

Suggested Clinical Workflows for Screening



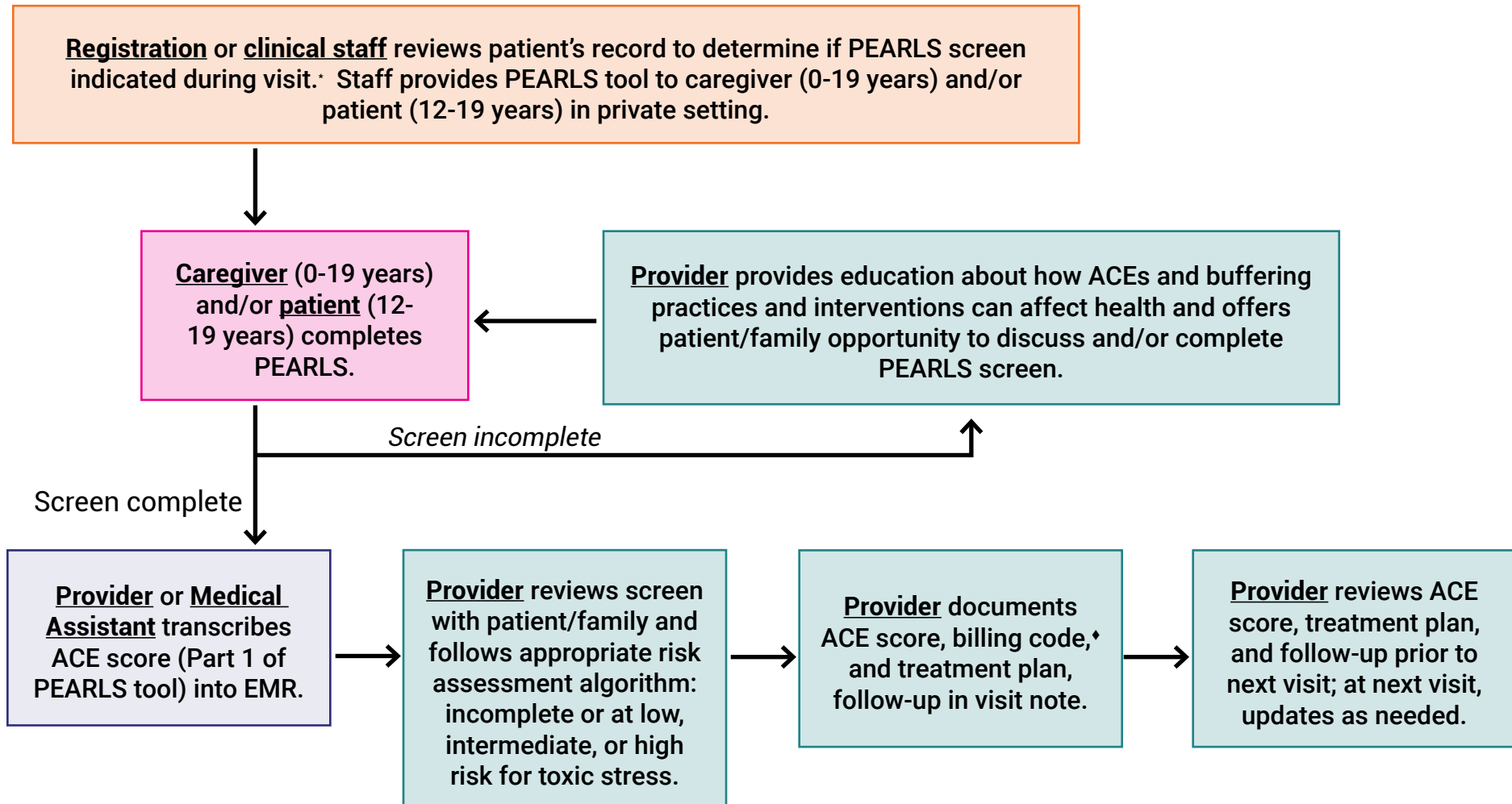
This fact sheet provides suggested workflows for implementing ACE screening and explains how to calculate the ACE score.

At the beginning of an appointment, the age-appropriate screening tool should be given directly to adult patients, caregivers for children and adolescents, and adolescent patients for completion in a private setting when possible.

The Clinical Advisory Committee and the Office of the California Surgeon General have developed the following suggested workflows for incorporating ACE screening and response into clinical care, adapted for pediatric and adult practices.

These [ACE Screening Clinical Workflows](#) can also be found as part of the ACE Screening Workflows, Risk Assessment and Treatment Algorithms, and ACE-Associated Health Conditions at [ACEsAware.org/assessment-and-treatment](https://acesaware.org/assessment-and-treatment).

Pediatric ACE Screening Clinical Workflow



*PEARLS is recommended to be completed once per year.

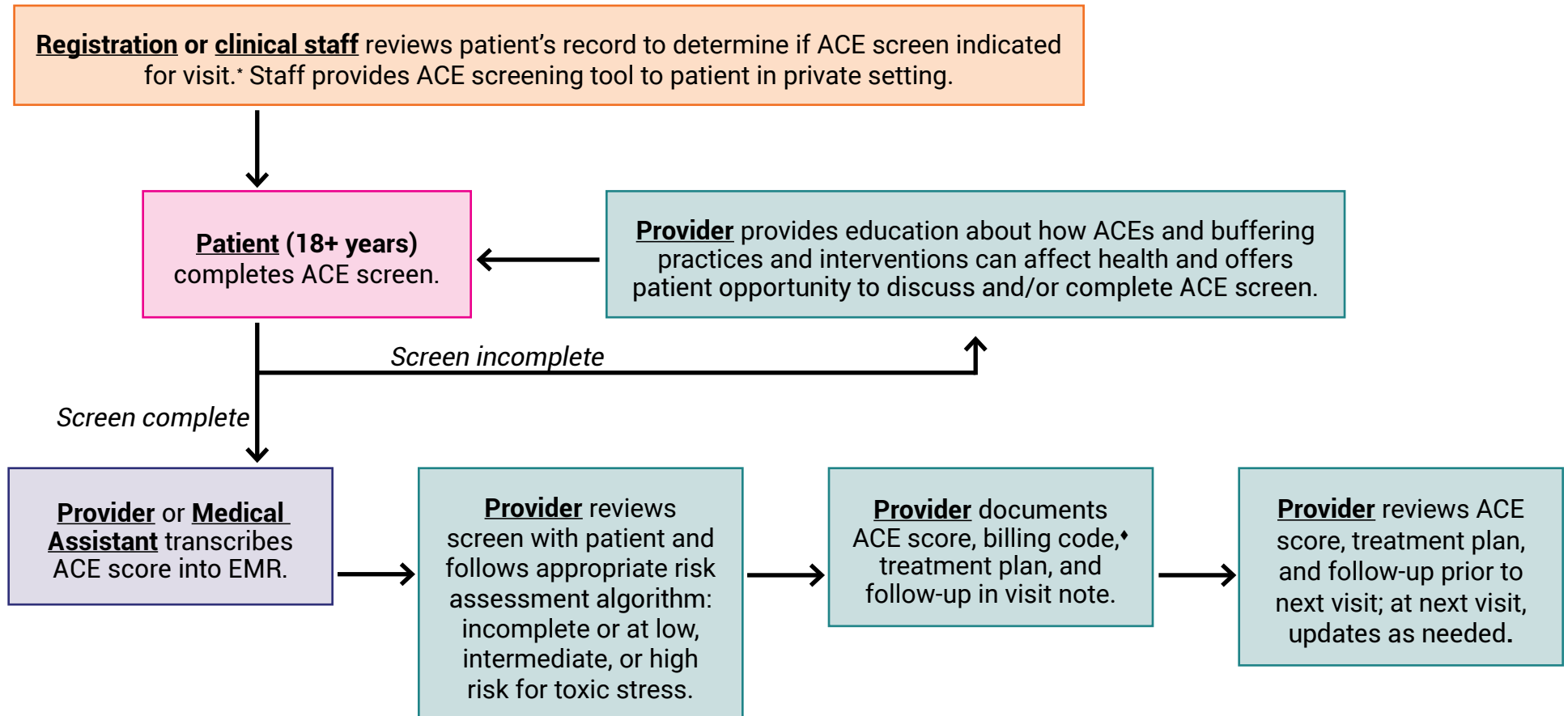
♦Healthcare Common Procedure System (HCPCS) billing codes for ACE scores:

G9919: ACE score ≥ 4 , high risk for toxic stress

G9920: ACE score of 0 – 3, lower risk for toxic stress. For purposes of coding, scores of 1-3 with ACE-Associated Health Conditions should be coded as G9920, even though patient falls into the high-risk category of the clinical algorithm.

***PEARLS to be completed once per year, and no less often than every 3 years

Adult ACE Screening Clinical Workflow



*ACE tool is recommended to be completed once per adult, per lifetime.

†Healthcare Common Procedure System (HCPCS) billing codes for ACE scores:

G9919: ACE score ≥ 4 , at high risk for toxic stress.

G9920: ACE score of 0 – 3, at lower risk for toxic stress (on algorithm, at either low or intermediate risk).

ACE Score Calculation

The ACE score refers to the total reported exposure to the 10 ACE categories indicated in Part 1 of the PEARLS and in the ACE Questionnaire for Adults. ACE scores range from 0 to 10.

The ACE score refers to the total number of ACE categories experienced, not the severity or frequency of any one category. The higher a patient's ACE score, the greater the risk for ACE-Associated Health Condition(s). Each patient's individual health outcomes will be based on a combination of cumulative adversity (including ACEs and other stressors), protective factors, and differential biological susceptibility. Therefore, ACE screening should be used in a probabilistic, not a deterministic, manner to alert providers to which patients are at a greater health risk based on population-level data.

If the ACE score is different on the adolescent self-report than the caregiver report, the higher of the two ACE scores should be used for treatment and billing.

Providers bill Medi-Cal using Healthcare Common Procedure Coding System (HCPCS) codes based on the results of the screening. For information on Medi-Cal billing codes, see the "[Medi-Cal Certification and Payment](#)" fact sheet at [ACEsAware.org/toolkit/certification-and-payment](https://www.acesaware.org/toolkit/certification-and-payment).

For information on the clinical response to ACEs and toxic stress, visit the "[Clinical Response to Adverse Childhood Experiences and Toxic Stress](#)" fact sheet at [ACEsAware.org/toolkit/clinical-response](https://www.acesaware.org/toolkit/clinical-response).



Visit [ACEsAware.org](https://www.acesaware.org) and join us as we launch a movement — led by the Office of the California Surgeon General and the California Department of Health Care Services — to ensure everyone is ACEs Aware.