Early Periodic Screening, Diagnosis and Treatment

Provider Documentation Training

May 2017

UnitedHealthcare®

Objectives

- MississippiCAN Program Information
- -Purpose, benefits and claims issues
- EPSDT Documentation Requirements
  - -DOM Administrative Code Title 23: Part 223
  - -Rule 1.5 and 1.6
- Bright Futures Periodicity Schedule
- Provider Portal
- Provider Resources

Mississippi CAN Purpose

The Mississippi Division of Medicaid (DOM) has implemented a managed care program called Mississippi Coordinated Access Network (MississippiCAN). MississippiCAN is designed to get a better return on Mississippi's health care investment by improving the health and well-being of Medicaid beneficiaries. MississippiCAN is a statewide coordinated care program designed to meet the following goals:

-improve beneficiary access to needed medical services,

-improve quality of care, and

-improve program efficiencies as well as cost predictability.

DOM has contracted with two coordinated care organizations (CCOs), Magnolia Health and UnitedHealthcare Community Plan, responsible for providing services to beneficiaries who participate in the MississippiCAN program. There are certain beneficiaries that will qualify for this program, both mandatory and optional beneficiary populations.

Mississippi CAN Benefits

MississippiCAN administers the Medicaid benefit package, as defined by the state of Mississippi, to Medicaid beneficiaries.

UnitedHealthcare Community Plan provides additional benefits To MississippiCAN members:

- Unlimited doctor visits
- Care management
- Member outreach
- Health education
- Well and sick care
- Home care and supplies
- Transportation
- and more!

View benefit details at:

- Medicaid.ms.gov
- UHCCommunityPlan.com>For Health Care Professionals>Mississippi

Mississippi CAN Claims Issues

Go to UnitedHealthcareOnline.Com to review a patient's eligibility or benefits, check claims status, submit claims or review Directory of Physicians, Hospitals and other Health Care Professionals.

Provider Services 877-743-8734
Hours of Operations:
Monday – Friday 8 a.m. to 5 p.m.

This is an automated system. Please have your National Provider Identifier number and your Tax ID or the member ID ready, or you may hold to speak to a representative. The call center is available for care providers to:

- Answer general questions
- Verify member eligibility
- Check status of claims
- Ask questions about your participation or notify us of demographic and practice changes.

Administrative Code Overview

UnitedHealthcare®

MISSISSIPPI DIVISION OF MEDICAID

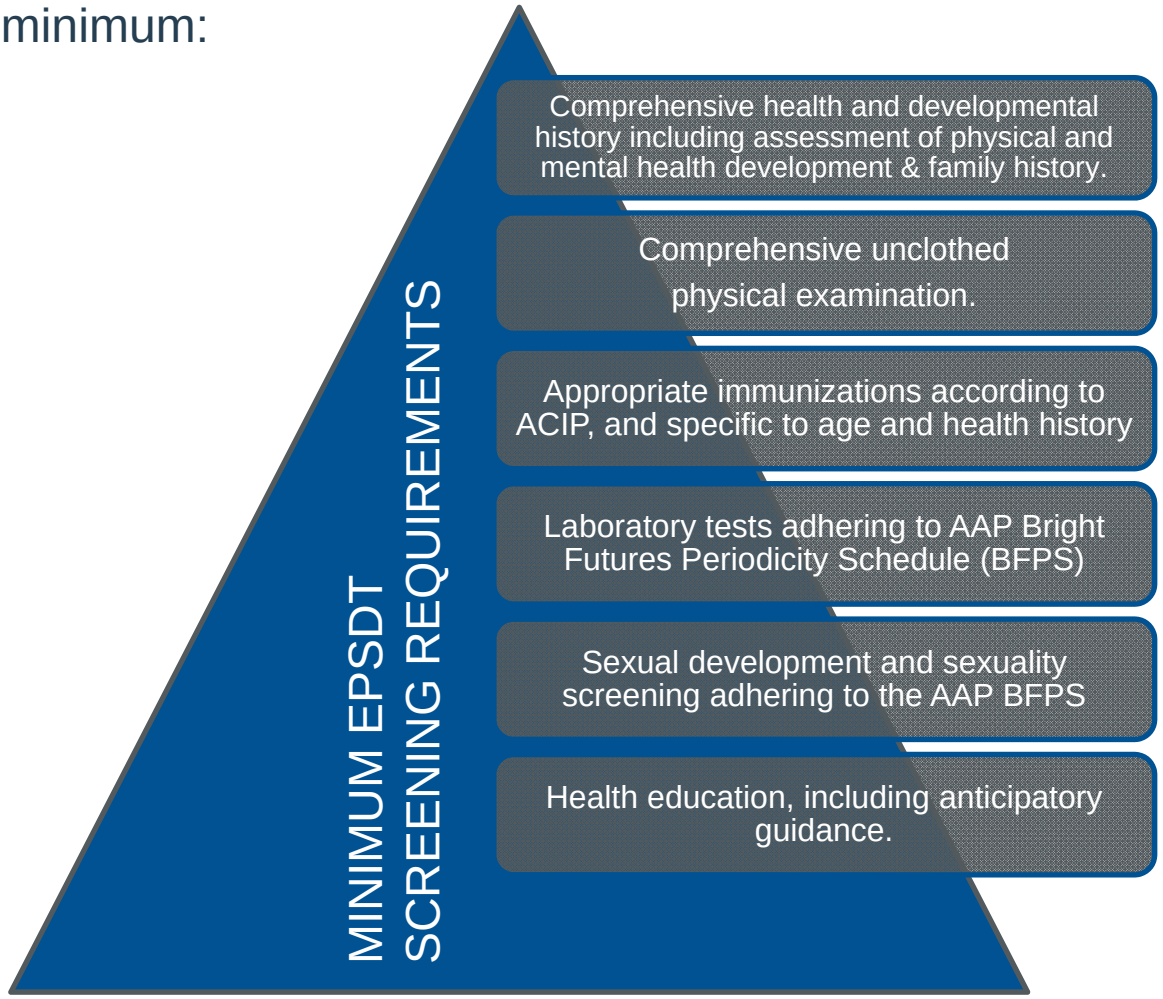
Administrative Code

Title 23: Medicaid
Part 223
Early and Periodic Screening,
Diagnosis, and Treatment (EPSDT)

Download the entire Administrative Code:
https://medicaid.ms.gov/wp-content/uploads/2014/01/Admin-Code-Part-223.pdf

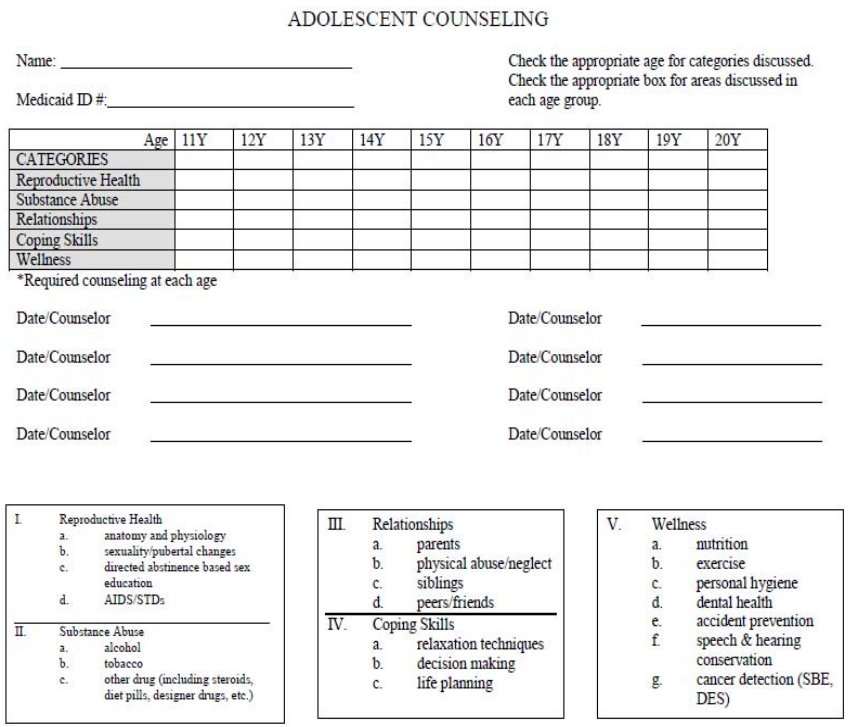
Rule 1.5 : EPSDT Screenings

An initial or established age appropriate medical screening which must include at a minimum:



Rule 1.5 : Adolescent Counseling

Adolescent counseling and risk factor reduction intervention to include diagnosis with referral to an enrolled Mississippi Medicaid provider for diagnosis and treatment for defects discovered.



ADOLESCENT COUNSELING

Name: _____

Medicaid ID #: _____

Check the appropriate age for categories discussed. Check the appropriate box for areas discussed in each age group.

Age	11Y	12Y	13Y	14Y	15Y	16Y	17Y	18Y	19Y	20Y
CATEGORIES										
Reproductive Health										
Substance Abuse										
Relationships										
Coping Skills										
Wellness										

*Required counseling at each age

Date/Counselor _____ Date/Counselor _____

Date/Counselor _____ Date/Counselor _____

Date/Counselor _____ Date/Counselor _____

Date/Counselor _____ Date/Counselor _____

I. Reproductive Health
- a. anatomy and physiology
- b. sexuality/pubertal changes
- c. directed abstinence based sex education
- d. AIDS/STDs

II. Substance Abuse
- a. alcohol
- b. tobacco
- c. other drug (including steroids, diet pills, designer drugs, etc.)

III. Relationships
- a. parents
- b. physical abuse/neglect
- c. siblings
- d. peers/friends

IV. Coping Skills
- a. relaxation techniques
- b. decision making
- c. life planning

V. Wellness
- a. nutrition
- b. exercise
- c. personal hygiene
- d. dental health
- e. accident prevention
- f. speech & hearing conservation
- g. cancer detection (SBE, DES)

ADOLESCENT COUNSELING

- According to Bright Future and Preventive Medicine Coding Fact Sheet, 99401 should not be billed on the same date of service as 99381-99385 and 99391-99395. It can be billed in addition to E/M codes 99201-99215.
- CPT 99401

DEPRESSION SCREEN

- Annually, ages 12-21
- CPT 96160 (effective 1/1/2017)

Rule 1.5 : Developmental Screenings

Developmental screening or surveillance to include diagnosis with referral to an enrolled Mississippi Medicaid provider for diagnosis and treatment for defects discovered.

- Bright Futures calls for developmental screening at 9, 18, and 30 months.
- CPT 96110
- Document interpretation in E/M visit note.
- Modifier -25 may be attached to associated E/M visit.
- Examples: Ages and Stages Questionnaire (ASQ)
  Parents' Evaluation of Developmental Status (PEDS)
  Survey of Well-Being of Young Children (SWYC)

Psychosocial/behavioral assessment to include diagnosis with referral to an enrolled Mississippi Medicaid provider for diagnosis and treatment for defects discovered.

- Social/Emotional & Behavior Screens are recommended at every well visit.
- CPT 96127- brief emotional/behavioral assessment with scoring and documentation, per standardized instrument
- Examples: Ages and Stages Questionnaire – Social Emotional (ASQ-SE)
  Pediatric Symptom Checklist
  Behavior Assessment Scale for Children – 2nd Ed (BASC-2)

- Bright Futures calls for autism specific screening at 18 and 24 months.
- CPT 96110
- Example: Modified Checklist for Autism in Toddlers (MCHAT) has been recently revised to MCHAT-R.

Rule 1.5 : Vision and Hearing Screenings

Vision screening, at a minimum, to include diagnosis with referral to an enrolled Mississippi Medicaid optometry or ophthalmology provider for diagnosis and treatment for defects discovered.

- CPT 99173
- Vision screening is required at ages 3, 4, 5, 6, 8, 10, 12, 15 years old and a risk assessment for all other ages from newborn to 21.

Hearing screening, at a minimum, to include diagnosis with referral to an enrolled Mississippi Medicaid audiologist, otologist, otolaryngologist or other physician hearing specialists for diagnosis and treatment for defects discovered.

- CPT 92551
- Hearing screening is required at ages 4, 5, 6, 8, 10, once between 11 & 14, 15 & 17, and 18 & 21. There should also be a hearing screening for newborn and 3-5 day visit. Risk assessment should be performed for all other visits.

Rule 1.5 : Dental Screening

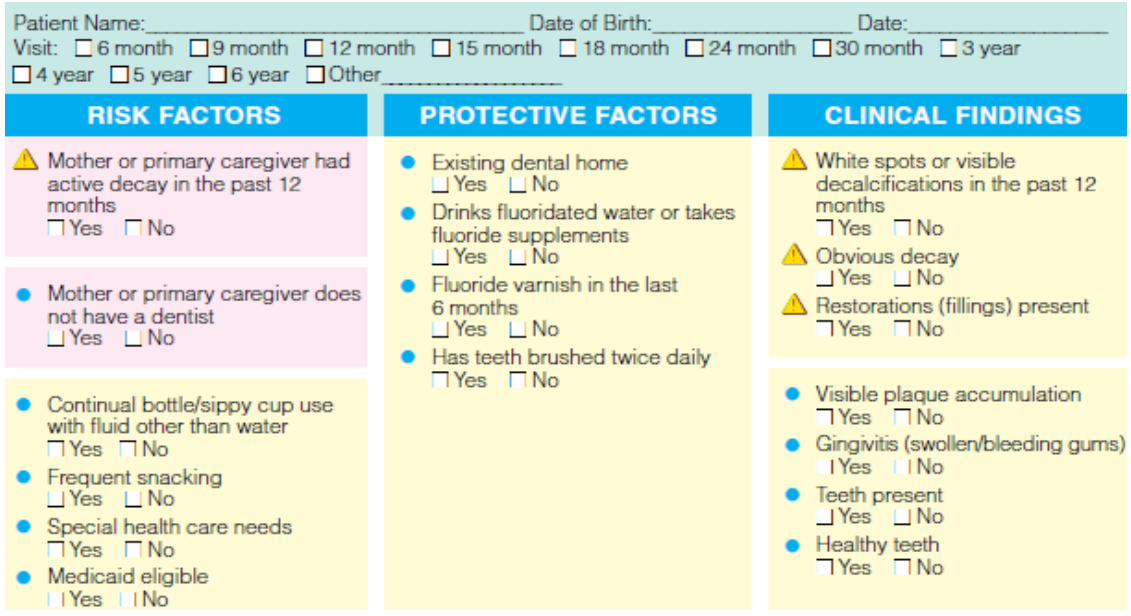
Dental screening, at a minimum, to include diagnosis with referral to an enrolled Mississippi Medicaid dental provider for beneficiaries at eruption of the first tooth or twelve (12) months of age for diagnosis and referral to a dentist for treatment and relief of pain and infections, restoration of teeth and maintenance of dental health.

BRIGHT FUTURES ORAL HEALTH

- After tooth eruption, fluoride varnish may be applied to all children every 3–6 months in the primary care or dental office.
- D0145: Oral Evaluation and Counseling
- D1206: Fluoride Varnish Application

Can be billed twice per fiscal, at least 5 months apart, for patients between 6 months up to 3 years old.

- CPT requires a MD, NP or DO to perform; no RN or staff.



Patient Name:_____ Date of Birth:_____ Date:_____

Visit: ☐ 6 month ☐ 9 month ☐ 12 month ☐ 15 month ☐ 18 month ☐ 24 month ☐ 30 month ☐ 3 year ☐ 4 year ☐ 5 year ☐ 6 year ☐ Other_____

RISK FACTORS

- ⚠ Mother or primary caregiver had active decay in the past 12 months ☐ Yes ☐ No
- Mother or primary caregiver does not have a dentist ☐ Yes ☐ No
- Continual bottle/sippy cup use with fluid other than water ☐ Yes ☐ No
- Frequent snacking ☐ Yes ☐ No
- Special health care needs ☐ Yes ☐ No
- Medicaid eligible ☐ Yes ☐ No

PROTECTIVE FACTORS

- Existing dental home ☐ Yes ☐ No
- Drinks fluoridated water or takes fluoride supplements ☐ Yes ☐ No
- Fluoride varnish in the last 6 months ☐ Yes ☐ No
- Has teeth brushed twice daily ☐ Yes ☐ No

CLINICAL FINDINGS

- ⚠ White spots or visible decalcifications in the past 12 months ☐ Yes ☐ No
- ⚠ Obvious decay ☐ Yes ☐ No
- ⚠ Restorations (fillings) present ☐ Yes ☐ No
- Visible plaque accumulation ☐ Yes ☐ No
- Gingivitis (swollen/bleeding gums) ☐ Yes ☐ No
- Teeth present ☐ Yes ☐ No
- Healthy teeth ☐ Yes ☐ No

http://www2.aap.org/commpeds/dochs/oralhealth/RiskAssessmentTool.html

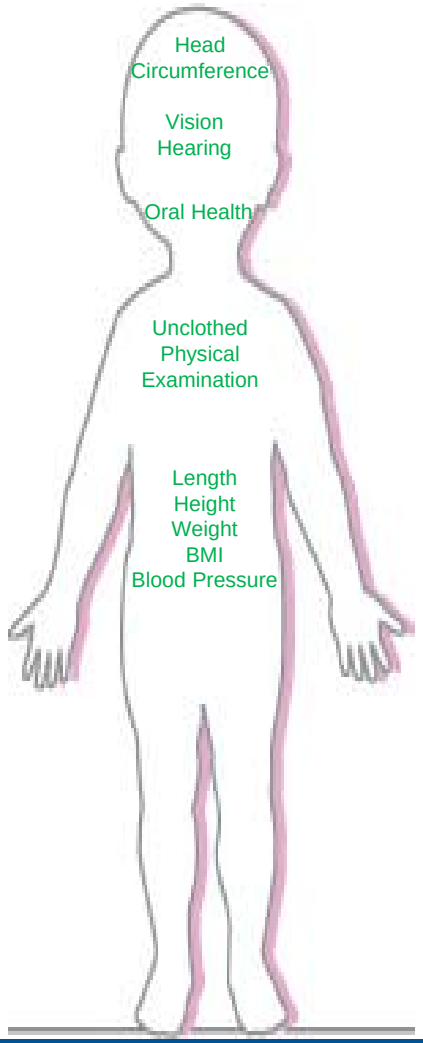
Rule 1.6: Documenting EPSDT Screenings

Document the specific age appropriate screening requirements according to the AAP Bright Futures Periodicity Schedule.

Beneficiary and family history with appropriate updates at each screening visit, including, but not limited to, the following:
a) Psychosocial/behavioral history,
b) Developmental history, and
c) Immunization history.

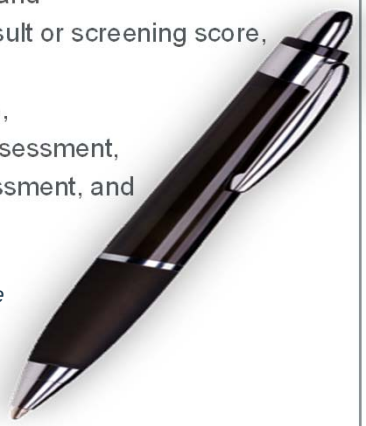
Procedures, as appropriate, including, but not limited to:
a) Newborn blood screening, bilirubin
b) HIV screening
b) Vaccine administration, if indicated,
c) Hematocrit and/or hemoglobin,
d) Lead screening and testing,
e) Tuberculin test, if indicated,
f) Dyslipidemia screening,
g) Sexually transmitted infection/disease screening, 7
h) Cervical dysplasia screening, and other pertinent lab and/or medical tests, as indicated.

Anticipatory guidance, including, but not limited to:
a) Safety,
b) Risk reduction,
c) Nutritional assessment,
d) Supplemental Nutrition Assistant Program (SNAP) and Women, Infants and Children (WIC) status, and
e) Adolescent counseling, including but not limited to:
1) Reproductive health,
2) Substance abuse,
3) Relationships,
4) Coping skills, and
5) Wellness.

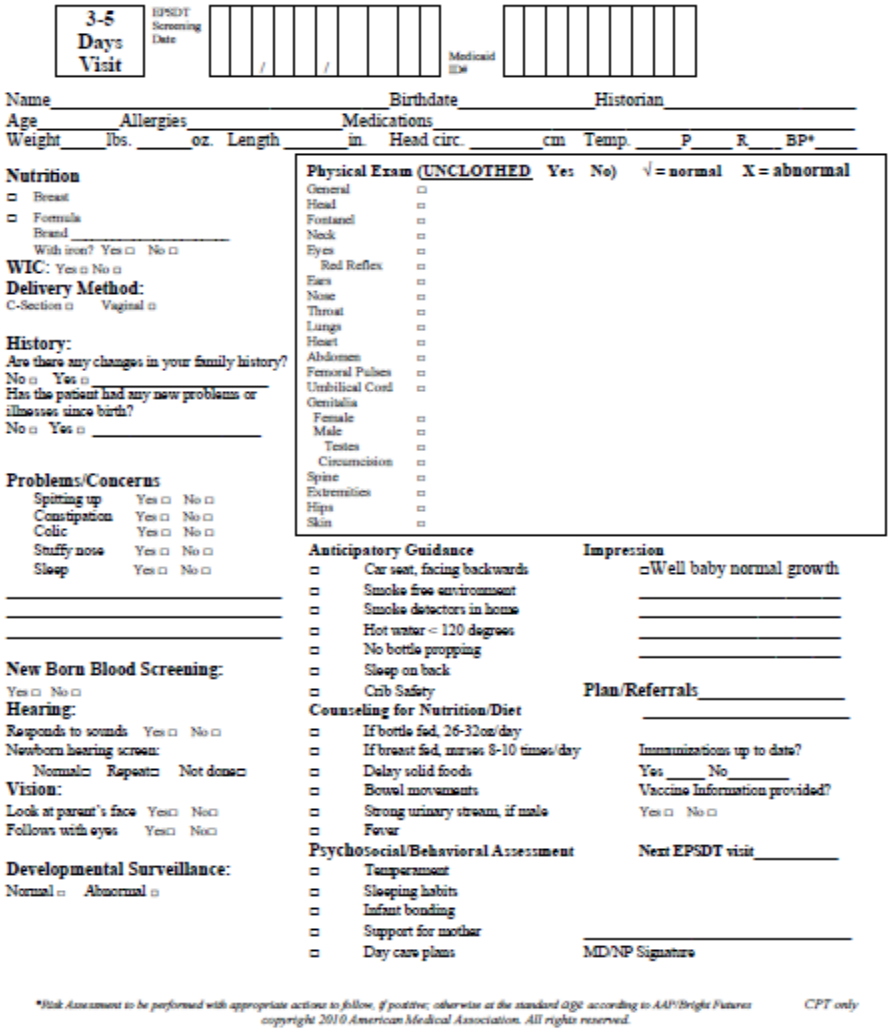


Developmental/behavioral assessment, as appropriate, including:
a) Developmental screening to include, but not limited to:
1) A note indicating the date the test was performed,
2) The standardized tool used which must have:
Motor, language, cognitive, and social-emotional developmental domains,
(b) Established reliability scores of approximately 0.70 or above,
(c) Established validity scores of approximately 0.70 or above for the tool conducted on a significant amount of children and using an appropriate standardized developmental or social-emotional assessment instrument, and
(d) Established sensitivity/specificity scores of approximately 0.70 or above, and
3) Evidence of a screening result or screening score,
b) Autism screening,
c) Developmental surveillance,
d) Psychosocial/behavioral assessment,
e) Alcohol and drug use assessment, and
f) Depression screening.

The results of the tests or procedures or an explanation of the clinical decision to not perform a test or procedure in accordance with the AAP Bright Futures Periodicity Schedule MUST be documented.



Sample Documentation Form



3-5 Days Visit

EPSDT Screening Date ___/___/___

Medicaid ID#

Name_____ Birthdate_____ Historian_____

Age_____ Allergies_____ Medications_____

Weight____lbs. _____oz. Length _____in. Head circ. _____cm Temp. ____P____ R___ BP*____

Nutrition

- ☐ Breast
- ☐ Formula
  Brand _____
  With iron? Yes ☐ No ☐

WIC: Yes ☐ No ☐

Delivery Method:

C-Section ☐ Vaginal ☐

History:

Are there any changes in your family history?
No ☐ Yes ☐ _____
Has the patient had any new problems or illnesses since birth?
No ☐ Yes ☐ _____

Problems/Concerns

Spitting up	Yes ☐	No ☐
Constipation	Yes ☐	No ☐
Colic	Yes ☐	No ☐
Stuffy nose	Yes ☐	No ☐
Sleep	Yes ☐	No ☐

_____
_____
_____

New Born Blood Screening:

Yes ☐ No ☐

Hearing:

Responds to sounds Yes ☐ No ☐
Newborn hearing screen:
Normal☐ Repeat☐ Not done☐

Vision:

Look at parent's face Yes☐ No☐
Follows with eyes Yes☐ No☐

Developmental Surveillance:

Normal ☐ Abnormal ☐

Physical Exam (UNCLOTHED Yes No) √ = normal X = abnormal

General	☐
Head	☐
Fontanel	☐
Neck	☐
Eyes	☐
Red Reflex	☐
Ears	☐
Nose	☐
Throat	☐
Lungs	☐
Heart	☐
Abdomen	☐
Femoral Pulses	☐
Umbilical Cord	☐
Genitalia	
Female	☐
Male	☐
Testes	☐
Circumcision	☐
Spine	☐
Extremities	☐
Hips	☐
Skin	☐

Anticipatory Guidance

- ☐ Car seat, facing backwards
- ☐ Smoke free environment
- ☐ Smoke detectors in home
- ☐ Hot water < 120 degrees
- ☐ No bottle propping
- ☐ Sleep on back
- ☐ Crib Safety

Counseling for Nutrition/Diet

- ☐ If bottle fed, 26-32oz/day
- ☐ If breast fed, nurses 8-10 times/day
- ☐ Delay solid foods
- ☐ Bowel movements
- ☐ Strong urinary stream, if male
- ☐ Fever

PsychoSocial/Behavioral Assessment

- ☐ Temperament
- ☐ Sleeping habits
- ☐ Infant bonding
- ☐ Support for mother
- ☐ Day care plans

Impression

☐Well baby normal growth
_____
_____
_____
_____

Plan/Referrals_____
_____

Immunizations up to date?
Yes _____ No_____
Vaccine Information provided?
Yes ☐ No ☐

Next EPSDT visit_____

_____
MD/NP Signature

**Risk Assessment to be performed with appropriate actions to follow, if positive; otherwise at the standard QI according to AAP/Bright Futures* *CPT only*

EPSDT Documentation Forms for ALL ages are available for download on DOM's website: https://medicaid.ms.gov/resources/forms/

Rule 1.6: Documenting EPSDT Screenings

REMEMBER TO ALSO DOCUMENT

Appropriate referral(s) to other enrolled Mississippi Medicaid providers for diagnosis and treatment.

Follow-up on referral(s) made to other enrolled Mississippi Medicaid providers for diagnosis and treatment.

Next scheduled EPSDT screening appointments, missed appointments and any contacts or attempted contacts for rescheduling of EPSDT screening appointments.
(see Administrative Code 223 Rule 1.4)

IMPORTANT NOTE: Medical records must be available to the Division of Medicaid and/or designated entity upon request. ***[Refer to Maintenance of Records Part 200, Rule 1.3]***

Source: Miss. Code Ann. § § 43-13-117, 43-13-118, 43-13-121, 43-13-129.
History: Revised to correspond with SPA 2015-017 (eff. 11/01/2015), eff. 10/01/2016.

Most Common Documentation Issues

- Immunization Status not documented.
- Screening for sexually transmitted diseases are not documented.
- No hemoglobin or hematocrit levels.
- No lead assessments and no blood lead testing when applicable.
- No nutritional counseling.
- No developmental assessments.
- Missing height/weight growth parameters.
- No documentation a hearing or vision screening.
- Missing documentation of anticipatory guidance.
- No dental referrals.
- No documentation of the periodicity appointment (return appointment for the next scheduled EPSDT visit).
- No documentation for the additional evaluation and management visit reimbursed.
- No documentation that the exam was performed unclothed.

Bright Futures

UnitedHealthcare®

Bright Futures™

prevention and health promotion for infants, children, adolescents, and their families™

https://brightfutures.aap.org/

Notable MS EPSDT Changes via Bright Futures

UnitedHealthcare®

- First week well visit (3 to 5 days old)
- 30 month visit
- Standardized developmental screen
- Autism screen
- Adolescent Depression screen
- Adolescent Tobacco and Drug screen
- Adolescent Hearing Screen
- Universal Dyslipidemia screen
- Universal HIV screen

and Newborn Bilirubin

3-5 Day Visit Priorities

UnitedHealthcare®

Priorities for the First Week Visit (3 to 5 Days)

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:

- Social determinants of health[9] (risks [living situation and food security, environmental tobacco exposure], strengths and protective factors [family support])
- Parent and family health and well-being (transition home, sibling adjustment)
- Newborn behavior and care (early brain development, adjustment to home, calming, when to call [temperature taking] and emergency readiness, CPR, illness prevention [handwashing, outings] and sun exposure)
- Nutrition and feeding (general guidance on feeding [weight gain, feeding strategies, holding, burping, hunger and satiation cues], breastfeeding guidance, formula-feeding guidance)
- Safety (car safety seats, heatstroke prevention, safe sleep, safe home environment: burns)

[9] Social determinants of health is a new priority in the fourth edition of the *Bright Futures Guidelines*. For more information, see the *Promoting Lifelong Health for Families and Communities* theme.

30 Month Visit Priorities

UnitedHealthcare®

Priorities for the 2½ Year Visit

The first priority is to attend to the concerns of the parents.

In addition, the Bright Futures Early Childhood Expert Panel has given priority to the following topics for discussion in this visit:

- Family routines (day and evening routines, enjoyable family activities, parental activities outside the family, consistency in the child's environment)
- Language promotion and communication (use of simple words and reading together)
- Promoting social development (play with other children, giving choices, limits on television and media use)
- Preschool considerations (readiness for early childhood programs and playgroups, toilet training)
- Safety (car safety seats, outdoor safety, water safety, sun protection, fires and burns)

Early & Periodic Screening, Diagnostic & Treatment Quick Reference Guide

UnitedHealthcare®

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Bright Futures

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents.* 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

	INFANCY								EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
AGE[1]	Prenatal[2]	Newborn[3]	3-5 d[4]	8y 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS																																
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●																				
Weight for Length		●	●	●	●	●	●	●	●	●	●																					
Body Mass Index[5]												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure[6]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
SENSORY SCREENING																																
Vision[7]		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	★	●	★	●	★	●	★	★	●	★	★	★	★	★	★
Hearing		●[8]	●[9]	→	★	★	★	★	★	★	★	★	★	★	●	●	●	★	●	★	●	←	●	→	←	●	→	←	●	→	←	●	→
DEVELOPMENTAL/BEHAVIORAL HEALTH																																
Developmental Screening[11]								●			●		●																			
Autism Spectrum Disorder Screening[12]											●	●																				
Developmental Surveillance		●	●	●	●	●	●		●	●		●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment[13]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment[14]																						★	★	★	★	★	★	★	★	★	★	★
Depression Screening[15]																							●	●	●	●	●	●	●	●	●	●
Maternal Depression Screening[16]				●	●	●	●																									
PHYSICAL EXAMINATION[17]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[18]																																
Newborn Blood		●[10]	●[10]	→																												
Newborn Bilirubin[21]		●																														
Critical Congenital Heart Defect[22]		●																														
Immunization[23]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia[24]						★			●	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead[25]							★	★	● or ★[26]		★	● or ★[26]		★	★	★	★																
Tuberculosis[27]				★			★		★			★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia[28]												★			★		★		★	←	●	→	★	★	★	★	★	←	●	→		
Sexually Transmitted Infections[29]																							★	★	★	★	★	★	★	★	★	★
HIV[30]																							★	★	★	★	←	●	→	★	★	★
Cervical Dysplasia[31]																																●
ORAL HEALTH[32]							●[33]	●[33]	★		★	★	★	★	★	★	★															
Fluoride Varnish[34]							←	←	←	●	→	→	→	→	→																		
Fluoride Supplementation[35]							★	★	★			★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★					
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

1. 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.
2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per "The Prenatal Visit" (http://pediatrics.aappublications.org/content/124/4/1227.full).
3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (http://pediatrics.aappublications.org/content/129/3/e827.full). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborns" (http://pediatrics.aappublications.org/content/125/2/405.full).
5. Screen, per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full).
6. Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
7. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153596) and "Procedures for the Evaluation of the Visual System by Pediatricians" (http://pediatrics.aappublications.org/content/137/1/e20153597).
8. Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (http://pediatrics.aappublications.org/content/120/4/898.full).
9. Verify results as soon as possible, and follow up, as appropriate.
10. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (http://www.jahonline.org/article/S1054-139X(16)00048-3/fulltext).
11. See "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening" (http://pediatrics.aappublications.org/content/118/1/405.full).
12. Screening should occur per "Identification and Evaluation of Children With Autism Spectrum Disorders" (http://pediatrics.aappublications.org/content/120/5/1183.full).
13. This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. See "Promoting Optimal Development: Screening for Behavioral and Emotional Problems" (http://pediatrics.aappublications.org/content/135/2/384) and "Poverty and Child Health in the United States" (http://pediatrics.aappublications.org/content/137/4/e20160339).
14. A recommended assessment tool is available at http://www.crasar-boston.org/CRAFFT/index.php.
15. Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit and at http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf.
16. Screening should occur per "Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice" (http://pediatrics.aappublications.org/content/126/5/1032).
17. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See "Use of Chaperones During the Physical Examination of the Pediatric Patient" (http://pediatrics.aappublications.org/content/127/5/991.full).
18. These may be modified, depending on entry point into schedule and individual need.

(continued)

KEY: ● = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ← ● → = range during which a service may be provided

EPSDT Quick Reference Guide, pg. 2

UnitedHealthcare®

(continued)

19. Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Newborn Screening Panel (http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/recommendedpanel/uniformscreeningpanel.pdf), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/nbsdisorders.pdf) establish the criteria for and coverage of newborn screening procedures and programs.
20. Verify results as soon as possible, and follow up, as appropriate.
21. Confirm initial screening was accomplished, verify results, and follow up, as appropriate. See "Hyperbilirubinemia in the Newborn Infant ≥35 Weeks' Gestation: An Update With Clarifications" (http://pediatrics.aappublications.org/content/124/4/1193).
22. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per "Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease" (http://pediatrics.aappublications.org/content/129/1/190.full).
23. Schedules, per the AAP Committee on Infectious Diseases, are available at http://redbook.solutions.aap.org/SS/Immunization_Schedules.aspx. Every visit should be an opportunity to update and complete a child's immunizations.
24. See "Diagnosis and Prevention of Iron Deficiency and Iron-Deficiency Anemia in Infants and Young Children (0–3 Years of Age)" (http://pediatrics.aappublications.org/content/126/5/1040.full).
25. For children at risk of lead exposure, see "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf).
26. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.
27. Tuberculosis testing per recommendations of the AAP Committee on Infectious Diseases, published in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high-risk factors.
28. See "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm).
29. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*.
30. Adolescents should be screened for HIV according to the USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. 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.
31. See USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspscerv.htm). Indications for pelvic examinations prior to age 21 are noted in "Gynecologic Examination for Adolescents in the Pediatric Office Setting" (http://pediatrics.aappublications.org/content/126/3/583.full).
32. Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment (http://www2.aap.org/oralhealth/docs/RiskAssessmentTool.pdf) and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See "Maintaining and Improving the Oral Health of Young Children" (http://pediatrics.aappublications.org/content/134/6/1224).
33. Perform a risk assessment (http://www2.aap.org/oralhealth/docs/RiskAssessmentTool.pdf). See "Maintaining and Improving the Oral Health of Young Children" (http://pediatrics.aappublications.org/content/134/6/1224).
34. See USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspsdnch.htm). Once teeth are present, fluoride varnish may be applied to all children every 3–6 months in the primary care or dental office. Indications for fluoride use are noted in "Fluoride Use in Caries Prevention in the Primary Care Setting" (http://pediatrics.aappublications.org/content/134/3/626).
35. If primary water source is deficient in fluoride, consider oral fluoride supplementation. See "Fluoride Use in Caries Prevention in the Primary Care Setting" (http://pediatrics.aappublications.org/content/134/3/626).

Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care

(Periodicity Schedule)

This schedule reflects changes approved in February 2017 and published in April 2017.
For updates, visit www.aap.org/periodicityschedule.
For further information, see the *Bright Futures Guidelines*, 4th Edition, *Evidence and Rationale chapter* (https://brightfutures.aap.org/Bright%20Futures%20Documents/BF4_Evidence_Rationale.pdf).

CHANGES MADE IN FEBRUARY 2017

HEARING

- Timing and follow-up of the screening recommendations for hearing during the infancy visits have been delineated. Adolescent risk assessment has changed to screening once during each time period.
- Footnote 8 has been updated to read as follows: "Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per 'Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs' (http://pediatrics.aappublications.org/content/120/4/898.full)."
- Footnote 9 has been added to read as follows: "Verify results as soon as possible, and follow up, as appropriate."
- Footnote 10 has been added to read as follows: "Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See 'The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies' (http://www.jahonline.org/article/S1054-139X(16)00048-3/fulltext)."

PSYCHOSOCIAL/BEHAVIORAL ASSESSMENT

- Footnote 13 has been added to read as follows: "This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health. See 'Promoting Optimal Development: Screening for Behavioral and Emotional Problems' (http://pediatrics.aappublications.org/content/135/2/384) and 'Poverty and Child Health in the United States' (http://pediatrics.aappublications.org/content/137/4/e20160339)."

TOBACCO, ALCOHOL, OR DRUG USE ASSESSMENT

- The header was updated to be consistent with recommendations.

https://www.aap.org/en-us/Documents/periodicity_schedule.pdf

EPSDT Quick Reference Guide, pg. 2

UnitedHealthcare®

DEPRESSION SCREENING

- Adolescent depression screening begins routinely at 12 years of age (to be consistent with recommendations of the US Preventive Services Task Force [USPSTF]).

MATERNAL DEPRESSION SCREENING

- Screening for maternal depression at 1-, 2-, 4-, and 6-month visits has been added.
- Footnote 16 was added to read as follows: "Screening should occur per 'Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice' (http://pediatrics.aappublications.org/content/126/5/1032)."

NEWBORN BLOOD

- Timing and follow-up of the newborn blood screening recommendations have been delineated.
- Footnote 19 has been updated to read as follows: "Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Newborn Screening Panel (http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/recommendedpanel/uniformscreeningpanel.pdf), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/nbsdisorders.pdf) establish the criteria for and coverage of newborn screening procedures and programs."
- Footnote 20 has been added to read as follows: "Verify results as soon as possible, and follow up, as appropriate."

NEWBORN BILIRUBIN

- Screening for bilirubin concentration at the newborn visit has been added.
- Footnote 21 has been added to read as follows: "Confirm initial screening was accomplished, verify results, and follow up, as appropriate. See 'Hyperbilirubinemia in the Newborn Infant ≥35 Weeks' Gestation: An Update With Clarifications' (http://pediatrics.aappublications.org/content/124/4/1193)."

DYSLIPIDEMIA

- Screening for dyslipidemia has been updated to occur once between 9 and 11 years of age, and once between 17 and 21 years of age (to be consistent with guidelines of the National Heart, Lung, and Blood Institute).

SEXUALLY TRANSMITTED INFECTIONS

- Footnote 29 has been updated to read as follows: "Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*."

HIV

- A subheading has been added for the HIV universal recommendation to avoid confusion with STIs selective screening recommendation.
- Screening for HIV has been updated to occur once between 15 and 18 years of age (to be consistent with recommendations of the USPSTF).
- Footnote 30 has been added to read as follows: "Adolescents should be screened for HIV according to the USPSTF recommendations (http://www.uspreventiveservicestaskforce.org/uspstf/uspshivi.htm) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. 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."

ORAL HEALTH

- Assessing for a dental home has been updated to occur at the 12-month and 18-month through 6-year visits. A subheading has been added for fluoride supplementation, with a recommendation from the 6-month through 12-month and 18-month through 16-year visits.
- Footnote 32 has been updated to read as follows: "Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment (http://www2.aap.org/oralhealth/docs/RiskAssessmentTool.pdf) and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See 'Maintaining and Improving the Oral Health of Young Children' (http://pediatrics.aappublications.org/content/134/6/1224)."
- Footnote 33 has been updated to read as follows: "Perform a risk assessment (http://www2.aap.org/oralhealth/docs/RiskAssessmentTool.pdf). See 'Maintaining and Improving the Oral Health of Young Children' (http://pediatrics.aappublications.org/content/134/6/1224)."
- Footnote 35 has been added to read as follows: "If primary water source is deficient in fluoride, consider oral fluoride supplementation. See 'Fluoride Use in Caries Prevention in the Primary Care Setting' (http://pediatrics.aappublications.org/content/134/3/626)."

EPSDT Periodic Exam Schedule

Screening Code		Modifier	Age of Child	Unit
New Patient	Established Patient			
99381	99391	EP	3-5 Days	1
99381	99391	EP	0 – 1 Months	1
99381	99391	EP	2 Months	1
99381	99391	EP	4 Months	1
99381	99391	EP	6 Months	1
99381	99391	EP	9 Months	1
99382	99392	EP	12 Months	1
99382	99392	EP	15 Months	1
99382	99392	EP	18 Months	1
99382	99392	EP	24 Months	1
99382	99392	EP	30 Months	1
99382	99392	EP	3 – 4 years*	1
99383	99393	EP	5 - 11 years*	1
99384	99394	EP	12 – 17 years*	1
99385	99395	EP	18 - 21 years*	1

PROVIDER TIPS

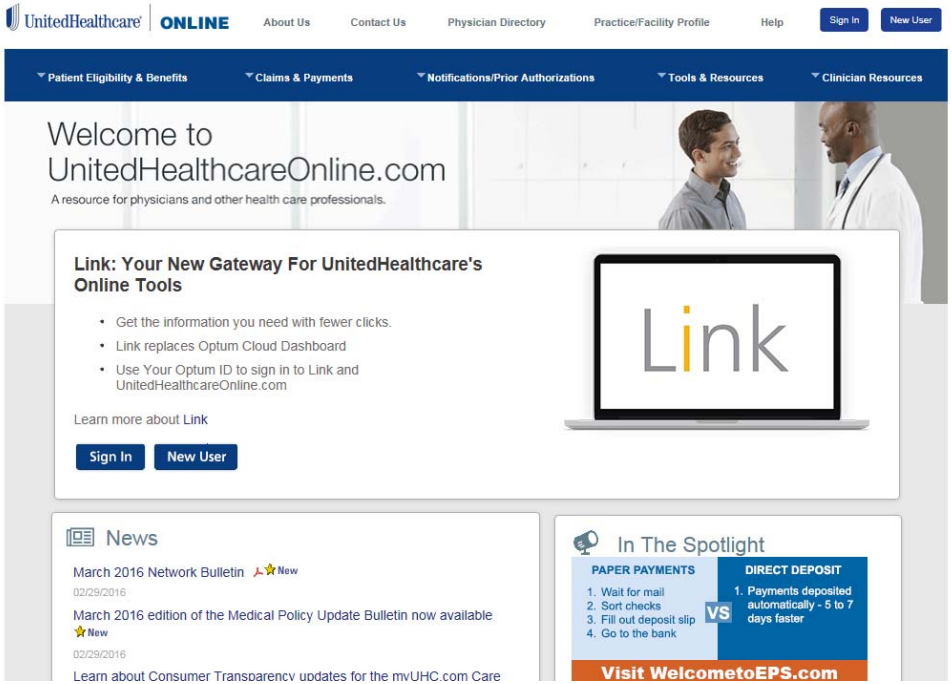
- Advocate maximizing every visit by making sure the child is current on EPSDT services.
- If a provider can't access the EPSDT report on the portal, please notify the EPSDT coordinator.
- Be sure the office uses the correct coding.

Sensory Screenings and Developmental/Behavioral Assessments

Screening Code	EPSDT Service	Age of Child	Period Limitations	Unit
99173-EP	Vision Screen	3 – 21 Years	Annually	1
92551-EP	Hearing Screen	4 – 21 Years	Annually	1
96110-EP	Developmental Screen	9, 18, & 30 Months	9,18, & 30 Months	1
96110-EP	Autism Screen	18 & 24 Months	18 & 24 Months	1
96160 – EP (effective 1/1/2017)	Depression Screen	12 – 21 Years	Annually Beginning at Age 12	1

Provider Portal

www.unitedhealthcareonline.com will show the following web page:

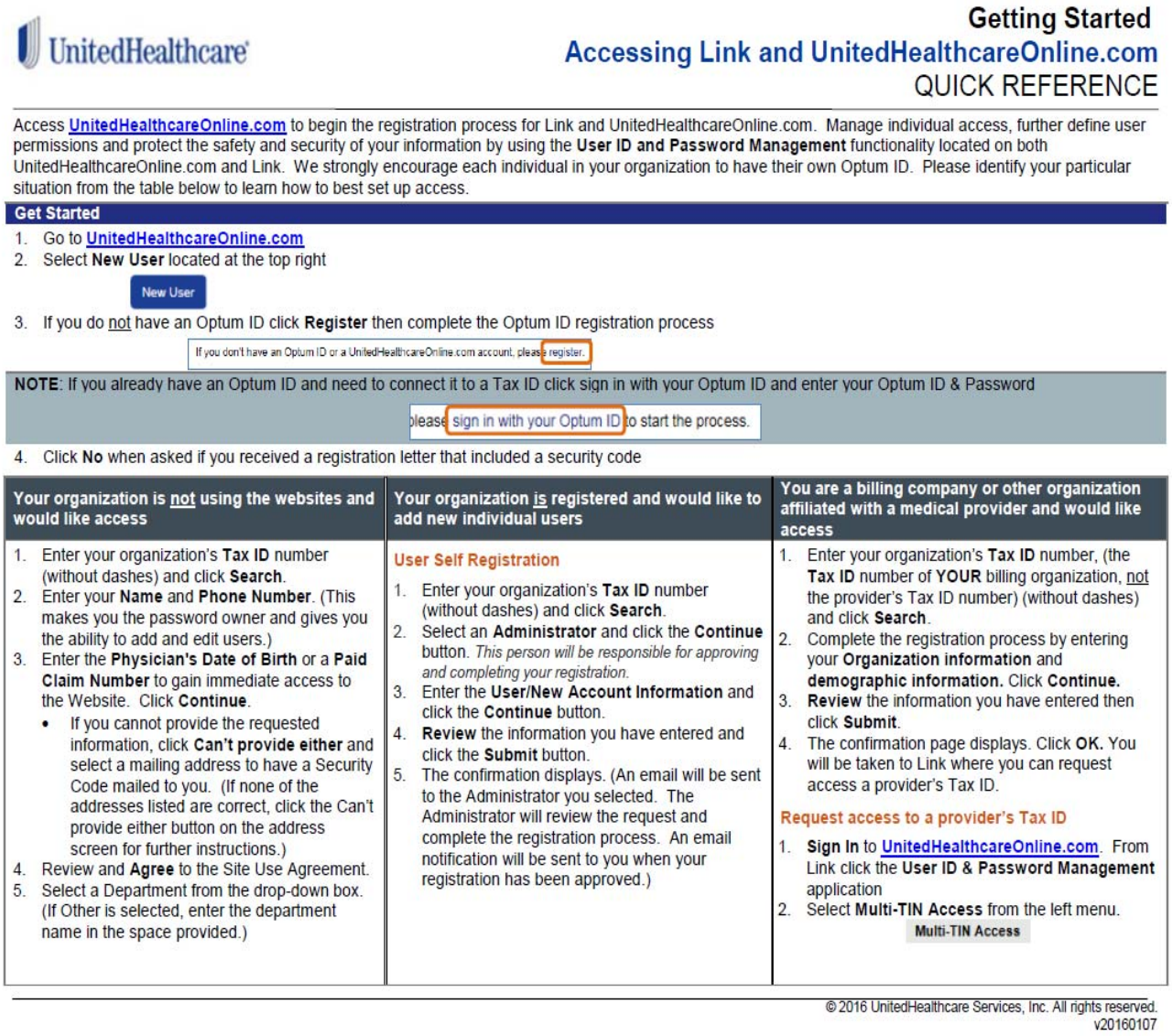


Providers have to sign in, or create an account for this site in order to access their EPSDT reports.

Access

Page 1

Instructions on how to access the portal depending upon provider circumstances.



UnitedHealthcare

Getting Started

Accessing Link and UnitedHealthcareOnline.com

QUICK REFERENCE

Access UnitedHealthcareOnline.com to begin the registration process for Link and UnitedHealthcareOnline.com. Manage individual access, further define user permissions and protect the safety and security of your information by using the **User ID and Password Management** functionality located on both UnitedHealthcareOnline.com and Link. We strongly encourage each individual in your organization to have their own Optum ID. Please identify your particular situation from the table below to learn how to best set up access.

Get Started

1. Go to UnitedHealthcareOnline.com
2. Select **New User** located at the top right

New User

3. If you do not have an Optum ID click **Register** then complete the Optum ID registration process

If you don't have an Optum ID or a UnitedHealthcareOnline.com account, please register.

NOTE: If you already have an Optum ID and need to connect it to a Tax ID click sign in with your Optum ID and enter your Optum ID & Password

please sign in with your Optum ID to start the process.

4. Click **No** when asked if you received a registration letter that included a security code

Your organization is not using the websites and would like access	Your organization is registered and would like to add new individual users	You are a billing company or other organization affiliated with a medical provider and would like access
1. Enter your organization's **Tax ID** number (without dashes) and click **Search**. 2. Enter your **Name** and **Phone Number**. (This makes you the password owner and gives you the ability to add and edit users.) 3. Enter the **Physician's Date of Birth** or a **Paid Claim Number** to gain immediate access to the Website. Click **Continue**. • If you cannot provide the requested information, click **Can't provide either** and select a mailing address to have a Security Code mailed to you. (If none of the addresses listed are correct, click the Can't provide either button on the address screen for further instructions.) 4. Review and **Agree** to the Site Use Agreement. 5. Select a Department from the drop-down box. (If Other is selected, enter the department name in the space provided.)	**User Self Registration** 1. Enter your organization's **Tax ID** number (without dashes) and click **Search**. 2. Select an **Administrator** and click the **Continue** button. *This person will be responsible for approving and completing your registration.* 3. Enter the **User/New Account Information** and click the **Continue** button. 4. **Review** the information you have entered and click the **Submit** button. 5. The confirmation displays. (An email will be sent to the Administrator you selected. The Administrator will review the request and complete the registration process. An email notification will be sent to you when your registration has been approved.)	1. Enter your organization's **Tax ID** number, (the **Tax ID** number of **YOUR** billing organization, not the provider's Tax ID number) (without dashes) and click **Search**. 2. Complete the registration process by entering your **Organization information** and **demographic information.** Click **Continue.** 3. **Review** the information you have entered then click **Submit**. 4. The confirmation page displays. Click **OK.** You will be taken to Link where you can request access a provider's Tax ID. **Request access to a provider's Tax ID** 1. **Sign In** to UnitedHealthcareOnline.com. From Link click the **User ID & Password Management** application 2. Select **Multi-TIN Access** from the left menu. Multi-TIN Access

https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Help/AccessingUnitedHealthcareOnline_QRG.pdf

Access

Page 2

UnitedHealthcare

Getting Started
Accessing Link and UnitedHealthcareOnline.com
QUICK REFERENCE

Your organization is not using the websites and would like access (continued)

6. Select a **Title** from the drop-down boxes and an **Employer**.
7. Enter your **Business Email, Address, City, State** and **Zip Code**.
8. Enter your **Business Phone Number**
9. Click the **Save** button. You will be taken to Link where you can access the available applications.
10. If you wish to use functions on **UnitedHealthcareOnline.com** click the **UnitedHealthcare Online** application.

Note: To access multiple tax IDs, complete this process for one Tax ID, then go to **User ID & Password Management** > **Multi-TIN Access** to tie multiple Tax IDs to one login.

Your organization is registered and would like to add new individual users (continued)

Administrator adds new user

1. **Sign In** to UnitedHealthcareOnline.com. From Link click the **User ID & Password Management** application. (Access is also available from UnitedHealthcareOnline.com by clicking User ID & Password Management at the top of the page.)
2. Click the **Users** link from the left navigation menu.

3. Click the **Add User** button.

4. Complete the **Add New User** form.
   - Enter the user demographic information.
   - Select the **User Account Type** of Standard or Administrative. (The Administrative role has the ability to manage users, roles and access profiles.)
   - Select an existing or add a new **Functional Role**.
   - Select an existing or add a new **Access Profile**.
   - Enter a suggested **Optum ID**. For Optum ID requirements, click on the question mark ("?") icon.
   - Select the **Save** button and click **Yes** to save your changes as prompted.
5. A confirmation window will advise that the user has been added and notified via email. The email notification includes necessary instructions complete their registration.

You are a billing company or other organization affiliated with a medical provider and would like access (continued)

3. Click **Request Access**.

4. Enter the **Physician's Tax ID** and **Zip Code** as well as a **Contact Name**. Repeat for each Tax ID you need access to.

5. A letter will be mailed to the Physician/Provider office. To approve your request the physician's office can:
   - Approve via UnitedHealthcareOnline.com or Link.
   - Call the help desk at 866-842-3278
   - Pass the security key referenced in the letter to you to complete the activation process.
6. You will receive an email notifying you that access has been approved or denied. Until then, the message, "You do not have the correct access rights to view the selected page" will display when you try to access any other secure feature of UnitedHealthcareOnline.com and Link.

Refer to the **Getting Started: Billing Company Quick Reference** located on *UnitedHealthcareOnline.com Help>Quick Reference>Getting Started* for additional information.

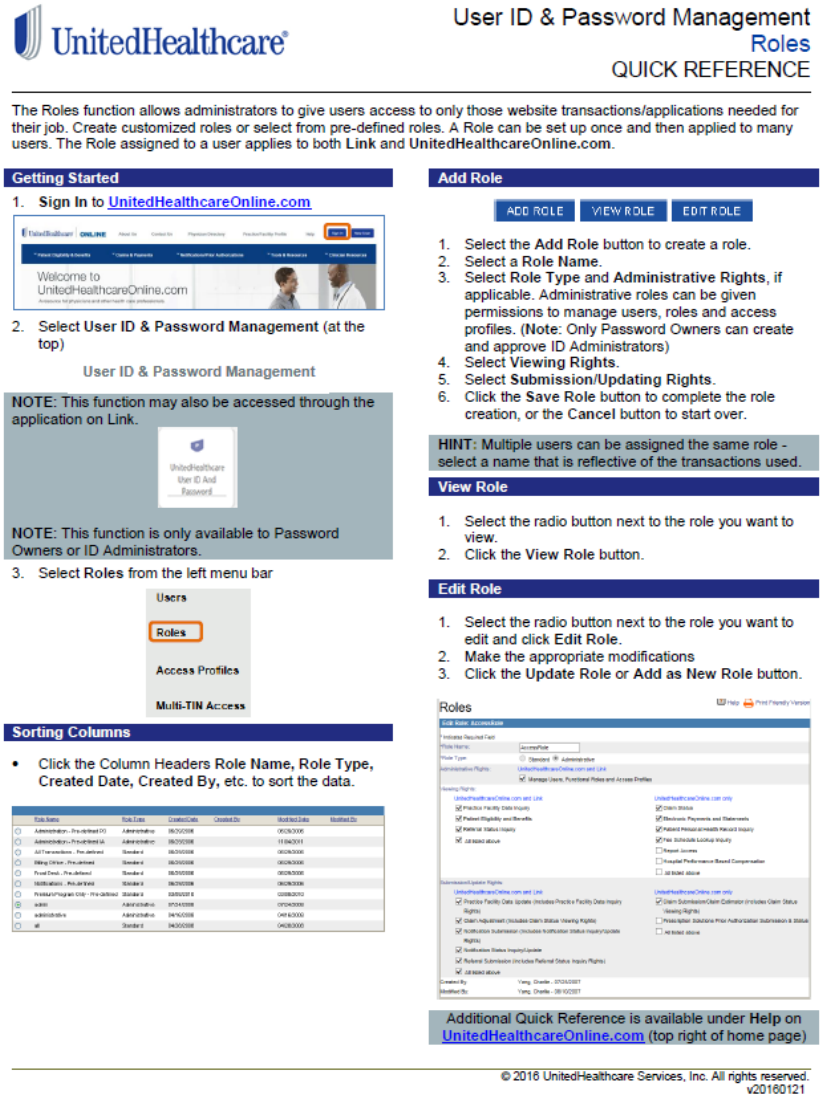
Reset or Change Optum ID or Password
Click Sign in at UnitedHealthcareOnline.com > click Sign in with Optum ID > select the Forgot Username or Forgot Password link > follow the on-screen prompts to reset or change your Optum ID or password.

https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Help/AccessingUnitedHealthcareOnline_QRG.pdf

Roles – Quick Reference

Providers with multiple staff members using the portal will need to create roles. This tip sheet can walk them through the process.

https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Help/Roles_Function_Quick_Reference.pdf



UnitedHealthcare

User ID & Password Management
Roles
QUICK REFERENCE

The Roles function allows administrators to give users access to only those website transactions/applications needed for their job. Create customized roles or select from pre-defined roles. A Role can be set up once and then applied to many users. The Role assigned to a user applies to both **Link** and **UnitedHealthcareOnline.com**.

Getting Started

1. **Sign In** to UnitedHealthcareOnline.com

Welcome to UnitedHealthcareOnline.com

2. Select **User ID & Password Management** (at the top)

User ID & Password Management

NOTE: This function may also be accessed through the application on Link.

NOTE: This function is only available to Password Owners or ID Administrators.

3. Select **Roles** from the left menu bar

Users
Roles
Access Profiles
Multi-TIN Access

Sorting Columns

- Click the Column Headers **Role Name, Role Type, Created Date, Created By,** etc. to sort the data.

Add Role

ADD ROLE | VIEW ROLE | EDIT ROLE

1. Select the **Add Role** button to create a role.
2. Select a **Role Name**.
3. Select **Role Type** and **Administrative Rights**, if applicable. Administrative roles can be given permissions to manage users, roles and access profiles. (**Note:** Only Password Owners can create and approve ID Administrators)
4. Select **Viewing Rights**.
5. Select **Submission/Updating Rights**.
6. Click the **Save Role** button to complete the role creation, or the **Cancel** button to start over.

HINT: Multiple users can be assigned the same role - select a name that is reflective of the transactions used.

View Role

1. Select the radio button next to the role you want to view.
2. Click the **View Role** button.

Edit Role

1. Select the radio button next to the role you want to edit and click **Edit Role**.
2. Make the appropriate modifications
3. Click the **Update Role** or **Add as New Role** button.

Roles

Additional Quick Reference is available under **Help** on UnitedHealthcareOnline.com (top right of home page)

Reports – Quick Reference

https://www.unitedhealthcareonline.com/ccmcontent/ProviderII/UHC/en-US/Assets/ProviderStaticFiles/ProviderStaticFilesPdf/Help/Users_Function_Quick_Reference.pdf

UnitedHealthcare ONLINE

Tools & Resources
Reports
QUICK REFERENCE

Reports are specific to UnitedHealthcare Community Plan members in certain states, unless otherwise specified, with the exception of the PCP Panel Roster (also available for the UnitedHealthcare Navigate, Charter and Compass products) and the Hospital Monitoring Report (available to all).

View a Report

1. **Sign In** to UnitedHealthcareOnline.com

2. Select the **UnitedHealthcare Online** application on Link

3. Select **Reports** from the **Tools & Resources**

View a Report (continued)

4. From the Report Search page, select the **Report Type** from the pull-down menu

5. You may choose from several selections

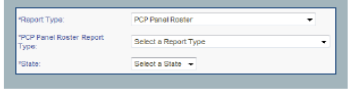
Note: Above Reports Types are available for UnitedHealthcare Community Plan members in certain states, unless otherwise specified.
Exceptions:
PCP Panel Roster is also available for **Navigate, Charter and Compass**
Hospital Monitoring Reports are available to all users

Note: For **Capitation** reports there are additional helps under the **Related Links** section

View a Report (continued)

6. After selecting the Report Type you want, complete the required information and click on Search

Note: If you choose the PCP Panel Roster, you will need to complete additional fields, **PCP Panel Roster Report Type** (either **Community Plan** or **UnitedHealthcare Navigate, Charter or Compass products**) and **State**.



7. Click on the available report you want to view

Additional Quick Reference available on UnitedHealthcareOnline.com.

UnitedHealthcareOnline.com
© 2015 UnitedHealthcare Services, Inc. All rights reserved.
v20151002

EPSDT Resources: UnitedHealthcare

Provider Services
877-743-8734
Hours of Operations:
Monday – Friday 8 a.m. to 5 p.m.

Prior Authorization Notification
866-604-3267
Fax 888-310-6858
UnitedHealthcareOnline.com

Pharmacy Services
877-305-8952

Transportation
866-331-6004

EPSDT Coordinator
Kenisha_potter@uhc.com
601-718-6609

EPSDT Resources: Division of Medicaid

DOM Website to EPSDT Guidelines
https://medicaid.ms.gov/programs/early-and-periodic-screening-diagnosis-and-treatment-epsdt/ The EPSDT forms are on this link.

Blood Lead Screening Form
https://medicaid.ms.gov/wp-content/uploads/2014/04/Blood_Lead_Poisoning_Summary.pdf

DOM Provider Reference Guide
https://medicaid.ms.gov/wp-content/uploads/2014/01/Provider-Reference-Guide-223.pdf

To learn more about the EPSDT or expanded EPSDT program from DOM, call:
Phone: (601) 359-6150
Toll-free: 1-800-421-2408

EPSDT Online Resources

UHG recommends following guidelines by:

American Academy of Pediatrics (AAP)
www.aap.org

CDC Advisory Committee on Immunization Practices (ACIP)
Immunization Recommendations Schedule
www.cdc.gov/vaccines/recs/acip

American Academy of Family Physicians
www.aafp.org

American Academy of Pediatric
Dentistry (AAPD)
http://www.aapd.org/

Additional Online Resources

http://www.ceasar-boston.org/CRAFFT/ (BH screening tool on substance abuse)

http://www.cdc.gov/growthcharts/data/set1clinical/set1color.pdf

http://www.cdc.gov/vaccines/programs/vfc/about/index.html

http://nccd.cdc.gov/dnpabmi/Calculator.aspx

http://www.ennovation.com/ (Snellen Charts)

https://www.healthypeople.gov/2020/topics-objectives

http://depts.washington.edu/pehsu/sites/default/files/BLL%20mgment%20GO%20Final-%20April%202013(with%20disclaimer).pdf (Lead)

https://m-chat.org/ (Autism screen)

http://www.easterseals.com/louisiana/our-programs/childrens-services/ (Free online Ages & Stages®)

https://integrationacademy.ahrq.gov/atlas/overviewofmeasures (PH-9 and others)

***Our* United Culture. The way forward.**

Integrity | Compassion | Relationships | Innovation | Performance