

5101:3-14-03 ~~Covered~~ ~~"HealthChek"~~ Healthchek: early and periodic screening, diagnosis, and treatment (EPSDT) screening services visits.

~~The following~~ This rule describes the screening components ~~must be completed and documented~~ that the healthchek (EPSDT) provider shall complete and document as part of every initial and periodic ~~"HealthChek"~~ healthchek (EPSDT) screening service visits, unless the ~~patient~~ individual, or the individual's parent or guardian, refuses the components. The provider shall document such a refusal.

(A) Definitions.

(1) For the purposes of Chapter 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.

(2) For the purposes of Chapter 5101:3-14 of the Administrative Code, "CPT" (current procedural terminology) is defined in rule 5101:3-1-19.3 of the Administrative Code.

(B) Screening frequencies and indication of need for further evaluation.

(1) Screening components of the healthchek (EPSDT) visit shall be provided to individuals at ages and at frequencies in accordance with American academy of pediatrics recommendations for preventative pediatric health care (March, 2000), www.aap.org.

(2) Healthchek (EPSDT) screening providers shall coordinate with public and private resources to eliminate duplicative screening and ensure comprehensive screening, evaluation, diagnosis, and treatment.

(3) 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 5101:3-26-05.1 of the Administrative Code in satisfying the referral requirements for healthchek (EPSDT) services as defined in Chapter 5101:3-14 of the Administrative Code.

~~(A)~~ (C) Comprehensive health and developmental history.

(1) A "comprehensive health and developmental history" is a profile of the individual's medical history and includes ~~an assessment~~ a review of both

physical and mental health development. The provider shall obtain the individual's medical history ~~should be taken~~ from the patient/individual (if age appropriate), at the individual's parent, or a responsible adult who is familiar with the individual's history.

(2) ~~A~~ The provider shall obtain or update the comprehensive health, mental health, and developmental history shall be taken or updated at every each initial or and periodic "HealthChek" healthchek (EPSDT) screening service visit. and The comprehensive health and developmental history shall include at a minimum:

- (a) Current complaints/concerns;
- (b) The ~~patient's~~ individual's and family's history of illnesses, diseases, and allergies;
- (c) ~~Information on current~~ Current medications ~~or and~~ adverse effects to medications;
- (d) ~~Written notations pertaining to the patient's~~ The individual's social or physical environment ~~which that~~ may affect the ~~patient's~~ individual's overall health; and
- (e) For adolescents, ~~written notations on~~ the individual's sexual activity and contraceptive methods.

~~(B)~~ (D) A The provider shall perform a comprehensive unclothed physical examination shall be performed during each initial and periodic screening service visit. and The examination shall include at a minimum:

- (1) Measurements of height and weight, including comparisons of age -appropriate percentiles;
- (2) Blood pressure ~~for patients age three through twenty years, as age-appropriate;~~
- (3) Head circumference ~~for patients age birth through twenty-four months, including percentiles, as age-appropriate;~~
- (4) Examination of head, ears, eyes, nose, and throat; respiratory, cardiovascular, gastrointestinal, reproductive, musculoskeletal and neurological systems;
- (5) For age-appropriate females, a breast inspection and palpation, including and

instructions in breast self-examination;

(6) For age-appropriate males, testicular examination, ~~including~~ and instructions in self-examination of the ~~testes~~testes; and

(7) A pelvic examination may be provided for age-appropriate females as part of the "~~HealthChek~~"healthchek (EPSDT) screening ~~service~~visit, when medically indicated. Pelvic examinations are considered part of the comprehensive unclothed physical examinations and are not reimbursed separately.

~~(C)~~(E) Developmental assessmentscreening (including physical and mental health development).

(1) ~~A~~The provider shall perform or update the developmental assessmentscreening shall be performed or updated at each initial and periodic screening ~~service~~visit. The developmental assessmentscreening shall include an age-appropriate developmental history and ~~an assessment~~a screening of the individual's motor, speech, mental, and social development.

(2) Formal developmental tests that are performed during the screening ~~service~~visit will be reimbursed in addition to the "~~HealthChek~~"healthchek (EPSDT) screening ~~service~~visit as described in rule 5101:3-14-04 of the Administrative Code.

(3) When the assessmentscreening of the ~~patient's~~individual's mental health indicates the need for diagnostic and/or therapeutic mental health services, the services are covered and ~~will be separately~~ reimbursed separately in accordance with Chapters 5101:3-4 (physician services), 5101:3-8 (limited practitioner services), and 5101:3-27 (community mental health agency services) of the Administrative Code. Drug and alcohol rehabilitation shall be covered and reimbursed separately in accordance with Chapter 5101:3-30 (alcohol and drug addiction services) of the Administrative Code.

~~(D)~~(F) Nutritional assessmentscreening.

~~An assessment~~The provider shall perform a screening of the individual's nutritional status ~~shall be performed during~~as part of the basic examination component of each initial and periodic "~~HealthChek~~"healthchek (EPSDT) screening ~~service~~visit through questions about dietary practices, measurements of height and weight (in accordance with paragraph (D) of this rule), laboratory testing (if medically indicated, in accordance with paragraphs (J) and (K) of this rule), ~~and~~ a complete physical examination in accordance with paragraph (D) of this rule, ~~as required~~

~~paragraph (B) of this rule, including and~~ a dental assessment screening (in accordance with paragraph (L) of this rule).

~~(E)~~(G) Vision assessment screening.

(1) ~~A~~The provider shall perform a vision assessment screening shall be performed as a part of each initial and periodic "HealthChek"healthchek (EPSDT) screening service visit using the following criteria:

(a) Individuals ages birth to three years shall be ~~evaluated~~screened by reviewing the individual's medical history for ~~high~~ risk factors and by performing an external (gross) observation and (internal) ophthalmoscopy.

(b) Individuals 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); ~~and~~

(iii) Ocular muscle balance test, administered at distance and near; ~~and~~, and

(iv) Stereopsis test (e.g., random dot E).

(2) A vision screening is considered part of the comprehensive healthchek (EPSDT) visit and is not reimbursed separately.

~~(2)~~(3) When the vision assessment screening indicates a potential visual problem or when a parent, teacher, professional, or responsible adult suspects that ~~an~~ the individual has a vision problem, the provider shall, without delay, make a referral for the individual ~~should be referred the provider shall, without delay, make a referral for~~ to an ophthalmologist or an optometrist for evaluation, diagnosis, and/or treatment.

~~(F)~~(H) Hearing assessment screening.

(1) ~~A~~The provider shall perform a hearing assessment screening shall be performed during each initial and periodic "HealthChek"healthchek (EPSDT) screening service visit using the following criteria:

(a) Individuals ages one to three years shall be ~~evaluated~~screened by:

- (i) Reviewing the ~~patient's~~individual's history for ~~high~~ risk factors or symptoms indicative of hearing problems; and
- (ii) Observing the child for, and questioning the parents about, physical behaviors or speech development ~~which~~that may suggest a hearing impairment.

(b) Individuals ages three and older shall be ~~evaluated~~screened by:

- (i) Using manually administered, individual pure-tone, air conduction equipment, if the provider has the equipment available; or
- (ii) ~~Using the screening method described in paragraph (F)(1)(a) of this rule, if pure tone equipment is not available. When pure tone equipment is not available, providers are encouraged to refer children to another provider for a pure-tone test.~~

~~(2) When pure tone equipment is not available, the provider may use his/her discretion in referring the child to another provider for a pure-tone test.~~

~~(3)~~(2) If pure-tone equipment is used or other covered hearing services are provided, the service shall be separately reimbursed to the provider who performs the procedure as described in rule 5101:3-14-04 of the Administrative Code.

~~(4)~~(3) When the hearing ~~assessment~~screening indicates a hearing impairment or a parent, teacher, professional, or other responsible adult ~~suspects~~reports that the child ~~has~~may have a hearing problem, the provider shall, without delay, make a referral for the child ~~should be referred~~ to a health care provider who specializes in the evaluation, diagnosis, and treatment of hearing problems and is eligible to provide the service under the medicaid program.

~~(G)~~(I) Immunization assessmentscreening.

(1) ~~An~~The provider shall perform an immunization assessment~~screening shall be performed during~~as part of the basic examination component of each initial and periodic screening service~~visit~~ and ~~must~~shall include a history of past immunizations.

(2) If, ~~it is determined~~ at the time of screening, ~~that~~ an immunization is needed, the provider ~~is required to~~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 ~~must~~shall use ~~at~~the standard immunization schedule ~~as determined by a recognized medical authority such as the "American Academy of Pediatrics."~~in accordance with rule 5101:3-4-12 of the Administrative Code.
- (4) ~~When immunizations are administered they~~Immunizations shall be reimbursed separately as described in rule 5101:3-14-04 of the Administrative Code.

~~(H)~~(J) Lead toxicity screening.

~~(1) All children are at risk for lead poisoning and must be screened.~~

~~(2)~~(1) ~~Health care financing administration/center for disease control (HCFA/CDC)~~
The centers for medicare and medicaid services (CMS) and centers for disease control and prevention (CDC) ~~requires~~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 ~~must~~shall receive a ~~screening lead~~ blood lead screening test if they have not been previously screened for lead poisoning.
- (c) A ~~lead~~ blood lead screening test ~~must~~shall be used when screening.
- (i) Blood lead screening tests are covered whenever medically indicated.

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

~~(ii)~~(iii) ~~Since the~~The erythrocyte protoporphyrin test does not meet this standard, ~~it~~ and is not acceptable as a blood lead screening test. ~~As long as the provider confirms all negative results with a more sensitive lead test, the erythrocyte protoporphyrin may be used as a diagnostic procedure when the physician suspects lead toxicity or high lead levels. This is the best test immediately available;~~

~~and the test results detect lead levels that are within the sensitivity range of this procedure.~~ The erythrocyte protoporphyrin test may be ~~still~~ used to diagnose other conditions such as iron deficiency.

(d) Children of any age may be screened.

~~(K)~~(K) Laboratory tests.

(1) Based on the individual's medical and nutritional history, age, physical condition, ethnic background, and home environment, the ~~physician~~ may primary health care provider shall determine and order the appropriate laboratory procedures.

(2) Reimbursement is available to a physician or clinic if the laboratory procedures are actually performed in the physician's office or clinic and the physician's office or clinic meets the requirements set forth in Chapter 5101:3-11 of the Administrative Code. Specimens that are sent to an outside laboratory for analysis must be billed by the laboratory ~~which~~that actually performs the procedure.

(3) These laboratory procedures ~~may~~shall include, but are not limited to, the following:

(a) Blood lead testing screening test, in accordance with paragraph (J) of this rule and rule 3701-82-02 of the Administrative Code.

~~(i) Blood lead testing is covered whenever it is medically indicated.~~

~~(ii) Blood lead screening is required in accordance with paragraph (H) of this rule.~~

(b) Hemoglobin and/or hematocrit.

Anemia is a common ~~abnormality~~condition reported during the "~~HealthChek~~"healthchek (EPSDT) screening ~~service~~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, ~~on all children around one year of age, and at least once during their adolescence.~~ If medical indications are noted in the physical examination, a test for anemia may be performed at any age. Such medical indications include a ~~nutritional~~ 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 ~~black children or other children of appropriate ancestry~~ 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 ~~diseases~~infections.

Pap smears are recommended for all ~~adolescent~~ females (age ~~sixteen~~ eighteen or older). ~~If the adolescent is sexually active, the adolescent~~ Sexually active adolescents should be tested regardless of age. Tests for sexually transmitted ~~diseases~~infections are covered if medically indicated. ~~Patients~~Individuals shall be informed about all tests performed, given results of each test and ~~educated about~~provided health education regarding sexually transmitted ~~diseases~~infections, in accordance with paragraph (M) of this rule.

(e) Tuberculin test.

(i) A tuberculin test shall be performed on all individuals who ~~are suspected of having a mycobacterial infection; have a known history or exposure to active tuberculosis (TB); are immigrants from high prevalence areas of TB; are from areas of high endemic rates of TB or are members of families or social groups with an increased incidence of the disease.;~~

(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 ~~fit~~meet at least one of the conditions listed in paragraph ~~(I)(3)(e)(i)~~(K)(3)(e)(i) of this rule, TB testing is optional.

- (iii) ~~When a tuberculin test is administered, the~~ The tuberculin test shall be reimbursed as described in accordance with rule 5101:3-14-04 of the Administrative Code.

(f) Other laboratory screens as medically necessary.

~~(J)~~ (L) Dental assessmentscreening.

~~A dental assessment shall be performed during each initial or periodic screening service and shall include at a minimum:~~

- (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) An assessment~~ A screening of the growth and development of the dentition and adjacent dento-facial structure, anticipatory guidance about baby bottle tooth decay prevention, 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 (M) of this rule. Children with suspected problems must be referred to a dentist or the county department of job and family services for a referral to a dentist.

(b) When a dental screening and oral inspection indicates the need for further evaluation, the provider shall, without delay, make a referral to a dentist or, in accordance with rule 5101:1-38-05 of the Administrative Code, to the county department of job and family services (CDJFS) for a referral to a dentist, for evaluation, diagnosis, and/or treatment.

~~(b)(c) Dental examinations for diagnostic~~ Diagnostic and preventive dental servicesexaminations are not required, but are covered for children of any ageshall be provided to individuals at ages and at frequencies in accordance with American academy of pediatrics recommendations for preventative pediatric health care. Providers are encouraged to refer children, beginning at age two years to a dentist or the county department of job and family servicesCDJFS for a referral to a dentist.

- (2) For children ages three years through twenty, 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"~~ healthchek (ESPDT) screening

~~visits are required to~~ shall provide ~~patients~~ individuals ages three years and older with referrals to a dentist or to the ~~county department of job and family services~~ 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 ~~and the services that can be obtained~~ available under the medicaid program. Providers should explain that cleanings, examinations, and fluoride treatments are covered every six months. ~~Additionally, dental~~ Dental sealants are covered for permanent first molars for children under age nine and for permanent second molars for individuals under age eighteen.

~~(K)~~ (M) Health education, and counseling, anticipatory guidance, and risk factor reduction interventions.

- (1) ~~Health education and counseling, including anticipatory guidance to parents and individuals as well as risk factor reduction interventions, including counseling, anticipatory guidance, and risk factor reduction intervention, is a required component of the "HealthChek" each healthchek (EPSDT) screening service visit.~~ Health education ~~and counseling~~ should be designed to assist parents and ~~individual~~ 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, ~~as well as~~ 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) When the health education and counseling component of the "HealthChek" (EPSDT) screening service lasts approximately thirty minutes or more, additional reimbursement is available.~~
- ~~(a) Providers should bill the appropriate preventive medicine, individual counseling code from the "Physicians' Current Procedural Terminology."~~
- ~~(b) The preventive medicine, individual counseling codes will not be reimbursed unless a "HealthChek" (EPSDT) screening service code also appears on the claim.~~
- (3) Health education and counseling is part of each initial and periodic healthchek (EPSDT) visit. Additional health education codes and counseling will not be

reimbursed on the same date of service as a healthchek (EPSDT) visit.

- (4) The preventive counseling code/anticipatory guidance shall be billed only when counseling/anticipatory guidance is provided at an encounter separate from the healthchek (EPSDT) screening visit.
- (N) 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. 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.

Effective:

R.C. 119.032 review dates: 11/10/2005

Certification

Date

Promulgated Under: 119.03
Statutory Authority: 5111.02
Rule Amplifies: 5111.01, 5111.02
Prior Effective Dates: 4/7/77, 9/1/87, 1/15/90, 2/17/91, 4/1/92 (Emer),
7/1/92, 1/15/95, 1/4/00 (Emer), 3/20/00, 8/1/01