

# 11

## Health Partners Provider Manual Appendix



### **Purpose:**

### **Topics:**

- HP Participating Hospitals
- DPW Domestic Violence Initiatives
- DPW Fraud and Abuse Hotline
- HP Member Rights & Responsibilities
- Medicaid Complaint and Grievance Process
- KP Complaint and Grievance Process
- KP Member Rights & Responsibilities
- CMS-1450 Place of Service (POS) Indicators

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# Participating Hospitals

A.I. duPont Hospital for Children  
1600 Rockland Road  
Wilmington, DE 19899  
Telephone: 302-651-4000

Abington Memorial Hospital  
1200 Old York Road  
Abington, PA 19001  
Telephone: 215-576-2000

Albert Einstein at Elkins Park Hospital  
60 Township Line Road  
Elkins Park, PA 19027  
Telephone: 215-663-6000

Albert Einstein Medical Center  
5501 Old York Road  
Philadelphia, PA 19141  
Telephone: 215-456-7890

Aria Health/Bucks County  
380 N. Oxford Valley Road  
Langhorne, PA 19047  
Telephone: 215-949-5000

Aria Health/Frankford  
4940 Frankford Avenue  
Philadelphia, PA 19124  
Telephone: 215-831-2000

Aria Health /Torresdale  
Knights & Red Lion Roads  
Philadelphia, PA 19114  
Telephone: 215-612-4000

Brandywine Hospital  
201 Reeceville Road  
Coatesville, PA 19320  
Telephone: 610-383-8000

Crozer Chester Medical Center  
One Medical Center Boulevard  
Upland, PA 19013  
Telephone: 610 447-2000

Delaware County Memorial Hospital  
501 North Lansdowne Avenue  
Drexel Hill, PA 19026  
Telephone: 610-284-8400

Girard Medical Center/  
Continuing Care Hospital of Philadelphia  
8th Street & Girard Avenue  
Philadelphia, PA 19122  
Telephone: 215-787-2000

Hahnemann University Hospital  
230 N. Broad Street  
Philadelphia, PA 19102  
Telephone: 215-762-7000

Holy Redeemer Hospital & Medical Center  
1648 Huntingdon Pike  
Meadowbrook, PA 19046  
Telephone: 215-947-3000

Hospital of the University of Pennsylvania  
3400 Spruce Street  
Philadelphia, PA 19104  
Telephone: 215-662-4000

Jeanes Hospital  
7600 Central Avenue  
Philadelphia, PA 19111  
Telephone: 215-728- 2000

Jennersville Regional Hospital  
1015W. Baltimore Pike  
West Grove , PA 19390  
Telephone: 610-869-1000

Chestnut Hill Hospital  
8835 Germantown Avenue  
Philadelphia, PA 19118  
Telephone: 215-248-8200

Kennsington Hospital  
136 W Diamond Street  
Philadelphia, PA 19122  
Telephone: 215-426-8100

Lansdale Hospital  
100 Medical Campus Drive  
Lansdale, PA 19446  
Telephone: 215-368-2100

Springfield Hospital  
190 West Sproul Road  
Springfield, PA 19064  
Telephone: 215-328-8700

Montgomery Rehab Hospital of Chestnut Hill  
8601 Stenton Avenue  
Wyndmoor, PA 19038  
Telephone: 215-233-6200

St. Christopher's Hospital for Children  
Erie Avenue at Front Street  
Philadelphia, PA 19134  
Telephone: 215-427-5000

Moss Rehab at Elkins Park  
60 E Township Line Road  
Elkins Park, PA 19027  
Telephone: 215- 663-6000

St. Joseph's Hospital  
16th Street at Girard Avenue  
Philadelphia, PA 19130  
Telephone: 215-787-9000

Nazareth Hospital  
2601 Holme Avenue  
Philadelphia, PA 19152  
Telephone: 215-335-6000

St. Luke's Quakertown Community Hospital  
1021 Park Avenue  
Quakertown, PA 18951  
Telephone: 215-538-4500

Penn Presbyterian Medical Center  
39th Market Street  
Philadelphia, PA 19104  
Telephone: 215-662-8000

Taylor Hospital  
175 East Chester Pike  
Ridley Park, PA 19078  
Telephone: 610-595-6000

Pennsylvania Hospital  
800 Spruce Street  
Philadelphia, PA 19107  
Telephone: 215- 829-3000

Temple University Hospital  
3401 N. Broad Street  
Philadelphia, PA 19140  
Telephone: 215-707-2000

Pottstown Memorial Medical Center  
1600 High Street  
Pottstown, PA 19464  
Telephone: 610-327-7000

Temple University Hospital/Episcopal Campus  
100 E. Lehigh Avenue  
Philadelphia, PA 19125  
Telephone: 215-427-7000

Roxborough Memorial Hospital  
5800 Ridge Avenue  
Philadelphia, PA 19128  
Telephone: 215-483-9900

Weisman Children's Rehabilitation Hospital  
92 Brick Road  
Marlton, NJ 08053  
Telephone: 877-543-8774

# DPW Domestic Violence Initiatives

Health Partners supports The Department of Public Welfare (DPW) initiatives for victims of domestic violence. The following message from Estelle B. Richman, Secretary of the Pennsylvania Department of Public Welfare, outlines these initiatives.

## *A Message from the Secretary*

Every three days, a citizen of Pennsylvania loses his or her life to domestic violence. This fiscal year, the Department of Public Welfare (DPW) will spend more than \$19 million in state and federal funds on direct services for victims of domestic violence, as well as prevention activities. Health care providers are in a unique position to help victims by routinely screening for domestic violence and offering appropriate referrals and interventions.

To increase awareness and assist healthcare providers in identifying victims of domestic violence, the PA Department of Public Welfare (DPW) collaborated with the Pennsylvania Medical Society and other organizations to create and distribute a domestic violence screening tool to over 18,400 PCPs, physician assistants and nurse practitioners in the state. The tool, RADAR was accompanied by information about available resources for victims of domestic violence.

The Massachusetts Medical Society has developed a system of action steps that should be taken whenever domestic violence is suspected. These steps are:

**R**= Routinely Screen Female Patients

**A**= Ask Direct Questions (so the patient can answer "yes" or "no")

**D**= Document Your Findings

**A**= Assess Patient Safety

**R**= Review Options & Referrals

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For more information on RADAR and other screening tools, go to:

- Department of Public Welfare (<http://www.dpw.state.pa.us/osp/dpwosp.asp>)
- Pennsylvania Medical Society (<http://www.pamedsoc.org> or **1-800-228-7823**)
- National Domestic Violence Hotline (<http://www.ndvb.org> or **1-800-799-7233**)

# DPW's Toll-Free Fraud and Abuse Hotline

The Pennsylvania Department of Public Welfare (DPW) has established a toll-free hotline to report suspected fraud and abuse committed by any entity providing services to Medical Assistance recipients. The DPW hotline is separate and distinct from the hotline that Health Partners operates through our Special Investigation Unit (SIU). The Health Partners Fraud and Abuse Hotline is **866-HPSIU-4U (866-477-4848)**. The Health Partners SIU toll-free fraud and abuse hotline is totally anonymous and has no call-back mechanism. You may call at any time and leave a detailed voice mail regarding a suspicion of fraud, abuse or waste within the healthcare delivery system. All calls are responded to by our SIU staff.

The DPW hotline number is **866-DPW-TIPS (866-379-8477)** and operates between the hours of 8:30 AM and 3:30 PM, Monday through Friday. Voice mail is available at all other times. Just as with the Health Partners SIU hotline, callers to the DPW hotline may remain anonymous.

Some common examples of fraud and abuse for the SIU and/or DPW hotline include:

- Billing or charging Medical Assistance recipients for covered services
- Billing more than once for the same service
- Dispensing generic drugs and billing for brand name drugs
- Falsifying records
- Performing inappropriate or unnecessary services

Suspected fraud and abuse may also be reported to DPW via the DPW website at <http://www.dpw.state.pa.us/omap> or emailed to **omaptips@state.pa.us**. Information reported via the website or email can also be done anonymously. The website contains additional information on reporting fraud and abuse to DPW.

# Health Partners Member Rights and Responsibilities

The following information is provided to Health Partners members in their member handbooks, as well as in other plan publications periodically, so that they are informed of their rights and responsibilities. It is also posted on our website at [www.healthpart.com](http://www.healthpart.com).

**Note:** *This information pertains to Health Partners (Medicaid) members ONLY.*

As a Health Partners member, you have the right to know about your Rights and Responsibilities. You are free to exercise these rights. Exercising these rights will not negatively affect the way you are treated by Health Partners, its participating providers or other State agencies.

When making your health care decisions, you have the right to not feel as though Health Partners is restraining, isolating, bullying, punishing, or retaliating against you.

## Member Rights

As a member of Health Partners, you have many rights including:

1. You have the right to know about all the benefits and services offered by Health Partners. You have the right to know about policies that can affect your membership.
2. You have the right to make recommendations about Health Partners' member rights and responsibilities.
3. You have the right to be a part of decisions made by Health Partners and its participating doctors that affect your personal health care and your membership.
4. You have the right to be treated fairly and to have your right to respect, dignity and privacy protected.
5. You have the right to expect that information you provide to Health Partners, your medical records and anything you discuss with your doctor will be treated confidentially, and will not be released to others without your permission.
6. You have the right to request a specialist to help meet your special needs by serving as your primary care provider.
7. If a problem comes up, you have the right to question decisions made by Health Partners or its participating doctors.
8. You have the right to basic information about doctors and other providers who participate with Health Partners. You have the right to choose from these providers, and to refuse care from specific doctors. You have the right to voice complaints and grievances about Health Partners or care provided.
9. You have the right to file a Department of Public Welfare (DPW) Fair Hearing appeal if you receive a denial of service or if Health Partners does not process your complaint or grievance request in a timely manner.
10. You have the right to be present either in person or by telephone at the appeal hearing and to bring a family member, friend, lawyer or other person to help you.
11. You have the right to use an Advance Directive to say how you want your medical care handled. This written statement will be used if you are too sick to speak for yourself.



# KidzPartners Member Rights & Responsibilities

The following information is provided to KidzPartners members in their member handbooks, as well as in other plan publications periodically, so that they are informed of their rights and responsibilities. It is also posted on our website at [www.KidzPartners.com](http://www.KidzPartners.com).

**Note:** *This information pertains to KidzPartners (CHIP) members ONLY.*

As a KidzPartners member, you have the right to know your Rights and Responsibilities. Exercising these rights will not negatively affect the way you are treated by KidzPartners, its participating providers or any State agencies.

When making your health care decisions, you have the right to feel that Health Partners is not restraining, isolating, bullying, punishing or retaliating against you.

## Members Rights

As a member of KidzPartners, you have many rights including:

1. You have the right to receive information about all the benefits and services offered by your plan. You have the right to know about policies that can affect your membership.
2. You have the right to make recommendations about KidzPartners' member rights and responsibilities.
3. You have the right to be a part of decisions made by KidzPartners and its participating doctors that affect your personal health care and your membership.
4. You have the right to be treated fairly, the right to respect and dignity, and the right to have your privacy protected.
5. You have the right to expect that information you provide to KidzPartners, your medical records and anything you discuss with your doctor will be treated confidentially, and will not be released to others without your permission.
6. You have the right to request a specialist to help meet your special needs by serving as your primary care provider.
7. If a problem comes up, you have the right to question decisions made by KidzPartners or its participating providers.
8. You have the right to receive basic information about doctors and other providers who participate with KidzPartners. You have the right to choose from these providers, and to refuse care from specific doctors. You have the right to voice complaints and grievances about KidzPartners or care provided or denied.
9. You have the right to be present either in person or by telephone at the appeal hearing and to bring a family member, friend, lawyer or other person to help you.
10. You have the right to use an Advance Directive to say how you want your medical care handled. This written statement will be used if you are too sick to speak for yourself.
11. You have the right to have access to your medical records in accordance with Federal and State laws. If you would like a copy of your records, please call KidzPartners Member Relations at **1-888-888-1211** or **215-967-4540** for help.

12. You have the right to talk openly with your doctor about all treatments that may be right for your health problem, whether or not KidzPartners covers them, and without regard to cost.
13. You have the right to receive information on available treatment options and alternatives. Your treatment options should be presented in a way that is clear to you. You also have the right to refuse treatment options from your doctor.
14. You have the right to request a copy of the clinical criteria used by KidzPartners in making a medical necessity decision.

## **Member Responsibilities**

You also have many duties as a member of KidzPartners, including:

1. You have the duty to tell KidzPartners and its participating doctors about information that may affect your membership or your right to program benefits. For example, if you move to another address, you must call Health Partners and your PCP and tell us your new address.
2. You have the responsibility to learn about your health problems and work with your doctor to develop a plan for your care.
3. You have the duty to help with your health care by following the membership rules. For example, you must call your PCP when you need urgent care, and after getting emergency care.
4. You have the duty to follow your PCP's instructions, such as taking medicine on schedule.
5. If you have children, you also have the duty to take them to the PCP for care.
6. You have the duty to inform your doctor about your health history, and to sign a consent form so your doctor can receive a copy of your medical records.
7. You have the duty to make and keep appointments, to be on time, and to call to cancel an appointment or to report that you will be late.
8. You have the duty to treat your PCP and other health care providers with respect and dignity.
9. You have the duty to use KidzPartners participating providers for all your health care needs. This includes PCPs, specialists, hospitals, pharmacies and other providers you use as a KidzPartners member.

# CMS-1450 Place of Service Indicators

The following table provides an overview of the Place of Service codes used on the CMS-1450 and their corresponding description.

**Table 1: Place of Service Indicators**

Place of Service Code	Description
11	Doctor's Office
12	Patient's Home
20	Urgent Care Center
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room
24	Ambulatory Surgical Center
25	Birth Center
26	Military Treatment Facility
31	Skilled Nursing Facility
32	Nursing Facility
33	Custodial Care
34	Hospice
41	Ambulance- Land
42	Ambulance - Air or Water
51	Inpatient Psychiatric Facility
54	Intermediate Care Facility/ Mentally Retarded
61	Comprehensive Inpatient Rehabilitation Facility
62	Comprehensive Outpatient Rehabilitation Facility
65	End Stage Renal Disease Treatment Facility
71	State/Local Public Health Clinic

**Table 1: Place of Service Indicators**

Place of Service Code	Description
72	Rural Health Clinic
81	Independent Laboratory



2013 PEDIATRIC PREVENTIVE CARE GUIDELINES
Maintenance Flow Sheet

Table with columns for CRITERIA, MONTHS (New Born, By 1st Month, 2, 4, 6, 9, 12, 15, 18), and YEARS (2, 2.5, 3, 4, 5, 6, 7, 8, 9, 10). Rows include: AGE AT OFFICE VISIT, Date of Visit, HISTORY INITIAL/INTERVAL, PHYSICAL EXAM (Height, Weight, Head Circumference, Blood Pressure, BMI), Dental Assessment, DEVELOPMENTAL/BEHAVIORAL ASSESSMENT (Developmental Screening, Autism, etc.), TESTS/PROCEDURES (Vision, Hearing, etc.), COUNSELING/ANTICIPATORY GUIDANCE, and IMMUNIZATION.

Footnotes

- \* - If patient is receiving any behavioral health medications - this section should be completed.
1. Within the first two weeks of life, 2-4 Days if discharge <48 hours. Breast Feeding encouraged, instructed and support offered.
2. See Counseling/Anticipatory Guidance attached on the back.
3. If patient is uncooperative re-screen within 6 months.
4. AAP task force recommends all newborns should be screened.
5. AAP recommends a screening hemoglobin/hematocrit once at 9 months of age only.
6. Testing should be done upon recognition of high risk factors.
7. AAP recommends cholesterol is obtained once in childhood if family history is positive for early cardiovascular disease or parental hyperlipidemia.
8. A minimum of seven well child visits are recommended from ages 0-15 months.
9. AAP recommends screening all children and adolescents for overweight and obesity by annually calculating Body Mass Index (BMI). BMI percentile noted on growth charts
\*\* - CDC recommendation includes lead screening for ALL children on medical assistance.



## Health Partners Plans

# 2013 PEDIATRIC PREVENTIVE CARE GUIDELINE

### **Counseling/Anticipatory Guidance**

The following topics should be discussed and reinforced at age appropriate intervals throughout childhood:

#### **1. Injury Prevention**

- Child safety car seats (age 0-3) & child booster seats (ages 4-7), including air bag warning; Pennsylvania's child passenger protection law
- Sleep positioning – place healthy infants on back when putting to sleep and discuss "Back to Sleep" Recommendations from American Academy of Pediatrics related to SIDS risk reduction."
- Flame retardant sleepwear
- Hot water heater temperature <120-1300F
- Window/stair guards, pool fence for young children
- Safe storage of drugs, toxic substances, firearms, and matches
- Poison control phone number; syrup of Ipecac
- Protection from UV light; infants < 6 months should be kept out of direct sunlight
- Lap-shoulder belts (age ≥5 years)
- Bicycle helmet
- Avoid bicycling near traffic
- Smoke detector
- CPR training for parents/caretakers
- See AAP injury prevention program (TIPP®) as described in "A Guide to Safety Counseling in Office Practice" (1994)

#### **2. Diet and Exercise**

- Breastfeeding; Iron enriched formula and foods (infants and toddlers)
- Review of exercise or physical activity; Counseling
- Limit fat and cholesterol; review physical activity age 2 years & up
- Maintain caloric balance, emphasize grains, fruits, vegetables, regular physical activity
- See the AAP Handbook of Nutrition, 5th Edition

#### **3. Violence Prevention**

- Physical and Sexual
- See AAP Statement "The Role of the Pediatrician in Youth Violence Prevention in Clinical Practice and at the Community Level" (1999)

#### **4. Substance Use**

- Effects of passive smoking and anti-tobacco message

#### **5. Dental Health**

- Advice about baby bottle tooth decay
- Parents instructed on gum and teeth care
- Regular visits to dental care provider beginning at 1 year old
- Floss, brush with fluoride toothpaste daily

#### **Adapted From:**

1. Institute for Clinical Systems Improvement, Preventive Services for Children and Adolescents, September 2012
2. Bright Futures, "Recommendations for Preventive Pediatric Health Care," 2008 American Academy of Pediatrics; <http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Schedule%20101107.pdf>
3. American Academy of Family Physicians, "Summary of Recommendations for Clinical Preventive Services," revision 6.3, March 2007.
4. Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, January 28, 2013, <http://www.cdc.gov/vaccines/schedules/downloads/child/mmr-0-18yrs-catchup-schedule.pdf>
5. Pennsylvania Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule and Coding Matrix (Effective June 14,2010).
6. American Academy of Pediatrics, 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.html](http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full.html)



Patient Name:	DOB: __/__/__	SEX: F/M	Date of Initial Visit:		
Allergies:	Habits: Smoking: __	Alcohol: __	Drugs: __		
<b>CRITERIA</b>	<b>20__</b>	<b>20__</b>	<b>20__</b>	<b>20__</b>	<b>20__</b>
Date of Visit:					
COMPLETE HISTORY AND PHYSICAL EXAM					
INTERIM HISTORY AND DIRECTED PHYSICAL EXAM					
<b>Physical Assessment (annually)</b>					
Blood Pressure Measurement					
Height					
Weight					
Body Mass Index (BMI) calculated					
<b>Screenings</b>					
Colorectal Screening: (ages 50-80) (45 if AA, American Indian/Alaska Natives) Fecal Occult Blood (annually) or Colonoscopy (every 10 years) or Sigmoidoscopy (every 5 years)					
Mammography (annually, starting at age 40) *					
Digital Rectal Exam (DRE) (Male annually, starting at age 40)					
Papanicolaou Smear (Female age 21-65 every 3 years starting age 21, over 30 include HPV testing; over 30 interval can be extended to every 5 years by co-testing with combination PAP and HPV testing. Annual for women at high risk) Refer to GYN					
Chlamydia (all sexually active Female)					
Clinical Breast Exam (every 3 years ages 20-39, and annually, starting at age 40 per ACS)					
Cholesterol (every 5 years, high risk more often)					
Fasting Blood Glucose (every 3 years at age 45, high risk more often)					
Prostate-specific Antigen (PSA) discussion (Male starting at age 55)					
Thyroid Stimulating Hormone (TSH/Thyroxine)					
Depression Evaluation (annually)					
Vision Screening (Snellen Chart) (annually, starting at age 65)					
Test/Inquire for Hearing Impairment (annually, starting at age 65)					
Oral & Dental Evaluation (annually, starting at age 65)					
Mental Status Exam (annually, starting at age 65)					
Osteoporosis Risk Screening (assessment and testing – Women at risk at age 65 or younger)					
Abdom. Aortic Aneurysm Screen (smokers Male ages 65-75)					
<b>Immunizations: CDC Adult Immunization Recommendations</b>					
Tetanus – Diphtheria Booster (replace with Tdap one time dose )(every 10 years)					
Influenza Vaccine (annually)					
Pneumococcal Vaccine (once at age 65 )					
Measles – Mumps – Rubella Booster (adult born during/before 1957 lacking disease or vaccination)					
Varicella /Shingles vaccine (age 60 and older)					
Hepatitis B (at high risk)					
HPV Vaccine-age appropriate (ages 9-26)					
<b>Medications</b>					
Calcium/Vitamin D					
Folate (women of childbearing age)					
Aspirin – Chemoprophylaxis/Counseling (men age 45 & women age 55)					
<b>Counseling</b>					
Diet					
Exercise					
Depression					
Safety & Injury Prevention: Seat Belt/Shoulder Belt/Appropriate Helmet Use, Smoke Detector, Hot Water Heater, Firearms, Motor Vehicle Safety					
Tobacco/Second Hand Smoking					
Alcohol/Drugs					
Abuse & Violence Prevention					
Sexual Behavior					
Protection from UV Light					
Dental Health					
Elder Abuse (annually, starting at age 65)					
Fall Prevention (annually, starting at age 65)					
<b>OTHER</b>					
Advance Directives					

\* ICSI guideline note: All women age 40-49 should be given the opportunity to receive information about breast cancer screening and informed decision-making therefore screening mammograms could be recommended. Health Partners recommends mammograms starting age 40.



## Health Partners Plans

# 2013 Adult and Well Elderly Preventive Health Guideline - Counseling/Anticipatory Guidance

### A. Injury Prevention

1. Lap-shoulder belts
2. Bicycle/motorcycle helmets
3. Smoke detectors
4. Carbon monoxide detectors
5. Safe storage and handling of firearms; removal if appropriate
6. Occupational risk counseling
7. Motor vehicle safety (older adults)

### B. Substance Abuse

1. Tobacco cessation to include pharmacotherapy, social support for cessation, and skills training/problem solving
  - a. Pregnant women and parents with children living at home should also be counseled on the potentially harmful effects of smoking on fetal and child health
  - b. Nicotine replacement therapy is recommended as an adjunct for selected patients
2. Avoid alcohol/drug use while driving, swimming, boating, using firearms, etc.
3. Screening to detect problem and hazardous drinking
4. Screening should involve a careful history of alcohol use and/or the use of standardized screening questionnaires

### C. Sexual Behavior

1. STD prevention; abstinence; avoid high-risk behavior; condoms/female barrier with spermicide
2. Unintended pregnancy; contraception

### D. Diet and Exercise

1. Limit fat and cholesterol; maintain caloric balance; emphasize grains, fruits and vegetables
2. Adequate calcium and vitamin D intake (females); add foods rich in calcium; supplement as needed
3. Regular physical activity
4. Intensive counseling and behavioral interventions to promote sustained weight loss in obese adults

### E. Protection from UV Light

### F. Elder Abuse and Violence

1. Counsel for violence prevention at home

### G. Abuse and Violence

1. Counsel for violence prevention at home, school and in social situations

### H. Dental Health

1. Regular visits to dental health provider
2. Floss and brush with fluoride toothpaste daily

### Adapted from:

1. Institute for Clinical Systems Improvement, [Preventive Services for Adults](#), September 2012
2. Centers for Disease Control and Prevention, MMWR, ACIP Recommended Immunization Schedules for Adults , <http://www.cdc.gov/mmwr/pdf/wk/mm62e0128.pdf> January 28,2013
3. Institute for Clinical Systems Improvement, [Colorectal Cancer Screening Guideline](#), May, 31, 2012
5. NIH/NHLBI, [Third Report of the National Cholesterol Education Program \(NCEP\)](#),  
[Expert Panel on Detection Evaluation, and Treatment of High Blood Cholesterol in Adults](#), May 2001 Updated 2004.
6. American Academy of Family Physicians, "Summary of Recommendations for Clinical Preventive Services, October 2012
7. US Department of Health and Human Services [Dietary Guidelines for Americans](#), 2011, <http://www.health.gov/dietaryguidelines/dga2010/DietaryGuidelines2010.pdf>
8. HealthyPeople 2020, <http://www.healthypeople.gov/2020/default.aspx>
9. American Diabetes Association, Diabetes Care January 2012 vol. 35 no. Supplement 1 S11-S63, Standards of Diabetes Medical Care 2012





Health Partners Plans

2013 Adolescent Preventive Health Guideline – Maintenance Flow Sheets

Patient: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Sex : F/M Date of Initial Visit: \_\_\_\_\_

Allergies:

CRITERIA	Early				Middle			Late		
	11	12	13	14	15	16	17	18	19	20
Age at Office Visit:										
Date of Visit:										
Comprehensive Exam										
Interim History and Physical Exam										
<b>PHYSICAL ASSESSMENT<sup>9</sup></b>										
Height										
Weight										
Body Mass Index (BMI) Percentage calculated <sup>11</sup>										
Blood Pressure										
Dental <sup>10</sup>										
<b>DEVELOPMENTAL/BEHAVIORAL ASSESSMENT</b>										
Developmental Assessment/Developmental Surveillance:										
Mental, Physical, Sexual										
Psychosocial/Behavioral Assessment										
Alcohol and Drugs Assessment										
Behavioral Health Coordination of Care – if applicable*										
<i>Date indicates present/completed during the visit</i>										
Coordination of Care Documentation:										
• Communication with BH Provider										
• Patient Compliance with BH medications										
• Review of side effects of the BH medications with patient										
• Patient education on BH meds										
<b>TESTS/SCREEN</b>										
Vision <sup>3</sup>	‡	•	‡	‡	•	‡	‡	•	‡	‡
Hearing <sup>3</sup>	‡	•	‡	‡	•	‡	‡	•	‡	‡
Cholesterol <sup>4</sup>									‡	‡
TB <sup>5</sup>										
Hemoglobin/Hematocrit (spun) - For Females, do once after onset of menses and if indicated by history and/or symptoms				‡	‡	‡	‡	‡	‡	‡
Sickle Cell - If indicated by history and /or symptoms										
Venous Lead - If indicated by history and /or symptoms										
STD <sup>7</sup> , Urinalysis <sup>6</sup>										
Pelvic Exam <sup>8</sup>	‡	‡	‡	‡	‡	‡	‡	‡		
<b>COUNSELING/ANTICIPATORY GUIDANCE<sup>1</sup></b>										
Injury Prevention										
Tobacco/Second Hand Smoking										
Alcohol/Drugs										
Sexual Behavior										
Diet										
Exercise										
Psychosocial										
Dental Health										
Parent Counseling <sup>2</sup>										

See Immunization Guidelines

☐ = Provide at this time    • = Objective, provide by a standard testing method    ‡ = Assessment through observation or history/physical

\* - if patient is receiving any behavioral health medications - this section should be completed.

- See Counseling/Anticipatory Guidance attached on the back.
- A Parent Counseling/Anticipatory Guidance visit is recommended during early and middle adolescences.
- AAP recommends objective assessment at 12, 15 and 18 years of age and subjective assessment at other encounters.
- If family history for early cardiovascular disease or hyperlipidemia. Initiate screening every 5 years at age 20.
- If positive for exposure to active TB or lives/works in high-risk situation, eg, homeless shelter, health care facility.
- AAP recommends a dipstick urinalysis for leukocytes annually for sexually active male and females.
- STD screening per Health Partners STD screening guidelines. Chlamydia screening is recommended for ALL sexually active females 25years of age and younger.
- Women should start getting pelvic exam/PAP at age 21 unless screening for STD
- One well child visit is recommended each year.
- All patients should be referred twice per year for recommended dental visits.
- AAP recommends screening all children and adolescents for overweight and obesity by annually calculating Body Mass Index (BMI).



Health Partners Plans

# 2013 Adolescent Preventive Health Guideline

## Counseling/Anticipatory Guidance

### A. Injury Prevention

1. Lap/shoulder belts
2. Bicycle, motorcycle, ATV, Skateboard & Roller Blade Helmets
3. Smoke Detector
4. Safe storage, handling and/or removal of firearms
5. Protection from UV Light
6. Abuse and violence – home, school and social situations
7. Depression
8. Eating disorders
9. Risk for suicide

### B. Substance Use

1. Avoid Tobacco Use
2. Avoid underage drinking & illicit drug use
3. Avoid alcohol/drug use while driving, swimming, boating, etc

### C. Sexual Behavior

1. STD
  - a. History
  - b. Abstinence
  - c. Avoiding high risk behavior
  - d. Condoms/female barrier with spermicide
2. Unintended pregnancy
  - a. History
  - b. Contraception

### D. Diet and Exercise

1. Limit Fat & Cholesterol
2. Maintain caloric balance
3. Emphasize
  - b. Grains
  - c. Fruits
  - d. Vegetables
  - e. Adequate calcium intake(females)
4. Regular physical exercise

### E. Dental Health

1. Regular visits to dental care provider
2. Floss, brush with fluoride toothpaste daily

### F. Psychosocial

1. Healthy Lifestyles
2. School performance

### Adapted from:

1. Institute for Clinical Systems Improvement, Preventive Services for Children and Adolescents, September 2012.
2. Bright Futures, "Recommendations for Preventive Pediatric Health Care," 2008 American Academy of Pediatrics; <http://brightfutures.aap.org/pdfs/AAP%20Bright%20Futures%20Periodicity%20Sched%20101107.pdf>
3. American Academy of Family Physicians, "Summary of Recommendations for Clinical Preventive Services," revision 6.3, March 2007.
4. American Academy of Pediatrics, "Recommendations of Pediatric Preventive Health," PEDIATRICS Vol. 120 No. 6, December 2007, p. 1376 (doi:10.1542/peds.2007-2901)
5. Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report, "Recommended Childhood and Adolescent Immunization Schedule," United States, 2013
6. NIH/NHLBI, The Fourth Report on the Diagnosis, Evaluation, and Treatment of High Blood Pressure in Children and Adolescents (Revised May 2005)[http://www.nhlbi.nih.gov/health/prof/heart/hbp/hbp\\_ped.pdf](http://www.nhlbi.nih.gov/health/prof/heart/hbp/hbp_ped.pdf)
7. NIH/NHBI ATP III Update 2004: Implications of Recent Clinical Trials for the ATP Guidelines.
8. American Academy of Family Physicians, "Summary of Policy Recommendations for Periodic Health Examinations," Revision 5.7, July 2006.
9. Pennsylvania Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule and Coding Matrix

**Pennsylvania Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program  
Periodicity Schedule and Coding Matrix  
(Effective June 14, 2010)**

Services	Newborn (Inpatient)	By 1 Mo	2-3 Mo	4-5 Mo	6-8 Mo	9-11 Mo	12 Mo	15 Mo	18 Mo	24 Mo	30 Mo	3 y	4 y	
Assessment: <sup>1</sup>	A completed 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	99460 <sup>9</sup> / 99463 <sup>10</sup>	99381	99381	99381	99381	99381	99382	99382	99382	99382	99382	99382	99382	
Established Patient		99391	99391	99391	99391	99391	99392	99392	99392	99392	99392	99392	99392	
<ul style="list-style-type: none"> <li>Newborn Metabolic Hemoglobin Screening <sup>2</sup></li> </ul>	←-----●-----→													
<ul style="list-style-type: none"> <li>Developmental Surveillance <sup>12</sup></li> <li>Psychosocial/Behavioral Assessment</li> <li>Alcohol and Drug Use Assessment</li> </ul>														
<ul style="list-style-type: none"> <li>Developmental Screening</li> <li>Autism Screening</li> </ul>						96110			96110		96110			
									96110 U1	96110 U1				
Vision <sup>3</sup>	Assessed through observation or through health history/physical.													
<ul style="list-style-type: none"> <li>Visual acuity screen</li> </ul>													99173	99173
Hearing <sup>3</sup>														
<ul style="list-style-type: none"> <li>Audio Screen</li> <li>Pure tone-air only</li> </ul>													92551	92551
												92552	92552	
Dental <sup>6, 13</sup>							• or ★ <sup>5</sup>		• or ★ <sup>5</sup>	• or ★ <sup>5</sup>	• or ★ <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	
Anemia <sup>3, 4</sup>														
<ul style="list-style-type: none"> <li>Hematocrit (spun)</li> <li>Hemoglobin</li> </ul>						85013 <sup>7</sup>	85013 <sup>11</sup>							
						85018 <sup>7</sup>	85018 <sup>11</sup>							
Venous Lead <sup>3, 4</sup>						83655	83655 <sup>11</sup>	83655 <sup>11</sup>	83655 <sup>11</sup>	83655	83655 <sup>11</sup>	83655 <sup>11</sup>	83655 <sup>11</sup>	
Tuberculin Test <sup>3</sup>	If indicated by history and/or symptoms.													
Sickle Cell														
Sexually Transmitted Infections <sup>8</sup>														
Dyslipidemia <sup>3, 4</sup> ,														
Immunizations														
	Administer immunizations according to the ACIP schedule. For children 18 years and younger, these immunization codes are collected for administration purposes to document antigens given. Because the PA Department of Health provides vaccines free of charge to providers through the Vaccines for Children Program (see MA Bulletins 01-00-10, 10-00-03, 11-00-05, 26-00-04), only a vaccine administration fee will be reimbursed.													

**Pennsylvania Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program  
Periodicity Schedule and Coding Matrix  
(Effective June 14, 2010)**

Services	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
Assessment: <sup>1</sup>	A completed 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	99383	99383	99383	99383	99383	99383	99383	99384	99384	99384	99384	99384	99384	99385	99385	99385
Established Patient	99393	99393	99393	99393	99393	99393	99393	99394	99394	99394	99394	99394	99394	99395	99395	99395
• Developmental Surveillance <sup>12</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
• Psychosocial/Behavioral Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
• Alcohol and Drug Use Assessment								Through risk assessment								
• Developmental Screening	If indicated by risk assessment and/or symptoms.															
• Autism Screening	If indicated by risk assessment and/or symptoms.															
Vision <sup>3</sup>																
• Visual acuity screen	99173	99173	99173	99173	99173	99173	99173	99173	99173	99173	99173	99173	99173	99173	99173	99173
Hearing <sup>3</sup>																
• Audio Screen	92551	92551	92551	92551	92551	92551	92551	92551	92551	92551	92551	92551	92551	92551	92551	92551
• Pure tone-air only	92552	92552	92552	92552	92552	92552	92552	92552	92552	92552	92552	92552	92552	92552	92552	92552
Dental <sup>6,13</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>
Anemia <sup>3,4</sup>	If indicated by risk assessment and/or symptoms. See Recommendations to prevent and control iron deficiency in the United States. <i>MMWR</i> . 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.															
• Hematocrit (spun)																
• Hemoglobin																
Venous Lead <sup>3,4</sup>	83655 <sup>11</sup>	83655 <sup>11</sup>														
Tuberculin Test <sup>3</sup>																
Sickle Cell	If indicated by history and/or symptoms.															
Sexually Transmitted Infections <sup>8</sup>																
Dyslipidemia <sup>3,4</sup>														80061	80061 <sup>11</sup>	80061 <sup>11</sup>
Immunizations	Administer immunizations according to the ACIP schedule. For children 18 years and younger, these immunization codes are collected for administration purposes to document antigens given. Because the PA Department of Health provides vaccines free of charge to providers through the Vaccines for Children Program (see MA Bulletins 01-00-10, 10-00-03, 11-00-05, 26-00-04), only a vaccine administration fee will be reimbursed.															

<sup>1</sup> Included in the assessment: a comprehensive history and physical examination; counseling/anticipatory guidance/risk factor reduction interventions; age-appropriate nutritional counseling; the calculation of Body Mass Index (BMI); newborn metabolic/hemoglobin screening and follow-up; growth measurements and head circumference; an oral dental exam; blood lead (BL) risk assessment; blood pressure risk assessment; developmental and autism screenings; developmental surveillance; psychosocial/behavioral assessments; alcohol and drug use assessment; and the ordering of appropriate laboratory/diagnostic procedures as recommended by the current AAP guidelines.

<sup>2</sup> Newborn metabolic and hemoglobinopathy screening should be done according to state law. According to AAP recommendations, Newborn metabolic and hemoglobinopathy screening should take place between newborn and 2 months of age.

<sup>3</sup> Use CPT modifier -52 Reduced Services plus CPT code for standard testing method for objective vision/hearing testing, anemia, lead and tuberculin testing not completed.

<sup>4</sup> Use CPT modifier -90 Reference Outside Lab plus CPT code when laboratory procedures are performed by a party other than the treating or reporting physician.

<sup>5</sup> ● indicates referral to a dental home, ★ indicates administer oral health risk assessment. Assess need for fluoride supplementation. Determine whether the patient has a dental home. If the patient does not have a dental home, a referral should be made to one.

<sup>6</sup> 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](http://www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf)

<sup>7</sup> Initial measurement of hemoglobin or hematocrit is recommended between 9 and 12 months of age.

<sup>8</sup> All sexually active patients should be screened for sexually transmitted infections (STI). All sexually active girls should have screening for cervical dysplasia as part of a pelvic examination beginning within 3 years of onset of sexual activity or age 21 (which ever comes first).

<sup>9</sup> Procedure code 99460 is to be used for a newborn screen performed in the hospital, but not on the same day as hospital discharge.

<sup>10</sup> Procedure code 99463 is to be used for a newborn screen performed in the hospital on the same day as hospital discharge.

<sup>11</sup> Provide at times noted, unless done previously.

<sup>12</sup> Developmental Surveillance is required for all periods, except when developmental screenings are required.

<sup>13</sup> All referrals to a dental home must be reported using the YD modifier.

# EPSDT Program Periodicity Schedule & Coding Matrix

## LEGEND

- <sup>1</sup> Included in the assessment: a comprehensive history and physical examination; counseling/anticipatory guidance/risk factor reduction interventions; age-appropriate nutritional counseling; the calculation of Body Mass Index (BMI); newborn metabolic/hemoglobin screening and follow-up; growth measurements and head circumference; an oral dental exam; blood lead (BL) risk assessment; blood pressure risk assessment; developmental and autism screenings; developmental surveillance; psychosocial/behavioral assessments; alcohol and drug use assessment; and the ordering of appropriate laboratory/diagnostic procedures as recommended by the current AAP guidelines.
- <sup>2</sup> Newborn metabolic and hemoglobinopathy screenings should be done according to state law. According to AAP recommendations, Newborn metabolic and hemoglobinopathy screenings should take place between newborn and 2 months of age.
- <sup>3</sup> Use CPT modifier -52 EPSDT Screening Services/Components Not Completed plus CPT code for standard testing method for objective vision/hearing testing, anemia, dyslipidemia, lead and tuberculin testing 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.
- <sup>4</sup> Use CPT modifier -90 Reference Outside Lab plus CPT code when laboratory procedures are performed by a party other than the treating or reporting physician.
- <sup>5</sup> Indicates referral to a dental home, éindicates administer oral health risk assessment. Assess need for fluoride supplementation. Determine whether the patient has a dental home. If the patient does not have a dental home, a referral should be made to one.
- <sup>6</sup> 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](http://www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf)
- <sup>7</sup> Initial measurement of hemoglobin or hematocrit is recommended between 9 and 12 months of age.
- <sup>8</sup> All sexually active patients should be screened for sexually transmitted infections (STI). All sexually active girls should have screening for cervical dysplasia as part of a pelvic examination beginning within 3 years of onset of sexual activity or age 21 (which ever comes first).
- <sup>9</sup> Procedure code 99431 and modifier EP are to be used for a newborn screen performed in the hospital, but not on the same day as hospital discharge.
- <sup>10</sup> Procedure code 99435 and modifier EP are to be used for a newborn screen performed in the hospital on the same day as hospital discharge.
- <sup>11</sup> Provide at times noted, unless done previously.
- <sup>12</sup> Developmental Surveillance is required for all periods, except when developmental screenings are required.
- <sup>13</sup> All referrals to a dental home must be reported using the YD referral code.