Healthchek Program
Paramount Advantage
Reviewed October 2016

“Healthchek” is Ohio’s early and periodic screening, diagnosis, and treatment (EPSDT) program. EPSDT is federally mandated health services for Medicaid-eligible persons from birth through twenty years of age. EPSDT is designated to maintain health by providing early intervention to discover and treat health problems and includes a range of medically necessary screenings, diagnosis and treatment services.

The scope of services provided depends on the individual’s age, gender, family medical history, ethnic background, or findings of the Healthchek (EPSDT) screening or other covered medical service, as specified in Chapter 5160-14 (formerly 5101:3-14) of the Administrative Code.

Healthchek screening services are composed of the components described in rule 5160-14-03 (formerly 5101:3-14-03) of the Administrative Code; and Healthchek diagnosis and treatment services, defined as medically necessary in accordance with rule 5160-1-01 (formerly 5101:3-1-01) of the Administrative Code, are composed of the components described in rule 5160-14-05 (formerly 5101:3-14-05) of the Administrative Code.

Definitions:
(1) For the purposes of Chapter 5160-14 (formerly 5101:3-14) of the Administrative Code, “screening” is defined as the identification of individuals at risk of health problems. Results of a screening do not represent a diagnosis, but rather, indicate need for referral to an appropriate resource for additional evaluation, diagnosis, treatment, or other follow-up when concerns or questions remain as a result of the screening.

HEALTHCHEK Screening Service Frequencies
Screening components of the Healthchek (EPSDT) visit shall be provided to individuals at ages and at frequencies as indicated by the most recent version of the document “Recommendations for Preventive Pediatric Health Care” published by Bright Futures/American Academy of Pediatrics (www.aap.org). To assure members receive the appropriate number of well-visits, encounters are monitored by the Ohio Department of Medicaid (ODM) and Paramount Advantage.

- Eight exams from newborn through 12 months;
- Exams at 15 months, 18 months, 24 months, 30 months and;
- One screen per year from ages 3 through age 20.
Healthcheck Screening Services

This rule describes the screening components that the Healthcheck (EPSDT) provider shall complete and document as part of initial and periodic Healthcheck (EPSDT) screening visits, unless the individual, or the individual’s parent or guardian, refuses the components. The provider shall document such a refusal.

(A) Comprehensive Health and Development History

(1) A “comprehensive health and development history” is a profile of the individual’s medical history and includes a review of both physical and mental health development. The provider shall obtain the individual’s medical history from the individual (if age-appropriate), the individual’s parent, or a responsible adult who is familiar with the individual’s history.

(2) The provider shall obtain or update the comprehensive health and developmental history at each initial and periodic Healthcheck (EPSDT) screening visit. The comprehensive health and developmental history shall include at a minimum:
   (a) Current complaints/concerns;
   (b) The individual’s and family’s history of illnesses, diseases and allergies;
   (c) Current medications and adverse effects to medications;
   (d) The individual’s social or physical environment that may affect the individual’s overall health; and
   (e) For adolescents, the individual’s sexual activity and contraceptive methods.

(B) Comprehensive Unclothed Physical Examination

The provider shall perform a comprehensive unclothed physical examination during each initial and periodic screening visit. The examination shall include at a minimum:

(1) Measurements of height and weight, including comparisons of age-appropriate percentiles;
(2) Annual BMI percentile, calculated based on standing height and weight, documented on a body mass index-for-age/sex growth chart for children ages 3–20 (For ages 16-20, documentation of a BMI value calculated as kg/m² is acceptable (HEDIS requirement);
(3) Blood pressure as age-appropriate;
(4) Head circumference, including percentiles, as age-appropriate;
(5) Examination of head, ears, eyes, nose, and throat; respiratory, cardiovascular, gastrointestinal, reproductive, musculoskeletal and neurological systems;
(6) For age-appropriate females, a breast inspection and palpation, and instructions in breast self-examination;
(7) For age-appropriate males, testicular examination, and instructions in self-examination of the testes; and
(8) A pelvic examination may be provided for age-appropriate females as part of
the Healthcheck (EPSDT) screening visit when medically indicated.

(C) Developmental Screening (including physical and mental health development)
   (1) The provider shall perform or update the developmental screening at each initial and periodic screening visit. The developmental screening shall include an age-appropriate developmental history and a screening of the individual’s motor, speech, mental, and social development.

(D) Nutritional Screening
The provider shall perform a screening of the individual’s nutritional status as part of the basic examination component of each initial and periodic Healthcheck (EPSDT) screening visit through questions about dietary practices, measurements of height and weight (in accordance with paragraph (B) of this rule), laboratory testing (if medically indicated, in accordance with paragraphs (H) and (I) of this rule), a complete physical examination in accordance with paragraph (B) of this rule), and a dental screening (in accordance with paragraph (J) of this rule).

(E) Vision Screening
   (1) The provider shall perform a vision screening as part of each initial and periodic Healthcheck (EPSDT) screening visit using the following criteria:
      (a) Individuals ages birth to three years shall be screened by reviewing the individual’s medical history for risk factors and by performing an external (gross) observation and (internal) ophthalmoscopy.
      (b) Individual’s ages three and older are required to be screened by:
         (i) External (gross) observation and (internal) ophthalmoscopy;
         (ii) Visual acuity test (e.g., Titmus, Snellen, Lea or Tumbling E);
         (iii) Ocular muscle balance test, administered at distance and near; and,
         (iv) Stereopsis test (e.g., random dot E)
   (2) When the vision screening indicates a potential visual problem or when a parent, teacher, professional, or responsible adult suspects that the individual has a vision problem, the provider shall, without delay, make a referral for the individual to a participating ophthalmologist or an optometrist for evaluation, diagnosis and/or treatment.

(F) Hearing Screening
   (1) The provider shall perform a hearing screening during each initial and periodic Healthcheck (EPSDT) screening visit using the following criteria:
      (a) Individuals ages one to three years shall be screened by:
         (i) Reviewing the individual’s history for risk factors or symptoms indicative of hearing problems; and
         (ii) Observing the child for, and questioning the parents about, physical behaviors or speech development, that may suggest a hearing impairment.
      (b) Individual’s ages three and older shall be screened by:
(i) Using manually administered, individual pure-tone, air conduction equipment, if the provider has the equipment available; or

(ii) When pure-tone equipment is not available, providers are encouraged to refer children to another Plan provider for a pure-tone test.

(2) When the hearing screening indicates a hearing impairment or a parent, teacher, professional or other responsible adult reports that the child may have a hearing problem, the provider shall, without delay make a referral for the child to a participating Plan provider who specializes in the evaluation, diagnosis and treatment of hearing problems.

(G) Immunization Screening

(1) The provider shall perform an immunization screening as part of the basic examination component of each initial and periodic screening visit and shall include a history of past immunizations.

(2) If at the time of the screening, an immunization is needed, the provider shall provide the immunization or refer the individual for the appropriate immunization unless the immunization is medically contraindicated. If medically contraindicated, the immunization shall be rescheduled as appropriate.

(3) The provider shall use the Plan-approved Immunization Guidelines based on the CDC Guidelines, the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP).

(H) Lead Toxicity Screening

(1) The Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) require the following lead screening:

   (a) All children must receive a blood lead screening test at twelve months and twenty-four months of age;
   
   (b) Children between the ages of thirty-six months and seventy-two months of age shall receive a blood lead screening test if they have not been previously screened for lead poisoning.
   
   (c) A blood lead screening test shall be used when screening.

      (i) The test methodology used for the required blood lead screening test shall have the sensitivity to detect blood lead levels of ten micrograms per deciliter or lower.

      (ii) The Erythrocyte Protoporphyrin test does not meet this standard, and is not acceptable as a blood lead screening test. The Erythrocyte Protoporphyrin test may be used to diagnose other conditions such as iron deficiency.

   (d) Children of any age may be screened

(I) Laboratory Tests
(1) Based on the individual’s medical and nutritional history, age, physical
condition, ethnic background and home environment, the primary health
care provider shall determine and order the appropriate laboratory
procedures.

(2) These laboratory procedures shall include, but are not limited to, the
following:
   (a) **Blood lead screening test:**
       In accordance with paragraph (H) of this rule.
   (b) **Hemoglobin and/or Hematocrit:**
       Anemia is a common abnormality condition reported during the
Healthcheck (EPSDT) screening visit. At a minimum, a hematocrit
and/or hemoglobin is recommended on all premature and low birth
weight infants during the first six months of life. If medical indications
are noted in the physical examination, a test for anemia may be
performed at any age. Such medical indications include a history of
inadequate iron in the diet, a history of blood loss, family history of
anemia, or pallor.
   (c) **Sickle Cell Test:**
       It is recommended that a test for sickle cell and/or other
hemoglobinopathies be performed at least once on all children of
African-American, Greek, Italian, Arabian, Egyptian, Turkish or
Asiatic Indian descent. If it cannot be determined that a child has
been tested previously, a test for the sickle cell or other
hemoglobinopathies should be performed.
   (d) **Pap Smears and Tests for Sexually Transmitted Infections:**
       Pap smears are recommended for all adolescent females age
eighteen or older. Sexually active adolescents should be tested
regardless of age. Individuals shall be informed about all tests
performed, given results of each test and provided health education
regarding sexually transmitted infections in accordance with
paragraph (K) of this rule
   (e) **Tuberculin Test:**
       (i) A tuberculin test shall be performed on all individuals who
           (a) Are suspected of having a mycobacterial infection;
           (b) Have a known history or exposure to active tuberculosis
               (TB);
           (c) Are immigrants from high prevalence areas of TB;
           (d) Are from areas of high endemic rates of TB; or
           (e) Are members of families or social groups with an
               increased incidence of the disease.
       (ii) If an individual does not meet at least one of the conditions
           listed in paragraph (I)(2)(e)(i) of this rule, TB testing is optional.
   (f) Other laboratory screens as medically necessary.

(J) **Dental Screening**
(1) For children from **birth through the age of two years**: the provider shall perform a dental screening as part of the basic examination component of each initial and periodic screening visit, and shall include at a minimum:

(a) A screening of the growth and development of the dentition and adjacent dento-facial structure, and an oral inspection for dental caries shall be performed. Individuals shall be provided health education regarding early childhood caries prevention in accordance with paragraph (K) of this rule.

(b) When a dental screening and oral inspection indicates the need for further evaluation, the provider shall, without delay, make a referral to a Plan dentist or, to the County Department of Job and Family Services (CDJFS) for a referral to a dentist, for evaluation, diagnosis, and/or treatment.

(c) Diagnostic and preventive dental examinations shall be provided to individuals at ages and at frequencies in accordance with American Academy of Pediatrics recommendations for Preventive Pediatric Health Care. Providers are encouraged to refer children, beginning at age two years to a Plan dentist or the CDJFS for a referral to a dentist.

(2) For children **ages three years through twenty years**, the provider shall perform a dental screening during each initial and periodic screening visit, and shall include, at a minimum:

(a) Providers of the Healthchek (EPSDT) screening visits shall provide individuals ages three years and older with referrals to a Plan dentist or to the CDJFS if the individual has not been seen by a dentist or dental hygienist under the direct supervision of a dentist during the last six months.

(b) Physicians are encouraged to emphasize the importance of preventive dental health care available under the Medicaid program. Providers should explain that cleanings, examinations and fluoride treatments are covered every six months. Dental sealants are covered for permanent first molars for children under age nine and for permanent second molars for individuals under age eighteen.

(K) **Health Education, Counseling, Anticipatory Guidance and Risk Factor Reduction Interventions**

(1) Health education including counseling, anticipatory guidance, and risk factor reduction intervention, is a required component of each Healthchek (EPSDT) screening visit. Health education should be designed to assist parents and individuals in understanding what to expect in terms of the individual’s development and to provide information about the benefits of healthy lifestyles and practices, and disease prevention.

(2) Providers should encourage parents and individuals (if age appropriate) participating in the program to take advantage of screening services, dental services, vision services, and hearing services covered under Medicaid.
(3) Health education and counseling is part of each initial and periodic Healthchek (EPSDT) visit.

(L) Referrals
When a Healthchek (EPSDT) screening visit indicates the need for further evaluation of an individual’s health, the provider shall, without delay, make a referral for evaluation, diagnosis, and/or treatment. For individuals enrolled in the Medicaid Managed Care program (MCP) the Healthchek (EPSDT) provider shall utilize referral requirements specified in rule 5160-26-05.1 of the Administrative Code in satisfying the referral requirements for Healthchek (EPSDT) services as defined in Chapter 5160-14 of the Administrative Code. Evaluation, diagnosis, and/or treatment may be provided at the time of the Healthchek (EPSDT) screening visit if the health care professional is qualified to provide the services.
Participating providers will be reimbursed for all initial and periodic screening services. In order for the Healthchek examination to be properly captured and reimbursed, claims must be submitted on the HCFA 1500 form or by 837 electronic claims submission.

Codes to identify Healthchek (well-child) visits are listed below. Please note:
- **Retirement** of ICD-9 CM Diagnosis Codes effective **September 30, 2015**.
- **Implementation** of ICD-10 CM Diagnosis Codes effective **October 1, 2015**.
- CPT-4-E/M codes remain the same.

### Retired Codes effective September 30, 2015

**Preventive Medicine (ICD-9 CM Diagnosis codes)**

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### Effective October 1, 2015

**New Preventive Medicine Codes (ICD-10 CM Diagnosis codes)**

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### New Patient Service (CPT 4 – E/M codes)

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### Established Patient Service (CPT 4 – E/M codes)

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A. Providers of Healthchek (EPSDT) screening visits shall include the following information when billing based on the date of service and type of claim submission.

(i) Billing electronically using the **837P Encounter Transaction - To Complete the RC EPSDT Referral, Loop 2300 (When it is Required per CPT / Diagnosis codes)**

- **CRC01** Enter ‘ZZ’ to mean Healthchek (EPSDT) Referral Information is being submitted.
- **CRC02** Enter ‘Y’ if a Healthchek (EPSDT) referral was given. Enter ‘N’ if no Healthchek (EPSDT) referral was given.
If ‘N’ is entered then enter ‘NU’ to confirm that no Healthcheck (EPSDT) referral was given.

- **CRC03**

  If ‘Y’ is entered in CRC02, then:

  - **Enter ‘ST’** if the screening provider has either scheduled another appointment or made a referral to another provider for newly requested diagnostic or corrective treatment services as identified during the Healthcheck (EPSDT) screening service itemized on this (the current) encounter claim. *Do not use this indicator for dental treatment referrals.*
  
  - **Enter ‘S2’** if a referral was made for diagnostic or corrective treatment services identified during a previous Healthcheck (EPSDT) screening service and the patient is still currently receiving diagnostic or corrective treatment services for which they had been referred. “Previous Healthcheck (EPSDT)” screen means any Healthcheck (EPSDT) screening service performed prior to any screening service itemized on this (the current) encounter claim.
  
  - **Enter ‘AV’** if a referral was offered but declined.

(ii) When using a paper claim form, follow the instructions provided in Chapter 5101:3-14-04 of the Administrative Code, paragraphs (A) (2) (a) (i) and (A) (2) (a) (ii) of this rule which require that item 24h on the paper claim form be completed.

**Documentation of Healthcheck Screening Services**

All components of a complete Healthcheck must be documented in the member’s medical record. Should a Healthcheck examination be refused, this refusal and any given reasons for this refusal must be documented in the patient's medical record.

The Ohio Department of Medicaid (ODM) and Paramount Advantage will monitor the quality and frequency of screenings. Physician compliance with documentation, provision of these services and billing codes will be monitored.

**Additional Resources**

The entire Healthcheck Guideline is available on the Paramount web site at [http://www.paramounthealthcare.com](http://www.paramounthealthcare.com). Click on Providers, Publications and Resources, Healthcheck then Paramount Advantage Healthcheck Program. A Healthcheck power point presentation is also available that would be useful for your office staff.