DC Medicaid HealthCheck Periodicity Schedule

Based on Recommendations from Preventive Pediatric Health Care
from Bright Futures/American Academy of Pediatrics

The DC HealthCheck Periodicity Schedule follows the American Academy of Pediatrics (AAP) health recommendations in consultation with the local medical community. The recommendations are for the care of children who have no manifestation of any important health problems. Additional visits or interperiodic screens may become necessary if circumstances suggest the need for more screens, i.e., medical conditions, referral by parent, Head Start, DC Public Schools, early intervention services and programs. If a child comes under care for the first time at any point on the schedule, or if any items are not done at the suggested age, the schedule should then be brought up to date as soon as possible.

	CPT CODE	INFANCY								EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLSECENCE										
AGE[1]		PRENATAL[2]	NEWBORN[3]	3-5 d[4]	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY Initial/Interval	99381-5; or 99391-5	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
PHYSICAL EXAMINATION[5]			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS																																	
Length/Height and Weight			•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference			•	•	•	•	•	•	•	•	•	•	•																				
Weight for Length			•	•	•	•	•	•	•	•	•	•																					
Body Mass Index													•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure[6]			★	★	★	★	★	★	★	★	★	★	★	★	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
ANTICIPATORY GUIDANCE[7]		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
ORAL HEALTH[8]																																	
Oral Health Assessment	D0191							★	•	•[8]	•[8]	•[8]	•[8]	•[8]	•[9]	•[9]	•[9]	•[9]															
Fluoride Varnish	D1206							★	★	★	•	•	•	•																			
SENSORY SCREENING																																	
Vision	99173, 99174		★	★	★	★	★	★	★	★	★	★	★	★	•[10]	•	•	•	★	•	★	•	★	•	★	★	•	★	★	•	★	★	★
Hearing	92551, 92587		•[11]	★	★	★	★	★	★	★	★	★	★	★	★	•	•	•	★	•	★	•	★	★	★	★	★	★	★	★	★	★	★
DEVELOPMENTAL/BEHAVIORAL SCREENING[12]																																	
Developmental Surveillance[13]	Included as part of History		•	•	•	•	•	•		•	•		•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Developmental Screening14	96110								•			•		•																			
Autism Screening[15]	96110											•	•																				
Psychosocial/Behavioral Surveillance[13]	Included as part of History		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Psychosocial/Behavioral Screening[14]	96110		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Alcohol and Drug Use Assessment	99420																						★	★	★	★	★	★	★	★	★	★	★
PROCEDURES[16]																																	
Immunization[17]	90460-1; 90471-4		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Newborn Metabolic/Hemoglobin Screening[18]	Bill as applicable depending on provider capacity		←	•	→																												
Lead Screening[19]								★	★	•or★[20]		★	•or★[20]		★	★	★	★															
Hematocrit or Hemoglobin[21]							★			•		★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia Screening[22]													★			★		★		★		★	★	★	★	★	★	★	★	←	•	→	
Tuberculin Test[23]					★			★		★		★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Cervical Dysplasia Screening[24]																							★	★	★	★	★	★	★	★	★	★	★
STI Screening[25]	Include all applicable CPT codes																						★	★	★	★	★	★	★	★	★	★	★

Key

• = to be performed
★ = risk assessment to be performed, with appropriate action to follow, if positive
← • → = range during which a service may be provided, with the symbol indicating the preferred age

For additional resources, including provider training that fulfills obligations for all DC Managed Care Organizations, please see the HealthCheck Provider Education System ***http://www.dchealthcheck.net***

NOTES

1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding per AAP statement "The Prenatal Visit" (2001). http://pediatrics.aappublications.org/content/124/4/1227.full
3. Every infant should have a newborn evaluation after birth, breastfeeding encouraged, and instruction and support offered.
4. Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital, to include evaluation for feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, encouragement, and instruction as recommended in AAP statement "Breastfeeding and the Use of Human Milk" (2005) http://aappolicy.aappublications.org/cgi/content/full/pediatrics;115/2/496. For newborns discharged in less than 48 hours after delivery, the infant must be examined within 48 hours of discharge per AAP statement "Hospital Stay for Healthy Term Newborns" (2004) http://aappolicy.aappublications.org/cgi/content/full/pediatrics;113/5/1434
5. At each visit, age-appropriate physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.
6. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
7. Refer to the specific guidance by age as listed in Bright Futures Guidelines. (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents.* 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008).
8. Oral Health Services by the primary care provider include oral health assessments, fluoride varnish applications, and referral to a Dental Home. An oral health assessment is a required component of a preventive health visit to a primary care provider for children prior to the establishment of a Dental Home. The application of fluoride varnish has been proven to reduce the risk of early childhood caries. Fluoride varnish should be applied to teeth in a primary care setting by trained primary care providers from the eruption of the first tooth up to age three (3) years, unless the primary care provider can ascertain that the child has an established Dental Home, which has provided treatment to the child on at least one occasion. Fluoride varnish should be applied 2 times per year and up to 4 times per year, depending on patient risk for caries. The District of Columbia Medicaid program now reimburses trained primary care providers for fluoride varnish applications for children up to three years of age. Fluoride varnish training for primary care providers is available. For more information regarding reimbursement of fluoride varnish and training opportunities, refer to [website]. If the primary care provider is not trained to provide fluoride varnish, the primary care provider should refer the child to a dentist to obtain fluoride varnish. Children should be referred to a Dental Home beginning within six (6) months of the eruption of the first tooth and should have an established dental home by no later than age three (3) years. A Dental Home is where all aspects of a child's oral health care is delivered in a comprehensive, continuously accessible, and coordinated way by a single dental practice. For assistance in locating a dentist or scheduling a dental appointment, refer caregivers to the DC Dental HelpLine at 1-866-758-6807. For billing codes and additional guidelines, refer to www.dchealthcheck.net
9. At the visits for 3 years through 6 years of age, it should be determined whether the patient has a dental home. If the patient does not have a dental home, a referral should be made to one. If the primary water source is deficient in fluoride, consider oral fluoride supplementation.
10. If the patient is uncooperative, rescreen within 6 months per the AAP statement "Eye Examination in Infants, Children, and Young Adults by Pediatricians" (2007) http://aappolicy.aappublications.org/cgi/content/full/pediatrics; 111/4/902.
11. All newborns should be screened per AAP statement "Year 2000 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (2000) http://aappolicy.aappublications.org/cgi/content/full/pediatrics;106/4/798. Joint Committee on Infant Hearing. Year 2007 position statement: principles and guidelines for early hearing detection and intervention programs. *Pediatrics.* 2007; 120:898-921.
12. A current list of recommended validated screening tools is available at www.dchealthcheck.net (this list is likely to change/grow/develop as more validated tools for primary care become available and /or have more evidence)
13. Developmental and/or psychosocial behavioral surveillance is part of the preventive care visit and is a flexible, longitudinal, continuous, and cumulative process whereby knowledgeable health care professionals identify children who may have developmental or behavioral health problems.
14. To bill for a developmental or behavioral health screening using a structured validated tool as a part of the preventive care visit, use modifier 25 on the preventive care visit code and add 96110 to the claim. If multiple screening tools are used during one visit, bill for the appropriate number of units for 96110. On 96110, use ICD-9 diagnosis codes V79.3, V79.8, or V79.9 as appropriate.
15. Gupta VB, Hyman SL, Johnson CP, et al. Identifying children with autism early? *Pediatrics.* 2007; 119: 152-153. See also CMS Guidance: http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-07-07-14.pdf
16. These may be modified, depending on entry point into schedule and individual need.
17. See Schedules per the Committee on Infectious Diseases, published annually in the January issues of *Pediatrics.* Every visit should be an opportunity to update and complete a child's immunizations.
18. District of Columbia law requires all newborns to have a blood test for all conditions defined in the District of Columbia Newborn Screening Act. For a full list of conditions that should be tested for go to: http://www.ncbi.nlm.nih.gov/books/NBK132148/ Results should be reviewed at visits and appropriate retesting or referral done as needed.
19. For children at risk of lead exposure, consult the AAP statement "Lead Exposure in Children: Prevention, Detection, and Management" (2005) http://ssppolicy.aappublications.org/cgi/content/full/pediatrics;116/4/1036. For specific information on District law, see : http://dhcf.dc.gov/sites/default/files/dc/sites/dhcf/publication/attachments/Transmittal%2012-33.pdf
20. Perform risk assessments or screens as appropriate, based on universal screening requirements for patients with Medicaid or high prevalence areas. See the AAP *Pediatric Nutrition Handbook,* 5th Edition (2003) for a discussion of universal and selective screening options. See also Recommendations to prevent and control iron deficiency in the United States. *MMWR.* 1998;47(RR-3):1-36.
21. "Third Report on the National Cholesterol Education Program (NCEP) Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) Final Report" (2002) http://circ.ahajournals.org/cgi/content/full/106/25/3143 and "The Expert Committee Recommendations on the Assessment, Prevention, and Treatment of Child and Adolescent Overweight and Obesity." Supplement to *Pediatrics.* (2007).
22. Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of *Red Book: Report of the Committee on Infectious Diseases.* Testing should be done on recognition of high-risk factors.
23. All sexually active girls should have screening for cervical dysplasia as part of a pelvic examination beginning within 3 years of onset of sexual activity or age 21 (whichever comes first).
24. All sexually active patients should be screened for sexually transmitted infections (STIs).