

Be sure your documentation meets all EPSDT well child requirements. Thorough EPSDT well child documentation may help improve your P4P and HEDIS scores

## Health History

\*Should be documented at every EPSDT and well child visit.

EXAMPLES:

- "Medical history, surgical history, allergy list, medical list was reviewed and updated. No illnesses since last visit."
- "39.4 weeks gestation, vaginal delivery, mom GBS +ve, Hep B Imm at birth, birth weight 7.6oz."
- "Here for 6yo well visit. Historian: foster mother. Pt's problem list, medical history, surgical history, and medication list were reviewed. Sleeping >8 hours. No enuresis. Saw allergist yesterday, awaiting lab results."

## Psychosocial/Family History

\*Should be documented at every EPSDT and well child visit

EXAMPLES:

- "Primary residence: mom, grandparent, older brother. Support network: single parent. Aware of available community resources. Enrolled in WIC. Preferred language: Spanish. Environmental: no passive smoke exposure."
- "PSH/PFM reviewed and updated."
- "Parent adjustment to child: adjusting well; sibling adjustment to child: adjusting well; childcare: in-home daycare 3xweek; living at home with mom, dad, sisters (x2), and 2 cats. Smoking: dad smokes outside only."
- "Family history reviewed– unremarkable; interacts well with peers; involved in school activities; parents involved with homework and know child's social circle. No signs of domestic violence or child maltreatment."

## Structured Developmental Screening

\*Development screening at 9 mos., 18 mos., and 30 mos. Autism screening at 18 mos. and 24 mos. Name of screening tool used AND result should be documented at each EPSDT visit (as indicated by age).

EXAMPLES:

- "PSC completed. WNL."
- "Development normal for age– see Ages and Stages Questionnaire in chart."
- "M-CHAT completed–results reviewed with pt's grandmother. First Steps referral."

## Ongoing Developmental Surveillance

\*Developmental milestones should be documented at each EPSDT and well child visit. A complete listing of developmental milestones or a statement similar to, "all areas of development normal for age," meet both mental and physical developmental surveillance.

EXAMPLES:

### Mental

- "Behavioral NL. Has friends. +eye contact. Future plans of trade school. Involved in community."
- "Alert. Turns and calms to parent's voice."
- "Counts to 10. Plays board games. Uses pronouns."
- "Names 3-4 colors. Clear speech. Sings songs."

### Physical

- "Wt 60% Ht 20% BMI%72. Vision acuity 20/20 OU. Normal gait. LMP 2/22/2015. Not sexually active."
- "Strong root reflex. Follows face to midline."
- "Balances on 1 foot. Hops, skips. Mature pencil grasp."
- "Dresses self. Copies a circle/cross. Walks up stairs."

## Depression Screening/ Risk Assessment

\*All children ages 11-21 years. Depression screening using the PHQ-2, PHQ-9 or other tool. Risk assessment using CRAFFT, HEEADSSS or a similar screening tool should be document at each EPSDT visit (as indicated by age).

EXAMPLES:

- "CRAFFT screening completed– negative. PHQ-9 completed–positive. Refer to behavioral health."
- "HEEADSSS completed. PHQ-2 negative. No behavioral concerns identified. No suicidal ideation or depression symptoms identified."
- "SBIRT completed– no concerns identified. PHQ-9 negative. Will re-screen in 3 months."

### **Nutritional and Physical Activity Assessment**

\*Nutritional assessments should be documented at all EPSDT and well child visits, and a physical assessment beginning at age 3 years and older.

EXAMPLES:

- *“Nutrition history: Usual intake-only concern pt does not like veggies. Diet includes: excess snacks. Excess soda/juice. Caffeine. Activity level: no exercise concerns. Likes to play basketball with friends.”*
- *“Nutrition hx reviewed. Exercise includes softball and volleyball. Positive body image.”*
- *“Reviewed nutritional habits, no concerns. 60 mins outdoor play time: yes. Outdoor activities as a family: yes.”*
- *“Enjoy physical activity and a variety of fruits and vegetables every day.”*

### **Physical Examination**

\*A head to toe exam should be documented at all EPSDT and well child visits. “PE: WNL” is NOT sufficient. EPSDT requires an external eye exam and an oral inspection at each EPSDT visit.

EXAMPLES:

Documentation examples of external eye inspection:

- *“PEERL, lids NL, conjunctivae/sclera clear.”*
- *“EOMI, pupils equal and round, no eye redness or drainage noted.”*

Documentation examples of oral inspection:

- *“Mouth/gums: palate intact, no thrush, no dental ridges, no bleeding or inflammation of gums.”*
- *“Oral cavity: MMM, tongue/frenulum: NL, gums NL, dentition NL, no staining, no lesions.”*

### **Vision and Hearing Screenings**

\*Screenings should be implemented and documented according to the Bright Futures periodicity schedule for all EPSDT visits (as indicated by age).

EXAMPLES:

- *“Vision acuity: 20/40 OU. Pt has appt with optho next month. Hearing screening done at school earlier this year, was normal per mother.”*
- *“Vision acuity tested, 20/15 OU. Referred to audiologist for hearing screening.”*
- *“Unable to perform vision acuity or hearing testing d/t child unable to cooperate. Will retest in 6 months.”*

### **Dental Screening**

\*Dental referrals should be made and documented beginning at age 2 years and older at all EPSDT visits.

EXAMPLES:

- *“Reviewed importance of dental hygiene. Has never been to a dentist. Referral given for dental clinic.”*
- *“Dental home: yes. Dental visit within past 6 months: yes. Recent dental emergencies: no.”*
- *“Brushes teeth 2x day, flosses, annual dental visits. Discussed importance of routine dental care.”*

### **Anticipatory Guidance/ Health Education**

\*Should be documented at every EPSDT and well child exam

EXAMPLES:

- *“Bright Futures handout given.”*
- *“AG discussed.”*
- *“Preventive health reviewed: nutrition, exercise, safety, dental, development, & behavior.”*

### **Immunizations**

\*Should be documented at all EPSDT and well child visits

EXAMPLES:

- *“IMMS UTD. See IMM record.”*
- *“Checked CHIRP. Due for Dtap and Hep A. Referred to Health Dept. Health Dept. to fax UTD IMM record.”*
- *“Needs HPV #1. To RTC in 1 mos. for HPV #2.”*