

PEDIATRIC PREVENTIVE SERVICES - REVIEWER TOOL

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	INFANCY						EARLY CHILDHOOD						MIDDLE CHILDHOOD						ADOLESCENCE												
	3-5 d	1 mo	2 mo	4 mo	6 mo	7 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr	19 yr	20 yr	21 yr
A. Initial Health Assessments (IHA) Includes H&P and IHEBA																															
1. Comprehensive History and Physical (H&P)																															
2. Individual Health Education Behavioral Assessment (IHEBA)																															
B. Subsequent Comprehensive Health Assessment																															
1. Comprehensive H&P																															
2. Subsequent Periodic IHEBA																															
C. Well Child Visit																															
1. Alcohol/Drug Misuse: Screening and Behavioral Counseling																															
2. Anemia Screening																															
3. Anthropometric Measurements																															
4. Anticipatory Guidance																															
5. Autism Spectrum Disorder Screening																															
6. Blood Lead Testing																															
7. Blood Pressure Screening																															
8. Dental Assessment																															
a. Dental Home																															
b. Fluoride Supplementation																															
c. Fluoride Varnish																															
9. Depression Screening																															
a. Maternal Depression Screening																															
10. Developmental Disorder Screening																															
11. Developmental Surveillance																															
12. Dyslipidemia Screening																															
13. Folic Acid Supplementation																															
14. Hearing Screening																															
15. Hepatitis B Screening																															
16. HIV Screening																															
17. Intimate Partner Violence																															
18. Nutrition Assessment/Breast Feeding Support																															
19. Obesity Screening																															
20. Psychosocial/Behavioral Assessment																															
21. Sexual Activity Assessment																															
a. Contraceptive Care																															
b. STI screening on all sexually active adolescents, including Chlamydia, Gonorrhea, and Syphilis																															
22. Skin Cancer Behavior Counseling																															
23. Tobacco Products Use: Screening and Prevention Cessation Services																															
24. Tuberculosis Screening																															
25. Vision Screening																															
D. Childhood Immunizations																															
1. Given according to ACIP guidelines																															
2. Vaccine administration documentation																															
3. Vaccine Information Statement (VIS) documentation																															

LEGEND

A	Recommended (likely significant benefit)	RA	Risk Assessment		Recommended for male & female
B	Recommended (likely moderate benefit)	SHA	Staying Healthy Assessment		Recommended for male & females with specific risk factors
C	Recommended (benefit is likely small)	BF	Bright Futures		Recommended for females
I	Insufficient to assess the balance of benefits and harms	VA	Visual Acuity		Recommended for females with specific risk factors
USPSTF	United States Preventive Services Task Force	AAP	American Academy of Pediatrics		Recommended for males with specific risk factors

NOTE: This tool is aligned with the Department of Health Care Services (DHCS) All Plan Letter 20-006, Medical Record Review Standards.

PEDIATRIC PREVENTIVE REVIEWER GUIDELINES

	REVIEWER NOTES
A. Initial Health Assessments (IHA) Includes H&P and IHEBA	
1. Comprehensive History and Physical (H&P)	Hx of present illness, past medical hx, allergies, medications, social hx, review of systems, comprehensive physical and mental status, dx and plan of care. If H&P not found within those 120 days of enrollment document the reason and contact attempts.
2. Individual Health Education Behavioral Assessment (IHEBA)	Verify that the IHEBA (ie. SHA) was reviewed by provider. Verify that the IHEBA (ie. SHA) was reviewed by provider.
B. Subsequent Comprehensive Health Assessment	
1. Comprehensive H&P	Assess growth and nutrition, sexual maturity stages, blood pressure, childhood caries, sport participation, etc.
2. Subsequent Periodic IHEBA	Completed at next well-visit, reviewed by provider. Completed at next well-visit, reviewed by provider.
C. Well Child Visit	
1. Alcohol/Drug Misuse: Screening and Behavioral Counseling	Screen children 11 years and older at well visits. If member answers "yes" to SHA, complete an expanded screening every year. Screening tools: AUDIT or AUDIT-C. If positive: Refer member to programs and/ or offer behavioral counseling.
2. Anemia Screening	Assessment or screening at 4, 15, 18, 24, 30 months and 3 years old then annually. Serum hemoglobin at 12 months.
3. Anthropometric Measurements	Length/ height and weight documented at well visits; Head circumference up to 24 months.
4. Anticipatory Guidance	Anticipatory guidelines must be documented at well visits.
5. Autism Spectrum Disorder Screening	Perform at 18 and 24 months. Tools: ASQ, CSBS, PEDS, MCHAT or STAT
6. Blood Lead Testing	At 12 and 24 months. If not performed at 12 months BLL between 12 and 24
7. Blood Pressure Screening	
8. Dental Assessment	Inspection of the mouth at q visit. Documentation of HEENT okay. Beginning at 12 months all kids should be referred to a dentist annually.
a. Dental Home	Should have an established dental home by 12 months.
b. Fluoride Supplementation	Brushing teeth with fluoride toothpaste. Fluoride supplements may be prescribed starting at 6 months to 16 years for those with high cavity risk and drinking water with low fluoride concentration. Provider may recommend fluoride water or rx for drops or tabs
c. Fluoride Varnish	May be applied q 3-6 months once teeth are present. Documentation of "seeing a dentist" without specification that varnish was applied does not meet criteria.
9. Depression Screening	Screening for major depressive disorders starting at age 12. If positive in SHA conduct a PHQ screening if negative N/A this section.
a. Maternal Depression Screening	Screening at 1, 2, 4 and 6 month visit
10. Developmental Disorder Screening	At 9th, 18th, 30th month visit. 30 month screening can be done at 24 months. Tools: ASQ, BDI-ST, BINS, CDI, CDR-PQ, PEDS, CAT/CLAMS, CSBS-DP, ELM Scale-2, EMPP, MQ, CHAT, M-CHAT, PDDST-II, STAT, SCQ
11. Developmental Surveillance	Attending to parents concerns about their child development, maintaining a developmental hx, making observations of the child, identify risks and maintain an accurate record.
12. Dyslipidemia Screening	Risk assessment at 2, 4, 5, and 8 years old then annually. One lipid panel between 9 and 11 and again at 17 and 21yo.
13. Folic Acid Supplementation	All women capable of pregnancy should take .4 to .8mg (400 to 800ug) of folic acid. If pt taking multivitamin check the amount of folic acid it has.
14. Hearing Screening	Non audiometric from 2 months to 3 yo- include family and med hx. Audiometric screening for pt 4 to 20 yo at each well visit. If failed screening f/u with a repeat within 6 weeks, if 2nd fails refer to specialist.
15. Hepatitis B Screening	Only for pt with high risk for infection: born in countries with high HBV infections, HIV-positive, IDU, MSM, contact with persons with HB.
16. HIV Screening	Once between 15 and 18 yo. Pt with high risk should be tested, offered pre-exposure prophylaxis and reassessed annually.
17. Intimate Partner Violence	Refers to physical, sexual or psychological harm by a current or former partner or spouse. It also includes neglect, abandonment, financial or material exploitation and self-neglect. Tools: HITS, OAS/OVAT, STaT, HARK, CTQ-SF and WAST.
18. Nutrition Assessment/Breast Feeding Support	Infant feeding status, food intake and eating habits. Refer to WIC if nutritionally at-risk and under 5.
19. Obesity Screening	BMI recording starting 24 months. Plot BMI into growth chart. Children with BMI equal to or over 25 are counseled.
20. Psychosocial/Behavioral Assessment	Performed at each well visit. Assess social/emotional health and caregiver depression.
21. Sexual Activity Assessment	Assessed in every well visit starting age 11. If yes, answer the 2 questions below and document discussion, intervention, referral or treatment.
a. Contraceptive Care	Discussion on risk reduction, negative health consequences of unintended pregnancies and STI.
b. STI screening on all sexually active adolescents, including Chlamydia, Gonorrhea, and Syphilis	All sexually active pt: chlamydia, gonorrhea and syphilis. Pregnant pt, MSM or pt with HIV: syphilis. Should discuss STI with sexually active pts during well visit.
22. Skin Cancer Behavior Counseling	Counseling on minimizing exposure to UV radiation for patients 6 months to 24 years with fair skin.
23. Tobacco Products Use: Screening and Prevention Cessation Services	Screen everyone starting at 11 years old at each well visit. If pt answers yes to SHA provider shall document prevention and/or cessation services.
24. Tuberculosis Screening	Risk of exposure to TB assessed at each health assessment.
25. Vision Screening	Documentation of PERRLA is accepted (3 and under) at every well visit. Visual Acuity at ages 4 and 5 (3 lf cooperative).
D. Childhood Immunizations	
1. Given according to ACIP guidelines	Immunization status is assessed at each health assessment visit.
2. Vaccine administration documentation	Include: name, manufacturer, date of administration, and lot number
3. Vaccine Information Statement (VIS) documentation	VIS documentation in the medical/electronic record, medication logs, or immunization registries include the date the VIS was given or presented/offered and the VIS publication date.