Delaware’s Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program}

Periodicity Schedule and Coding Matrix
CMS-1500 Format/ Electronic 837P Format

• All EPSDT screening services including vaccine administration fees should be submitted to Highmark Health Options either on a CMS-1500 or the corresponding 837P format for EDI claims within 60 days from the date of service. (Highmark Health Options cannot accept an EPSDT screen on a UB-04 or the corresponding 837I format.)

• An EPSDT screen is complete when codes from each service area required for that age, including the appropriate evaluation and management codes, are documented. Consult the current Bright Futures / American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care as well as the recommended Childhood Immunization Schedule based on the Advisory Committee on Immunization Practices (ACIP) for screening information and the services required to bill for a complete EPSDT screen.

• Claims will be paid at the provider’s EPSDT rate only if the appropriate evaluation and management code and EP modifier are submitted.

• With the exception of the dental component for clinics that do not offer dental services, FQHCs/RHCs may not bill for partial screens.

• Highmark Health Options uses fully automated coding review software. The software programmatically evaluates claim payments in accordance with CPT-4, HCPCS, ICD-10, AMA and CMS guidelines as well as industry standards, medical policy and literature and academic affiliations.

CMS-1500 EDI Format Requirements

• All EPSDT screening services must be reported with the age-appropriate evaluation and management code along with the EP modifier.

• The EP modifier must follow the evaluation and management code in the first position on the claim form. Use CPT Modifier plus CPT code when applicable.

• Appropriate ICD-10 diagnosis codes must be noted in Box 21.

• Populate the SV111 of the 2400 loop with a “yes” for an EPSDT claim (this is a mandatory federal requirement).

• Populate the Data Element CLM12 in the 2300 Claim Information Loop with “01” (meaning EPSDT).

• Populate NTE01 of the NTE segment with “ADD”. This means that additional information is available in “field” NTE02 (see below).

• Populate NTE02 of the NTE segment of the 2300 Claim Information Loop with appropriate referral codes: YO – Other | YV – Vision | YH – Hearing | YB – Behavioral | YM – Medical | YD – Dental

For CMS-1500 Paper Format Requirements please visit the website.

Important points to know about the EPSDT requirements:

• Providers are allowed to perform a sick visit and an EPSDT visit during the same date of service with modifier 25.

• The EPSDT service will be paid in full if all of the appropriate services are rendered for the correct EPSDT periodicity visit.

• Incorrect billing will result in a reduced rate.

• Highmark Health Options expects that providers will perform all services for each periodicity as outlined.

Diagnosis Codes

Ages 0-20:

- Z00.121 Encounter for routine child health examination with abnormal findings
- Z00.129 Encounter for routine child health examination without abnormal findings

Ages 15-20 the following is also acceptable:

- Z00.00 Encounter for general adult medical examination without abnormal findings
- Z00.01 Encounter for general adult medical examination with abnormal findings

EP Modifier

To receive credit for EPSDT, the EP Modifier must accompany the age appropriate evaluation and management code along with all services indicated for the member’s age.

Reporting Fraud and Abuse:

There are multiple ways to report fraud, waste or abuse and you may remain anonymous when reporting. If you suspect fraud or abuse, it is your responsibility to report the issue to Highmark Health Options. You can report fraud or abuse in the following ways:

• Call our Fraud Hotline at 1-844-325-6256. This confidential hotline answers 7 days a week, 24 hours a day.

• Complete a referral form on our website at https://www.highmarkhealthoptions.com/ReportFraud

• Write to Highmark Health Options at:

  Highmark Health Options
  Attention: Payment Integrity Department
  Four Gateway Center, Suite 2100
  444 Liberty Avenue
  Pittsburgh, PA 15222

Additional Information about Highmark Health Option’s Fraud and Abuse program can be found in the Provider Policy and Procedure Manual.
Newborn - 11 Months Old EPSDT Legend

1 A complete screen must include the following: a comprehensive history, relevant measurements (for assessment of growth), physical examination, anticipatory guidance/counseling/risk factor reduction interventions, all assessments/screenings as indicated on the Periodicity Schedule and the ordering of appropriate laboratory/diagnostic procedures as recommended by the current AAP guidelines, found at: https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx

2 Delaware Newborn Screening Panel should be done according to state law, prior to the newborn’s discharge from hospital. Confirm screen was completed, verify results and follow up as appropriate. Newborns should be screened for critical congenital heart disease using pulse oximetry before leaving the hospital.

3 If testing for maternal depression, objective vision/hearing testing, anemia, lead, tuberculin or dyslipidemia is not completed, use CPT code for standard testing method plus CPT modifier -52 EPSDT Screening Services/Components Not Completed. If a screening service/component is reported with modifier 52, the provider must complete the screening service/component during the next screening opportunity according to the Periodicity Schedule.

4 When laboratory procedures are performed by a party other than the treating or reporting physician, use CPT plus CPT modifier -90 to Reference Outside Lab.

5 Indicates referral to a dental home. At 6-8 and 9-11 months, an oral health risk assessment is to be administered and the fluoride supplementation assessed. The first dental examination is recommended at the time of the eruption of the first tooth and no later than 12 months of age. At 12, 18, 24 and 30 months, determine if the child has a dental home. If not, complete assessments and refer to dental home. Beginning at 3 years of age, referral to a dental home is a required screening component and must be reported using the YD referral code.

6 Dental Periodicity Schedule: Per the American Academy of Pediatric Dentistry, the first examination is recommended at the time of the eruption of the first tooth and no later than 12 months of age. Repeat every 6 months or as indicated by the child’s risk status/susceptibility to disease. www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf

7 Initial measurement of hemoglobin or hematocrit to assess for iron-deficiency anemia is recommended between 9 and 12 months of age by the Centers for Disease Control and Prevention. Additionally the AAP recommends risk assessment for anemia at 4 months of age, 15 months of age and then at each periodicity thereafter.

8 All sexually active patients should be screened for sexually transmitted infections (STI).

9 Procedure code 99460 and modifier EP are to be used for a newborn screen performed in the hospital, but not on the same day as hospital discharge.

10 Procedure code 99463 and modifier EP are to be used for a newborn screen performed in the hospital on the same day as hospital discharge.

11 Developmental Surveillance is required at each visit for a complete screen, except when developmental screening is required.

12 Psychosocial/behavioral assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression and social determinants of health, including both risk factors and strengths/protective factors.

13 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.

14 All newborns should receive an initial hearing screening before being discharged from hospital. If the hearing screening was not completed in hospital, the hearing screening should occur by 3 months of age.

Newborn - 11 Months Old

<table>
<thead>
<tr>
<th>Services</th>
<th>Newborn (Inpatient)</th>
<th>3-5 Days</th>
<th>By 1 Mo</th>
<th>2-3 Mo</th>
<th>4-5 Mo</th>
<th>6-8 Mo</th>
<th>9-11 Mo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Screen: 1</td>
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<tr>
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<tr>
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<td>Psychosocial/Behavioral Assessment 17</td>
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<tr>
<td>Tobacco, Alcohol or Drug Use Assessment</td>
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<td>Dyslipidemia 14 24</td>
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<td>Immunizations</td>
<td>Administer immunizations according to the ACIP schedule. Every visit should be considered an opportunity to bring a child’s immunizations up-to-date. Refer to ACIP’s Recommended Childhood and Adolescent Immunization Schedules: <a href="https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html">https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html</a></td>
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</table>

• = To be performed  ★ = Risk Assessment to be Performed with Appropriate Action to Follow, if Positive
A complete screen must include the following: a comprehensive history, relevant measurements for assessment of growth, physical examination, anticipatory guidance/counseling/risk factor reduction interventions, all assessments/screenings as indicated on the Periodicity Schedule and the ordering of appropriate laboratory/diagnostic procedures as recommended by the current AAP guidelines, found at: https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx

Pediatric BMI Coding (Ages 3-17)

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<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>Z68.51</td>
<td>&lt; 5th Percentile for Age</td>
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<tr>
<td>Z68.52</td>
<td>5th - &lt;85th for Age</td>
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<tr>
<td>Z68.53</td>
<td>85th - &lt;95th for Age</td>
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<tr>
<td>Z68.54</td>
<td>&gt;= 95th for Age</td>
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</table>

Documentation must include height, weight and BMI percentile during the measurement year.

If testing for maternal depression, objective vision/hearing testing, anemia, lead, tuberculin or dyslipidemia is not completed, use CPT code for standard testing method plus CPT modifier -52 EPSDT Screening Services/Components: Not Completed. If a screening service/component is reported with modifier 52, the provider must complete the screening service/component during the next screening opportunity according to the Periodicity Schedule.

When laboratory procedures are performed by a party other than the treating or reporting physician, use CPT plus CPT modifier -90 to Reference Outside Lab.

Indicates referral to a dental home. At 6-8 and 9-11 months, an oral health risk assessment is to be administered and the need for fluoride supplementation assessed. The first dental examination is recommended at the time of the eruption of the first tooth and no later than 12 months of age. At 12, 18, 24 and 30 months, determine if the child has a dental home. If not, complete assessments and refer to dental home. Beginning at 3 years of age, referral to a dental home is a required screening component and must be reported using the YD referral code.

Dental Periodicity Schedule: Per the American Academy of Pediatric Dentistry, the first examination is recommended at the time of the eruption of the first tooth and no later than 12 months of age. The height, weight and BMI must be from the same data source.

A complete screen requires a code from each service required for that age. Report only one CPT code if multiple CPT codes are listed per service, except for immunizations.

New Patient

<table>
<thead>
<tr>
<th>Service</th>
<th>12 Mo</th>
<th>15 Mo</th>
<th>18 Mo</th>
<th>24 Mo</th>
<th>30 Mo</th>
<th>3 Y</th>
<th>4 Y</th>
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<tbody>
<tr>
<td>Developmental Surveillance 44</td>
<td></td>
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<tr>
<td>Psychosocial/Behavioral Assessment 44</td>
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<tr>
<td>Tobacco, Alcohol or Drug Use Assessment</td>
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Developmental Screening

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<td>96110 U1</td>
</tr>
<tr>
<td>3 Year</td>
<td>96110 U1</td>
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Vision:

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<tr>
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<th>15 Mo</th>
<th>18 Mo</th>
<th>24 Mo</th>
<th>30 Mo</th>
<th>3 Y</th>
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Hearing:

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<th>15 Mo</th>
<th>18 Mo</th>
<th>24 Mo</th>
<th>30 Mo</th>
<th>3 Y</th>
<th>4 Y</th>
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<tr>
<td>Screened for hearing loss</td>
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<td>Tuberculin Test</td>
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<td>83655</td>
<td>83655</td>
<td>83655</td>
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Anemia: 2, 6, 7

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<th>18 Mo</th>
<th>24 Mo</th>
<th>30 Mo</th>
<th>3 Y</th>
<th>4 Y</th>
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<tr>
<td>Hematocrit (spun)</td>
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Venous Lead

<table>
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<th>15 Mo</th>
<th>18 Mo</th>
<th>24 Mo</th>
<th>30 Mo</th>
<th>3 Y</th>
<th>4 Y</th>
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<tbody>
<tr>
<td>Tuberculin Test</td>
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<td>Sickle Cell</td>
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<td>Sexually Transmitted Infections</td>
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Immunizations

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<tr>
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<th>15 Mo</th>
<th>18 Mo</th>
<th>24 Mo</th>
<th>30 Mo</th>
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<th>4 Y</th>
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= To be Performed

= Risk Assessment to be Performed with Appropriate Action to Follow, if Positive

Visit the CDC’s Recommended Childhood and Adolescent Immunization Schedules: https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

Initial measurement of hemoglobin or hematocrit to assess for iron-deficiency anemia is recommended between 9 and 12 months of age by the Centers for Disease Control and Prevention. Additionally the AAP recommends risk assessment for anemia at 4 months of age, 12, 24, and 30 months, if indicated by history and/or symptoms.

Screening must be provided at times noted, unless done previously.

Developmental Surveillance is required at each visit for a complete screen, except when developmental screening is required.

Psychosocial/behavioral assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression and social determinants of health, including both risk factors and strengths/protective factors.

Instrument-based screening may be completed to detect amblyopia, strabismus, and/or high refractive error in children who are unable or unwilling to cooperate with traditional screening.

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.
5 Years - 11 Years

A complete screen must include the following: a comprehensive history, relevant measurements (for assessment of growth), physical examination, anticipatory guidance/counseling/risk factor reduction interventions, all assessments/screenings as indicated on the Periodicity Schedule and the ordering of appropriate laboratory/diagnostic procedures as recommended by the current AAP guidelines, found at: https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx

Pediatric BMI Coding (Ages 3-17)

5 Years - 11 Years EPSDT Legend

Documentation must include height, weight and BMI percentile during the measurement year. The height, weight and BMI must be from the same data source.

If testing for maternal depression, objective vision/hearing testing, anemia, lead, tuberculin or dyslipidemia is not completed, use CPT code for standard testing method plus CPT modifier -52 EPSDT Screening Services/Components Not Completed. If a screening service/component is reported with modifier 52, the provider must complete the screening service/component during the next screening opportunity according to the Periodicity Schedule.

When laboratory procedures are performed by a party other than the treating or reporting physician, use CPT plus CPT modifier -90 to Reference Outside Lab.

 Indicates referral to a dental home. Beginning at 3 years of age, referral to a dental home is a required screening component and must be reported using the YD referral code. If the child is 2 years old and has not seen a dentist, a referral is required by the next screening opportunity.

Dental Periodicity Schedule: Per the American Academy of Pediatric Dentistry, the first examination is recommended at the time of the eruption of the first tooth and no later than 12 months of age. The height, weight and BMI must be from the same data source.

All sexually active patients should be screened for sexually transmitted infections (STI).

Developmental Surveillance is required at each visit for a complete screen, except when developmental screening is required.

Psychosocial/behavioral assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression and social determinants of health, including both risk factors and strengths/protective factors.

Instrument-based screening may be completed to detect amblyopia, strabismus, and/or high refractive error in children who are unable or unwilling to cooperate with traditional screening.

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.

Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.

 Venous Lead

Hemoglobin

If indicated by history and/or symptoms. See recommendations to prevent and control iron deficiency in the United States. MMWR. 1998;47(RR-3): 1-36. Beginning at 12 years of age for females, do once after onset of menses and if indicated by history and/or symptoms.

Anemia: x 4

Hematocrit (spun) If indicated by risk assessment and/or symptoms. See recommendations to prevent and control iron deficiency in the United States. MMWR. 1998;47(RR-3): 1-36. Beginning at 12 years of age for females, do once after onset of menses and if indicated by history and/or symptoms.

Tuberculin Test

 if indicated by history and/or symptoms.

Sickle Cell

If indicated by history and/or symptoms.

Sexually Transmitted Infections

If indicated by history and/or symptoms.

HIV Screening

Dyslipidemia

Administer immunizations according to the ACIP schedule. Every visit should be considered an opportunity to bring a child’s immunizations up-to-date. Refer to ACIP’s Recommended Childhood and Adolescent Immunization Schedules: https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

Immunizations

HIV Screening

Venous Lead

Tuberculin Test

Sickle Cell

Psychosocial/Behavioral Assessment

Visual Acuity Screening

Hearing: 3

Instrument-Based Screening

Vision: 3

Dental

Anemia

Autoimmune Screen

Hemoglobin

Dyslipidemia

Drug Use

Psychosocial/Behavioral Assessment

Developmental Surveillance

HIV Screening

Sexually Transmitted Infections

Psychosocial/Behavioral Assessment

Tobacco, Alcohol or Drug Use Assessment

Autoimmune Screen

Hematocrit (spun)

Tuberculin Test

Sickle Cell

Sexually Transmitted Infections

Venous Lead

Dyslipidemia

Drug Use

Psychosocial/Behavioral Assessment

Developmental Surveillance

HIV Screening

Sexually Transmitted Infections

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Tobacco, Alcohol or Drug Use Assessment

Autoimmune Screen

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Developmental Surveillance

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Pediatric BMI Coding (Ages 3-17)

Z68.51 < 5th Percentile for Age
Z68.52 5th - <85th for Age
Z68.53 85th - <95th for Age
Z68.54 > = 95th for Age

Documentation must include height, weight and BMI percentile during the measurement year. The height, weight and BMI must be from the same data source.

If testing for maternal depression, objective vision/hearing testing, anemia, lead, tuberculosis or dyslipidemia is not completed, use CPT code for standard testing method plus CPT modifier -52 EPSDT Coding Services/Components Not Completed. If a screening service/component is reported with modifier 52, the provider must complete the screening service/component during the next screening opportunity according to the Periodicity Schedule.

When laboratory procedures are performed by a party other than the treating or reporting physician, use CPT plus CPT modifier -90 to Reference Outside Lab.

Indicates referral to a dental home. Beginning at 3 years of age, referral to a dental home is a required screening component and must be reported using the YD referral code. Determine if the child has a dental home. If not, complete assessments and refer to dental home.

Dental Periodicity Schedule: Per the American Academy of Pediatric Dentistry, the first examination is recommended at the time of the eruption of the first tooth and no later than 12 months of age. Repeat every 6 months or as indicated by the child’s risk status/susceptibility to disease.

All sexually active patients should be screened for sexually transmitted infections (STI).

Developmental Surveillance is required at each visit for a complete screen, except when developmental screening is required.

Psychosocial/behavioral assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression and social determinants of health, including both risk factors and strengths/protective factors.

Instrument-based screening may be completed to detect amblyopia, strabismus, and/or high refractive error in children who are unable or unwilling to cooperate with traditional screening.

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.

Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.

12 Years - 17 Years EPSDT Legend

12 Years - 17 Years

<table>
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Vision: 1

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Dental 3, 4

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<td>Hemoglobin 3, 4</td>
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Tuberculin Test 16 If indicated by history and/or symptoms. Sickle Cell 3 If indicated by history and/or symptoms. Sexually Transmitted Infections 3 If indicated by history and/or symptoms. HIV Screening 16 Through risk assessment. Dyslipidemia 3, 4 If indicated by history and/or symptoms. 80061 Immunizations Administer immunizations according to the ACIP schedule. Every visit should be considered an opportunity to bring a child’s immunizations up-to-date. Refer to ACIP’s Recommended Childhood and Adolescent Immunization Schedules: https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

12 Years - 17 Years

To be Performed ★ Risk Assessment to be Performed with Appropriate Action to Follow, if Positive

Immunizations

Refer to ACIP's Recommended Childhood and Adolescent Immunization Schedules: https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html

Established Patient

New Patient

Developmental Surveillance

Psychosocial/Behavioral Assessment

Tobacco, Alcohol or Drug Use Assessment

Visual Acuity Screen

Instrument-Based Screening

Audio Screen

Pure Tone-Air Only

Hematocrit (spun)

Hemoglobin

HIV Screening

Dyslipidemia

Tuberculin Test

Sickle Cell

Sexually Transmitted Infections

Immunizations

Developmental Screening

Autism Screening

Depression Screening

Visual Acuity Screen

Instrument-Based Screening

Audio Screen

Dental

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Sickle Cell

Sexually Transmitted Infections

HIV Screening

Dyslipidemia
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Dental Periodicity Schedule: Per the American Academy of Pediatric Dentistry, the first examination is recommended at the time of the eruption of the first tooth and no later than 12 months of age. Repeat every 6 months or as indicated by the child’s risk status/susceptibility to disease. www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf

All sexually active patients should be screened for sexually transmitted infections (STI).

Screening must be provided at times noted, unless done previously.

Developmental Surveillance is required at each visit for a complete screen, except when developmental screening is required.

Psychosocial/behavioral assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression and social determinants of health, including both risk factors and strengths/protective factors.

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.

Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.

Dyslipidemia 3, 4
80061

Immunizations
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Highmark Health Options is an independent licensee of the Blue Cross and Blue Shield Association.