



CHILDREN FIRST MEDICAL GROUP,
INC.

NEWSFLASH



~Newsflash~

April 24, 2025

Children First Medical Group, Inc. Change for Claims Submission Date

Effective August 1, 2025, Children First Medical Group, Inc. (CFMG) will change to a **90-day claims submission date from the date of service**. This was approved by the CFMG Board in April. *For example, if you submit a claim on August 1, 2025, the date of service should not be for claims with dates of service before May 1, 2025.*

Utilization Management/Prior Authorizations Reminder

A friendly reminder, please send prior authorization requests preferably by **secure email**, to **CFMGUM@ucsf.edu** or by **FAX (510) 450-5868**.

If you are sending prior authorizations by secure email, please do not fax it as well to avoid duplications. Please allow five business days for routine requests and do not mark a request ***Urgent*** unless it is medically urgent.

You can reach Utilization Management by phone at **(510) 428-3489**, a **secure line** or by **secure email at CFMGUM@ucsf.edu**. Please leave all details on the voice mail so we can research your request.

CFMG will not accept **retroactive authorizations for more than ninety calendar days**. If your claim is denied, please submit through the claims appeal process.

Fraud, Waste and Abuse Attestations due in May 2025

We will be sending you the Annual Fraud, Waste and Abuse attestations by DocuSign in April which are due May 16, 2025. If you have any questions, email Claudia De Leon Gabaldon at claudia.deleongabaldon@ucsf.edu

Demographic Changes – Please Notify CFMG

Please send practice updates to either Claudia De Leon Gabaldon at claudia.deleongabaldon@ucsf.edu or Sharon Wright at Sharon.wright@ucsf.edu. *If you are planning to retire or resigning, the CFMG contract requires a 90-day notice. It is important we keep your billing information up to date.*



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Lead Screening – HEDIS

Lead screening is a HEDIS measure. **The HEDIS measure specifies to have one or more capillary or venous lead blood tests for lead poisoning on or before the second birthday**, using CPT code 83655. Please review your Cozeva report to check who is due for a lead screening by the second birthday.

The Department of Health Care Services (DHCS) in their All-Plan Letter 20-016 recommends blood lead screening tests at 12 months and 24 months. The HEDIS measures specifies one test be performed by the second birthday.

Please use your monthly Cozeva report to identify which children still need a lead screening before they turn two years old.

Initial Health Appointment (IHA)

The IHA is part of the Pay for Performance Measures in 2025. Our primary care physician offices will receive a list of AAH members by the fifteenth each month for newly enrolled members. The IHA should **be completed within 120 calendar days** of enrollment. We have added a column in the report to track your calls and follow-up. **There should be two attempts made to schedule an appointment.** Please keep the reports and documentation in case the Alliance asks about it for their audits.

The IHA must include a history of the member's physical and mental health, identification of risks, assessment of need for preventative screens, health education and diagnosis and plan for treatment of any diseases. If you have any questions about the IHA report, please email: Claudia.deleongabaldon@ucsf.edu or call her at (510) 428-3443.

HEDIS 2025

Attached to this document are all the HEDIS measure for 2025. Here is the link to our CFMG website with the 2025 Pay for Performance Program.

https://childrenfirstmedicalgroup.com/wp-content/uploads/AAH_P4P_2025-P4P_QuickRefGuide_202412.pdf

If you have any questions, please call Sharon Wright at (510) 428-3492 or email me at Sharon.wright@ucsf.edu

Thank you for taking care of the children!

2025 P4P PROGRAM QUICK REFERENCE GUIDE FOR BILLING STAFF (FOR CFMG)

MEASURE TYPE	MEASURE	DESCRIPTION	DOCUMENTATION
Clinical Quality Measure	Childhood Immunizations: Combo 10	<p>Children who turned two (2) during the measurement year and received the following immunizations by their 2nd birthday:</p> <ul style="list-style-type: none"> • Four (4) DTaP (Diphtheria, Tetanus, Acellular Pertussis) • Three (3) IPV (Polio) • One (1) MMR (Measles, Mumps, Rubella) or history of Measles, Mumps, and, Rubella • Three (3) HiB (H Influenza Type B) • Three (3) HepB (Hepatitis B) • One (1) VZV (Varicella) or History of Chicken Pox • Four (4) PCV (Pneumococcal Conjugate) • One (1) HepA (Hepatitis A) • RV (Rotavirus): 2-dose or 3-dose schedule • Two (2) Influenza - One (1) of the two (2) can be an LAIV vaccination administered on their 2nd birthday 	<p>DTaP CPT: 90697, 90698, 90700, 90723 IPV CPT: 90697, 90698, 90713, 90723 MMR CPT: 90707, 90710 History of Measles - ICD-10 Dx: B05.0 – B05.4, B05.81, B05.89, B05.9 History of Mumps - ICD-10 Dx: B26.0 – B26.3, B26.81 – B26.85, B26.89, B26.9 History of Rubella - ICD-10 Dx: B06.00- B06.02, B06.09, B06.81, B06.82, B06.89, B06.9 HiB CPT: 90644, 90647, 90648, 90697, 90698, 90748 HepB CPT: 90697, 90723, 90740, 90744, 90747, 90748 History of HepB - ICD-10 Dx: B16.0-B16.2, B16.9, B17.0, B18.0, B18.1, B19.10, B19.11 VZV CPT: 90710, 90716 History of Chicken Pox - ICD-10 Dx: B01.0, B01.11, B01.12, B01.2, B01.81, B01.89, B01.9, B02.0, B02.1, B02.21-B02.24, B02.29, B02.30-B02.34, B02.39, B02.7, B02.8, B02.9 PCV CPT: 90670 HepA CPT: 90633 History of HepA - ICD-10 Dx: B15.0, B15.9 RV CPT: 90681 (2-dose schedule), 90680 (3-dose schedule) Influenza CPT: 90756, 90674, 90689, 90687, 90688, 90685, 90686, 90657, 90655, 90673, 90672, 90660 Influenza LAIV CPT: 90660, 90672</p>
Clinical Quality Measure	Immunizations for Adolescents: Combo 2	<p>Adolescents who turned 13 years of age during the measurement year and received the following immunizations by their 13th birthday:</p> <ul style="list-style-type: none"> • One (1) Meningococcal Serogroups A, C, W, Y • One (1) Tdap (Tetanus, Diphtheria, Acellular Pertussis) • Two (2) HPV at least 146 days apart or three (3) HPV between their 9th and 13th birthday 	<p>Meningococcal CPT: 90619, 90733, 90734, 90623 Tdap CPT: 90715 HPV CPT: 90649, 90650, 90651</p>
Clinical Quality Measure	Well-Child Visits in the First 15 Months of Life: Six (6) or More Visits	<p>Children who turned 15 months old during the measurement year and had six (6) or more well-child visits with a PCP during their first 15 months of life.</p>	<p>CPT: 99461, 99385, 99384, 99382, 99381, 99383, 99395, 99394, 99392, 99391, 99393 Or ICD-10 Dx: Z00.110, Z00.111, Z00.121, Z00.129, Z00.2, Z76.1, Z76.2, Z02.84</p>
Clinical Quality Measure	Well-Child Visits for Age 15 Months to 30 Months: Two (2) or More Visits	<p>Children who turned 30 months old during the measurement year and had two (2) or more well-child visits with a PCP between their 15-month birthday plus one (1) day and their 30-month birthday.</p>	<p>CPT: 99461, 99385, 99384, 99382, 99381, 99383, 99395, 99394, 99392, 99391, 99393 Or ICD-10 Dx: Z00.121, Z00.129, Z00.2, Z76.1, Z76.2</p>

2025 P4P PROGRAM QUICK REFERENCE GUIDE FOR BILLING STAFF (FOR CFMG)

MEASURE TYPE	MEASURE	DESCRIPTION	DOCUMENTATION
Clinical Quality Measure	Child and Adolescent Well-Care Visits	Members 3-21 years of age who had one (1) or more well-care visits with a PCP or OB/GYN during the measurement year.	CPT: 99382-99385, 99392-99395 Or ICD-10 Dx: Z00.00, Z00.01, Z00.121, Z00.129, Z00.2, Z00.3, Z02.5, Z76.2
Clinical Quality Measure	Lead Screening in Children	Children two (2) years of age who had one (1) or more capillary or venous lead blood tests for lead poisoning by their 2nd birthday.	CPT: 83655 Or LOINC: Codes submitted by lab
Clinical Quality Measure	Developmental Screening in the First Three (3) Years of Life	Children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday in the measurement year.	CPT: 96110
Other Measure	Initial Health Appointment	New or reenrolled members who had a visit or two documented outreach attempts within 120 days of provider assignment.	Behavioral Health CPT Code: 96156 OB/GYN CPT Codes: 59400, 59425, 59426, 59430, 59510, 59610, 59618 OB/GYN Z Codes: Z1000, Z1008, Z1020, Z1032, Z1034, Z1036, Z1038 PCP CPT Codes: 99202-99205, 99461, 99211-99215, 99381-99387, 99391-99397 PCP Z Codes: Z1000, Z1008, Z1020, Z1032, Z1034, Z1036, Z1038, Z1016, Z00.01, Z00.110, Z00.111, Z00.8, Z02.1, Z02.3, Z02.5 We will accept telehealth visits with a Place of Service Code 02 or Modifier 95. To submit evidence of two outreach attempts or a completed IHA within the last 12 months use CPT code 99080 with ICD-10:Z76.89
Monitoring Measure	Avoidable Emergency Department (ED) visits per 1000	Members who had avoidable ED visits during the measurement year, using the John Hopkins ACG criteria for either “Emergent, primary care treatable” or “Non-emergent” visits.	Codes submitted by hospital.
Monitoring Measure	Depression Screening and Follow-Up for Adolescents and Adults	Members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care during the measurement year. <ul style="list-style-type: none"> Depression Screening – The percentage of members who were screened for clinical depression using a standardized instrument. Follow-up on Positive Screening – The percentage of members who received follow-up care within 30 days of a positive depression screening. 	Billing Codes for Numerator 2: <ul style="list-style-type: none"> CPT Codes for Follow-up Visit: 98960-98968, 99078, 99201-99205, 99211-99215, 99217-99220, 99241-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99441-99483 F32.89, F32.9, F33.0–F33.3, F33.42, F33.9, F43.21, F43.23

2025 P4P PROGRAM QUICK REFERENCE GUIDE FOR BILLING STAFF (FOR CFMG)

MEASURE TYPE	MEASURE	DESCRIPTION	DOCUMENTATION
Monitoring Measure	Non-Utilizers	Assigned members that did not receive services in the last 12 months but visited a PCP during the measurement year.	CPT: 99201-99499 , if covered Medi-Cal code <ul style="list-style-type: none"> Visit must be in an outpatient setting – e.g., Office POS 11, FQHC POS 50. Visit must be with a provider that is contracted as a PCP or mid-level.
Monitoring Measure	Topical Fluoride for Children	Children ages 1-20 who received at least two (2) topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services during the measurement year.	CPT Code for 1-5 years of age: 99188

If you have any questions, please call:

Alliance Provider Services Department

Monday – Friday, 7:30 am – 5 pm

Phone Number: **1.510.747.4510**

www.alamedaalliance.org



ANALYTICS_PRVDR_P4P MY 2025_QUICK REF
GUIDE_BILLING STAFF (CFMG) 12/2024