobacco use and/or substance use disorders is considered part of the standard of primary care of Members aged 11 up to age 21. APL 21-014 stipulates that, consistent with United States Preventive Services Task Force (USPSTF) Grade A or B recommendations, AAP/Bright Futures, and the Medi-Cal Provider Manual, MCPs are required to provide SABIRT (Alcohol and Drug Screening, Assessment, Brief Intervention, and Referral to Treatment) for all Members aged 11 and older. PCPs must screen via validated screening tools. For more details, see MCUP3101 - Screening and Treatment for Substance Use Disorders.

E. Unless the Member has received a health screening visit within the periodicity schedule (Attachment A), the Member, or the Member's parent, must be informed at the time of **each** non-emergency primary care visit of the availability of services through the PCP's practice. If the Member is not seen as scheduled, the PCP's staff should contact the Member (or parent to reschedule the visit and document that they have done so. Any voluntary refusal by the Member (or parent) to visit their PCP as recommended should be documented in the medical record.

F. Diagnosis and treatment of any medical conditions identified through the periodic health screening either by the PCP or through referral to a specialist, must be initiated as soon as possible but no later than 60 days from identification. Justification for delays beyond 60 days must be entered into the Member's medical record.

G. If the PCP determines the Member has a condition making them eligible for the California Children's Services (CCS) Program, the PCP or their staff should inform the parent and initiate a referral to the county CCS office for eligibility determination. (See policies MCCP2024.)

H. Monitoring and Quality Management
   1. Timeliness and appropriateness of pediatric preventive health will be monitored annually by Healthcare Effectiveness Data and Information Set (HEDIS®) measures (including but not limited to Childhood Immunization, Adolescent Immunization, Well Child Visits in the third, fourth, fifth and sixth years of life, Adolescent Well Care Visits and Well Child Visits in the First 15 months.
   2. Partnership's Site Review team will periodically review PCPs' documentation of pediatric preventive services. (See MPQP1022.)

I. Developmental Screening
   1. Before age 3, comprehensive developmental screening must be performed at least annually in accordance with the APP/Bright Futures periodicity schedule, using one of the standardized instruments listed below.
      a. Ages and Stages Questionnaire (ASQ) - 2 months to age 5
      b. Ages and Stages Questionnaire - 3rd Edition (ASQ-3)
      c. Battelle Developmental Inventory Screening Tool (BDI-ST) - Birth to 95 months
      d. Bayley Infant Neuro-developmental Screen (BINS) - 3 months to age 2
      e. Brigance Screens-II - Birth to 90 months
      f. Child Development Inventory (CDI) - 18 months to age 6
      g. Infant Development Inventory - Birth to 18 months
      h. Parents' Evaluation of Developmental Status (PEDS) - Birth to age 8
      i. Parents' Evaluation of Developmental Status - Developmental Milestones (PEDS-DM)

j. Or a standardized tool that follows CMS criteria per APL 23-016:
   1) Developmental domains: The following domains must be included in the standardized developmental screening tool: motor, language, cognitive, and social-emotional.
   2) Established Reliability: Reliability scores of approximately 0.70 or above.
   3) Established Findings Regarding the Validity: Validity scores for the tool must be approximately 0.70 or above. Measures of validity must be conducted on a significant number of children and using an appropriate standardized developmental or social-emotional assessment instrument(s).

i. Established Sensitivity/Specificity: Sensitivity and specificity scores of approximately 0.70 or above (Reference: APL 23-016, Pg. 4)

3. Comprehensive developmental screening using one of the instruments above must be billed using the Current Procedural Terminology (CPT) code 96110 without a modifier.
4. Additional screening tests, such as focused screening for autism using the Modified Checklist for Autism in Toddlers (M-CHAT) or screening for social and emotional development using the ASQ-SE, may be performed before age 3, but must be billed using the added KX modifier: 96110.KX.
5. Developmental screening may also be performed for children over age 3, and billed with 96110 if one of the standardized instruments in section VI.I.1 is used, or 96110.KX if another standardized tool is used.
   a. Up to one 96110 without a modifier is payable per year. Additionally, up to one 96110.KX is payable per year.
6. Providers will be audited for correct use of developmental screening instruments as part of the site review process.
7. Providers must document the following:
   a. The tool that was used.
   b. That the completed screen was reviewed.
   c. The results of the screen.
   d. The interpretation of the results.
   e. Any discussions with the Member and/or family; and any appropriate actions taken.
      1) Note, this documentation must remain in the Member's medical record and be available upon request by the Member and/or Member's parent.
   f. Completion of the developmental screening with CPT code 96110 without the modifier KX.
   g. Any additional developmental screenings done when medically necessary due to risk identified on developmental surveillance are also eligible for directed payment if completed with standardized developmental screening tools and documented with CPT code 96110 without the modifier KX (Reference: APL 23-016, Pg. 4 & 5).

J. Trauma Screening – Adverse Childhood Experiences (ACEs) APL 23-017
1. PCPs may screen children annually up to age 19 for traumatic life events using the Pediatric ACEs and Related Life-events Screener (PEARLS), which includes screening for several social determinants of health.
   a. Coding results of screening will depend on the result of the screening. Codes will not be reported for non-qualifying ACE screening services or other services. Providers must calculate the Member's ACE screening score using the questions on the 10 original categories of ACE.
      1) G9919: Screening performed and positive and provisions of recommendations (4 and greater)
      2) G9920: Screening performed and negative (0 to 3)
2. DHCS develops recommendations for stratifying the risk, based on the screening, and tailoring interventions to this risk stratification. These recommendations are based on consensus of experts

and have not yet been studied systematically. DHCS maintains provider resources for administering trauma screenings and provision of trauma informed care. More information is available on the DHCS website. See also ACESaware.org.

3. Providers must document the following in the Member's medical record and be available upon request by the Member and/or Member's parent in compliance with all relevant state and federal privacy requirements:
   - The tool that was used.
   - The completed screen was reviewed.
   - Results of the screen.
   - The interpretation of results.
   - What was discussed with the Member and/or parent.
   - Any appropriate actions that were taken.
   - (References: APL 23-017, Page 7-8)
4. Provider attestation of completion of DHCS-approved training (accessible through the ACESaware.org website) by individual clinicians performing the screening is required for payment for billing of trauma screening services.
5 Auditing: Use of an approved ACE Screening Tool will be audited Partnership through the site review process.

K. Blood Lead Level (BLL) Testing

1. DHCS APL 20-016 requires that during each well-child visit, providers shall ensure the provision of oral or written anticipatory guidance to the parent of children between six months and six years of age that, at a minimum, includes:
   a. Information that children can be harmed by exposure to lead, especially deteriorating or disturbed lead-based paint and the dust from it, and are particularly at risk of lead poisoning.
2. As per state and federal law, California Department of Public Health's Childhood Lead Poisoning Prevention Branch (CLPPB) guidance and Centers for Disease Control and Prevention (CDC) recommendations, , all children should be should be tested and as applicable, treated for elevated blood lead levels (BLL) at intervals as follows:
   a. Ages 12 and 24 months;
   b. For children up to 72 months in age:
      1) Upon identification of missing/undocumented screening;
      2) Upon change in circumstance that may put the child at risk; or
      3) As requested by parent/guardian; and/or
      4) Post-arrival screening of refugees consistent with CLPPB guidance
   c. If parent refuses BLL testing, they must sign a refusal form, which the provider will document in the Member's medical record. (See Attachment C.)
   d. If a parent, guardian or legal representative refuses to sign the refusal form, the provider must note this refusal and reason in the Member's medical record.
3. Communication to Providers
   a. Effective January 1, 2021, MCPs must identify, at least quarterly and report to respective network providers, all Members under the age of 6 years who do not have a recorded BLL test result.
      1) This list will be shared with the PCP site, which is expected to conduct outreach to arrange for BLL test.
   b. Partnership will train providers and laboratories as appropriate, regarding Partnership testing requirements and related claims procedures. This includes use of correct billing codes, claims forms, and reporting to Partnership and to the CLPPB as required.
5. Record Retention and Reporting
   a. Data, documentation, and information related to the processes described under this policy shall

be maintained in compliance with Partnership policy CMP-30.

6. Claims and Validation
   a. Claims shall be submitted to Partnership using appropriate and current claims forms/format (CMS-1500/UB-04 claim forms, or their electronic equivalents (837-P/837-I)).
   b. Consistent with DHCS APLs 14-019 and 17-005 and the current DHCS Companion Guide for X12 Standard File Format, capitated encounters shall be validated, by Partnership, for completeness, accuracy, reasonableness, and timeliness when making payment and/or submission to DHCS.

VII. REFERENCES:

A. CalAIM Population Health Management Policy Guide, (May 2024)
B. American Academy of Pediatrics (AAP)Recommendations for Preventive Pediatric Health Care Bright Futures/AAP (updated June 2024)
C. AAP. Bright Futures Guidelines and Pocket Guide, 4th Edition. (April 26, 2022)
D. United State Preventive Services Task Force (USPSTF) A & B Recommendations
E. Centers for Disease Control and Prevention (CDC). 2024 Immunization Schedules (Aug. 9, 2024)
F. American Academy of Family Physicians (AAFP) Birth through Age 18 Immunization Schedule (June 27, 2024)
G. Advisory Committee on Immunization Practices (ACIP) Child and Adolescent Immunization Schedule by Age (June 27, 2024)
B. Department of Health Care Services (DHCS) All Plan Letter (APL) 24-008 Immunization Requirements (June 21, 2024 supersedes APL 18-004)
C. AAP publications on Health Supervision for Children with (disease/genetic condition) https://www.aappublications.org/search/policy/%20subject_collection_code%3A100 (Search should be done under the Policy tab)
D. DHCS APL 23-017 Directed Payments for Adverse Childhood Experiences Screening Services (June 13, 2023 supersedes APL 19-018)
E. DHCS APL 23-016 Directed Payments for Developmental Screening Services (June 9, 2023 supersedes APL 19-016)
F. DHCS APL 22-030 Initial Health Appointment (Dec. 27, 2022 supersedes APL 13-017)
G. DHCS APL 21-014 Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (Oct. 11, 2021 supersedes APL 18-014)
H. DHCS APL 20-016 *Revised:* Blood Lead Screening of Young Children (Nov. 2, 2020 supersedes APL 18-017)
I. DHCS APL 17-005 Reminder Regarding Requirement to Submit Specialty Referrals Report (July 28, 2017)
J. DHCS APL 14-019 Encounter Data Submission Requirements (Dec. 19, 2014 supersedes APL 13-006)
K. DHCS Child Health and Disability Prevention Program (CHDP) Transition Plan (March 2024)
L. Title 17 CCR section 37100
M. California Assembly Bill 1797 Immunization Registry (March 27, 2022)
N. CHDP Provider Notice 23-04 Child Health and Disability Prevention Program Activities in Fiscal Year 2023-2024 (Dec. 13, 2023)

VII. DISTRIBUTION:

A. Partnership Department Directors

B. Partnership Provider Manual

VIII. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Medical Officer (CMO)

IX: REVISION DATES:

Medi-Cal

10/13/95; 10/10/97 (name change only); 03/11/98; 5/17/00; 02/20/02; 10/30/02 vs. 10/16/02; 10/20/04; 04/20/05; 10/19/05; 06/21/06; 09/19/07; 03/18/09; 02/17/10; 03/16/11; 10/17/12; 10/16/13; 11/19/14; 11/18/15; 10/19/16; 09/20/17; *06/13/18; 06/12/19; 02/12/20; 02/10/21; 05/12/21; 02/09/22; 03/08/23; 06/12/24; 01/08/25

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee (Q/UAC) meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee (PAC) meeting date.

PREVIOUSLY APPLIED TO:

PartnershipAdvantage:

MPQG1015 - 09/19/2007 to 10/16/2013

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.