

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 7.6 oz.”*
- *“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 mo, 18 mo, and 30 mo. Autism screening at 18 mo and 24 mo. 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 annually ages 11-21 yr. Depression screening using the PHQ-2, PHQ-9 or other tool. Tobacco and risk assessments using CRAFFT, HEEADSSS or a similar screening tool should be document at each EPSDT visit (beginning at 11 yr).

Maternal Depression Screening: To be completed on the mother of members 1, 2, 4 and 6 mo.

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.

- **Hearing:** NB to 3 mo, 4-6 yr, 8-10 yr, 11-14 yr, 15-17 yr and 18-21 yr (While annual check-ups are optimal, documentation should occur not less than one time within each noted age period.)
- **Vision:** 3, 4, 5, 6, 8, 10, 12 and 15 yr

EXAMPLES:

- *“Vision acuity: 20/40 OU. Pt has appt with ophtho 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

*Assess for a Dental Home (12 mo, 18 mo-16 yr. If no dental home at these ages, complete a dental risk assessment and give Dental referral. Fluoride Supplementation Risk Assessment (6, 9, 12, mo and 18 mo-16 yr. Fluoride Varnish may be completed every 3-6 mo by either PCP or Dental Provider (6 mo-5 yr).

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.”*

NEWBORN BLOOD SCREENING

- Newborn Blood Screening-: Confirm completed, follow-up as indicated
- For detailed information please visit the HRSA (Health Resources & Services Administration) website at: <https://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/recommendedpanel/uniformscreeningpanel.pdf>
- Newborn: 1 mo, 2 mo
- Newborn Congenital Heart Defect Screening, completed by Pulse Oximetry: Confirm completed, follow-up as indicated
- Newborn Bilirubin: Confirm completed, follow-up as indicated

ANEMIA SCREENING

- Administer at 12 mo
- Anemia Risk Assessment: 4 mo, 15 mo, annually through 21 yr

DISLIPIDEMIA SCREENING

- Once between 9-11 yr, once between 17-21 yr
- Dyslipidemia Risk Assessment: 24 mo, 4 yr, 6 yr, 8 yr, 12-16 yr

HIV SCREENING

- Once between 15-18 yr

BLOOD LEAD SCREENING

*In accordance with IC-12-15-12-20, the Office of Medicaid Policy & Procedure (OMPP) requires Medicaid providers to screen children for lead poisoning.

- Once between 9-12 mo, re-test prior to child's second birthday
- If child has not been tested previously, administer test up to 6 yr
- If positive for blood lead poisoning, entire family should be tested and treated.
- For more information, please review FSSA's Provider Reference Module for EPSDT/Healthwatch