

**PART II  
POLICIES  
AND  
PROCEDURES  
FOR  
HEALTH CHECK SERVICES (EPSDT)**



**GEORGIA DEPARTMENT OF COMMUNITY HEALTH  
DIVISION OF MEDICAL ASSISTANCE**

**Revised October 1, 2007**

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## INTRODUCTION

Rev. 01/03

The Health Check program is Georgia's well child or preventive health care program for Medicaid-eligible children birth to twenty-one (21) years of age and PeachCare for Kids-eligible children birth to nineteen (19) years of age. It is the Early and Periodic Screening, (EPS) component of the EPSDT program. This manual covers the screening (EPS) policies and procedures, which are based on the American Academy of Pediatrics recommendations for well-child check-ups. The policies and procedures for the Diagnostic and Treatment (DT) services may be found in the related Medicaid program policies and procedures manuals (i.e., Physician Services, Children Intervention Services [CIS], etc.).

### ***The Early and Periodic Screening Part of EPSDT***

Screening services should be provided as outlined in this manual. The screening services consists of a comprehensive unclothed physical examination, a comprehensive health and developmental history, developmental appraisal (including mental, emotional and behavioral) anticipatory guidance and health education, measurements, dental/oral health assessment, vision and hearing tests, certain laboratory procedures and lead risk assessment. All of the age appropriate components must be completed for each screening. All preventive or well-child services, except normal newborn care in the hospital, must be provided under the Health Check program following the policies and procedures as outlined in this manual.

### ***The Diagnostic and Treatment Part of EPSDT***

Rev. 01/07

Unlike other states, the Georgia Medicaid program provides the Diagnostic and Treatment aspect of EPSDT services under other Medicaid programs.

Rev. 10/07

The provider's care of a medical condition is not a covered service under the Health Check program, but would be covered under other Medicaid programs. The child could be treated during the same Health Check visit if a referral is not required. See GBHC Manual Section 907.

Rev. 01/07

Provider Manuals that may be relevant to providers performing Health Check screening services include, but may not be limited to:

- Policies and Procedures for Advanced Nurse Practitioner Services
- Policies and Procedures for Children's Intervention Services
- Policies and Procedures for Federally Qualified Health Center Services
- Policies and Procedures for PeachCare for Kids
- Policies and Procedures for Physician Services
- Policies and Procedures for Rural Health Clinic Services
- Policies and Procedures for Georgia Pediatric Program (GAPP)

Provider Manuals are available for downloading from the GHP web portal (*Provider Information* tab): [www.ghp.georgia.gov](http://www.ghp.georgia.gov).

**Referral for Health Check**

Rev. 1/07

Effective January 1, 2007, Health Check screens, **except immunizations, Lead, TB, Interperiodic Vision, Interperiodic Hearing, and Interperiodic Health Check screens**, must be referred by or performed by the member's CMO or physician (PCP).

**NOTE:**

**The provider (PCP) must be enrolled in the Health Check program to provide Health Check services.**

***The Medically Fragile Child***

Rev. 10/01  
Rev. 01/03  
Rev. 04/03

Many medically fragile children are under the care of medical specialists. Although Health Check screenings are strongly recommended for these children, a Health Check screening is not required for the child to receive medically necessary Medicaid services (i.e., durable medical equipment, medical supplies, oxygen, etc.). The child's primary care provider may request Diagnostic and Treatment services for the child by documenting the medical necessity for the proposed medical service. The physician must state the medical reason for the requested service as it relates to the child's medical condition or diagnosis. These providers should refer to their applicable Medicaid programs' policies and procedures manual for policy guidelines. See Appendices for *Resources available to Children in Georgia* and for an explanation of services provided under the *Children Intervention Services* program.

## PART II - CHAPTER 600

### SPECIAL CONDITIONS OF PARTICIPATION

#### **601. Enrollment**

Rev. 01/03  
Rev. 04/03

Physicians (pediatrics, family practice, general practice, internal medicine, and OB/GYN), nurse practitioners (pediatric, OB/GYN, family or adult), nurse midwives, registered nurses with special training, physician's assistants, schools, hospitals, Health Departments, Rural Health Centers or Federally Qualified Health Centers may enroll in the Health Check program to provide screening services. Providers who wish to provide Diagnostic and Treatment services should enroll in their respective Medicaid program, such as Physician Services, Nurse Practitioner Services, etc. Physicians, nurse practitioners and nurse midwives may enroll in both Health Check to provide screening services and their respective programs to provide diagnostic and treatment services by completing one provider data form.

Hospitals, Public Health Departments, Federally Qualified Health Centers, Rural Health Centers, and Schools must enroll as an entity, as opposed to each provider that will be providing services enrolling individually. The enrolling entity must ensure that only staff members who meet the qualifications listed below are providing services.

#### **602. Special Conditions of Participation**

In addition to the general Conditions of Participation contained in Part I, Section 106, providers in the Health Check program must meet the following requirements:

602.1 The provider must agree to use only staff members who meet the qualifications listed below:

- Rev. 01/03  
Rev. 04/03
  - A. Enrollment in Vaccines For Children (VFC). Submit VFC Provider Enrollment Letter with Health Check Provider Enrollment Application (See Appendices).
  - B. Physicians must be currently licensed to practice in Georgia. A copy of the license must be submitted with the enrollment application.
  - C. Certified Nurse-Midwives must be currently licensed to practice in Georgia and have Georgia State Board Authorization to practice. A copy of the nursing license and Authorization to practice must be submitted with the application for enrollment.
  - D. Physician assistants must be currently licensed to practice in Georgia and must be enrolled by the physician who is the supervising Physician. A current composite Board approved job description and license must be submitted with the application for enrollment.
  - E. Certified pediatric, OB/GYN, family, general or adult nurse practitioners must be currently licensed in the State of Georgia. A copy of their nursing
- Rev. 04/04

license and a Georgia State Board Authorization to practice must be submitted with the application.

A recent graduate of a Nurse Practitioner Program that is awaiting Specialty Certification may enroll as a Registered Nurse, and re-enroll as a Nurse Practitioner once he/she passes the Specialty Certification exam. They must submit a copy of their nursing license and a Georgia State Board Provisional Authorization to Practice with their application.

F. Registered nurses must:

1. be currently licensed to practice in Georgia and submit a copy of the license with their Health Check provider enrollment application;
2. submit written documentation of completion of a basic skills or physical assessment course through a baccalaureate nursing education program (official transcript with school seal and a copy of nursing degree);
3. submit written documentation of completion of training to administer a standardized developmental/behavioral assessment ;
4. have documentation of completion of a preceptorship with an onsite preceptor who may be a certified nurse practitioner or physician.

Rev. 04/03

Rev. 04/04

The preceptorship will include the following:

- a. Physical assessments including standardized developmental assessment of both male and female children with two (2) documented appraisals of children whose ages are from birth to three (3) years of age.

Two (2) documented appraisals of male and female children whose ages are three (3) to twelve (12) years.

Four (4) documented appraisals of male and female children whose ages are twelve (12) to twenty-one (21).

- b. Five (5) female breast examinations.
- c. Five (5) adult male genitourinary examinations on males fourteen (14) years or older.

Submit documentation of completion of preceptorship requirements must be certified, signed and submitted with the enrollment application (See Appendices for Preceptorship Documentation Form.)

Rev. 04/03 602.2 All non-physician providers (NPs, PAs, RNs, etc.) must maintain current written protocols and physician sponsorship. Non-Physician providers must submit an official letter from physician for proof of physician sponsorship.

602.3 Providers must submit documentation verifying that they possess the necessary equipment to perform all components of the Health Check screen See Chapter 900, Section 903.1 for the equipment list.

- Rev. 04/04 602.4 The screening provider must determine that members who request screening services have not already been screened (See Chapter 900, Section 910).
- Rev. 01/03 602.5 The provider must perform **all** components of the complete Health Check screen, including hearing and vision screening, hemoglobin, hematocrit, urinalysis, TB, and lead, in full compliance with applicable state and federal laws and regulations.
- 602.6 The screening provider must enter documentation in the member's health record of all services provided in the screening package.
- 602.7 The provider must make available for on-site audits by the Division or its agents all records related to Health Check services. Providers must submit plans for corrective action when requested.
- Rev. 10/01 602.8 The screening provider must refer the member to services that are not covered under the Medicaid program (example, car seats).
- 602.9 The screening provider must provide services in a manner consistent with the policies, procedures and requirements outlined in this manual.
- Rev. 04/03 602.10 The screening provider performing the required laboratory testing must be in compliance with the Clinical Laboratory Improvement Amendment. Providers seeking information concerning laboratory services should contact:  
State Office of Regulatory Services  
(404) 657-5700
- 602.11 The screening provider must maintain an office, clinic, or other similar physical facility, which complies with local business and building license ordinances
- 602.12 Public providers (FQHCs/RHCs) must agree to perform an annual cost study in a manner approved by the Division.
- Rev. 01/03 602.13 All Health Check providers must enroll in the Vaccines For Children program and provide immunizations to Medicaid eligible and PeachCare eligible children, whose ages are birth through eighteen (18) years. To enroll in the Vaccines For Children Program, please see Appendices for contact information.
- Rev. 04/04
- 602.14 The provider must maintain legible, accurate, and complete charts and records in order to support and justify the services provided. *Chart* means a summary of essential medical information on an individual patient. *Record* means dated reports supporting claims submitted to the Division for services provided in an office, hospital, outpatient, or other place of service. Records of service shall be entered in chronological order by the practitioner who rendered the service. Such records shall be legible and shall include but not be limited to:
1. Date(s) of service
  2. Patient's name and date of birth
  3. Name and title of person performing the service
  4. Pertinent medical history

5. Pertinent findings on examination
6. Medications, equipment or supplies prescribed or provided
7. Recommendations for additional treatment, procedures, or consultations
8. Tests and results
9. Plan of treatment, care and outcome
10. The original handwritten personal signature, initial or electronic signature of the person performing the service must be on the patient's medical records. This includes but is not limited to progress notes, lab reports for each date of services, etc. Medical record entries without specified signature violate policy.

**NOTE:** Electronic signature is defined as “an electronic or digital method executed or adopted by a party with the intent to be bound by or to authenticate a record, which is unique to the person using it, is capable of verification, is under the sole control of the person using it, and is linked to the data in such a manner that if the data are changed the signature is invalidated.” O.C.G.A. 10-12-3. (1) (1997)

11. All medical records must be written in Standard English Language. Records must be available to DMA or its agents and to the U.S. Department of Health and Human Services upon request. Documentation must be timely, complete, and consistent with the by-laws and medical policies of the office or facility where the services are provided.

**PART II - CHAPTER 700****SPECIAL ELIGIBILITY CONDITIONS**

Rev. 01/02 All persons eligible for Medicaid who are less than twenty-one (21) years of age are  
Rev. 01/03 eligible for the Health Check program. All persons eligible for PeachCare who are less  
than nineteen (19) years of age are eligible for the Health Check program.

## PART II - CHAPTER 800

### PRIOR APPROVAL/AUTHORIZATION

- Rev. 04/03 801. All Health Check services provided to Medicaid and PeachCare for Kids members, **except immunizations, Lead, TB, Interperiodic Vision, Interperiodic Hearing, and Interperiodic Health Check screens**, must be referred by the member's Primary Care Provider (PCP) prior to the services being rendered.

**Note: medical records and immunizations given must be sent to the PCP within five business days of providing service.**

- Rev. 01/03 802. Prior approval may be required for certain services rendered by Diagnostic and Treatment providers. These providers should refer to their applicable Medicaid policy and procedure manual for a listing of the services that require prior approval.

## PART II - CHAPTER 900

### SCOPE OF SERVICES

#### **901. General**

Rev. 01/03 The Health Check program offers the screening portion of the Early and Periodic Screening Diagnostic and Treatment (EPSDT) program in Georgia along with medically necessary interperiodic vision and hearing tests, some blood lead tests, TB and immunizations. It serves as Medicaid's mechanism for preventive or well-child visits. EPSDT is the result of a 1967 Amendment to Title XIX of the Social Security Act that directed attention to the importance of preventive health services for children. It consists of periodic screening of children for early detection and treatment of conditions before health problems become chronic or irreversible.

Rev. 01/03 While Health Check offers the screenings, the Diagnostic and Treatment services are offered under other Medicaid programs and the policies and procedures should be followed as specified in the appropriate related manuals (i.e., Physician Services program, etc.). Diagnostic and Treatment services are provided for identified suspicious or abnormal conditions by either the screening provider, if qualified to perform those services, or upon referral to an appropriate service provider of the member's choice.

#### **902. Periodicity Schedule and Minimum Standards for Screening Components**

##### **902.1 Periodicity Schedule and Screening Sequence**

Rev. 01/07 The periodic intervals for screening effective October 1, 2005, as shown on the following page are based on the American Academy of Pediatrics' recommendations.

Rev. 07/06 **NOTE:** The 2001 Periodicity Schedule should be used for all Health Check  
 Rev. 10/05 screens completed effective DOS October 1, 2005. Exception: the prenatal visit  
 Rev. 10/05 and over 21 years of age visit as listed on the schedule are not covered under  
 Health Check category 600.

##### **Screening Sequence Table**

Rev. 01/07 The screening sequence numbers for the Georgia Health Check Periodicity Schedule (Effective DOS 10/1/05) can be found in Appendices.

## Recommendations for Preventive Pediatric Health Care (RE9535)

### Committee on Practice and Ambulatory Medicine

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 satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal.

These guidelines represent a consensus by the Committee on Practice and Ambulatory Medicine in consultation with national committees and sections of the American Academy of Pediatrics. The Committee emphasizes the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

	INFANCY*										EARLY CHILDHOOD*					MIDDLE CHILDHOOD*					ADOLESCENCE*								
	PRENATAL <sup>1</sup>	NEWBORN <sup>2</sup>	2-4d <sup>3</sup>	1mo	2mo	4mo	6mo	9mo	12mo	15mo	18mo	24mo	3y	4y	5y	6y	8y	10y	11y	12y	13y	14y	15y	16y	17y	18y	19y	20y	21y
<b>HISTORY</b> Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>MEASUREMENTS</b> Height and Weight Head Circumference Blood Pressure		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>SENSORY SCREENING</b> Vision Hearing	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	
<b>DEVELOPMENTAL/ BEHAVIORAL ASSESSMENT<sup>10</sup></b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
<b>PHYSICAL EXAMINATION<sup>11</sup></b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
<b>PROCEDURES-GENERAL<sup>10</sup></b> Hereditary/Metabolic Screening <sup>12</sup> Immunization <sup>13</sup> Hematoctrit or Hemoglobin <sup>14</sup> Urinalysis	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
<b>PROCEDURES-PATIENTS AT RISK</b> Lead Screening <sup>15</sup> Tuberculin Test <sup>16</sup> Cholesterol Screening <sup>17</sup> STD Screening <sup>18</sup> Penic Exam <sup>19</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
<b>ANTICIPATORY GUIDANCE<sup>20</sup></b> Injury Prevention <sup>21</sup> Violence Prevention <sup>22</sup> Sleep Positioning Counseling <sup>23</sup> Nutrition Counseling <sup>24</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
<b>DENTAL REFERRAL<sup>25</sup></b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	

1. 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 AAP statement "The Prenatal Visit" (1996).
2. Every infant should have a newborn evaluation after birth. Breastfeeding should be encouraged and taught from the hospital to include weight, fecal breastfeeding evaluation, encouragement, and nutrition as recommended in the AAP statement "Breastfeeding and the Use of Human Milk" (1997).
3. For newborns discharged in less than 48 hours after delivery per AAP statement "Hospital Stay for Healthy Term Newborns" (1995).
4. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.
5. If a local or state immunization schedule is not available, or if any items are not recommended, the schedule should be brought up to date at the earliest possible time.
6. If the patient is uncooperative, rescreen within 6 months.
7. All newborns should be screened per the AAP Task Force on Newborn and Infant Hearing statement, "Newborn and Infant Hearing Loss: Detection and Intervention" (1999).
8. By history and appropriate physical examination; if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.
9. At each visit, a complete physical examination is essential, with infant totally undressed, older child undressed and suitably draped.
10. These may be modified, depending upon entry point into schedule and individual need.
11. State specific screening (eg, thyroid, hemoglobinopathy, PKU, galactosemia) should be done according to state policy.
12. Schedule(s) per the Committee on Infectious Diseases, published annually in the January edition of Pediatrics. Every visit should be an opportunity to update and complete a child's immunizations.
13. See AAP Pediatric Nutrition Handbook (1996) for a discussion of universal and selective screening options. Consider earlier screening for high-risk infants (eg, premature infants and low birth weight infants). See also "Recommendations to Prevent and Control Iron Deficiency in the United States" (JGIM, 1998; 47 [9(3)]:1-29).
14. Consider genetic analysis for sickle cell anemia.
15. Consider genetic analysis for alpha-1 antitrypsin deficiency.
16. For children at risk of lead exposure consult the AAP statement "Screening for Elevated Blood Levels" (1996). Additionally, screening should be done in accordance with state law where applicable.
17. TB testing per recommendations of the Committee on Infectious Diseases, published in the current edition of Red Book: Report of the Committee on Infectious Diseases. Testing should be done upon recognition of high-risk factors.
18. Cholesterol screening for high-risk patients per AAP statement "Cholesterol in Childhood" (1998). If family history cannot be ascertained and other risk factors are present, screening should be at the discretion of the physician.
19. All sexually active females should be screened for sexually transmitted diseases (STDs).
20. All sexually active females should have a pelvic examination. A pelvic examination and routine pap smear should be offered as part of preventive health maintenance between the ages of 18 and 21 years.
21. Age-appropriate discussion and counseling should be an integral part of each visit for care per the AAP Guidelines for Health Supervision III (1998).
22. From birth to age 12, refer to the AAP injury prevention program (TIIPP) as described in A Guide to Safety Counseling in Office Practice (1994).
23. Vaccines prevention and management for all patients per AAP Statement "The Role of the Pediatrician in Vaccines" (1998).
24. Parents and caregivers should be advised to place healthy infants on their backs when putting them to sleep. Side positioning is a reasonable alternative but carries a slightly higher risk of SIDS. Consult the AAP statement "Positioning and Sudden Infant Death Syndrome (SIDS): Update" (1996).
25. Age-appropriate nutrition counseling should be an integral part of each visit per the AAP Handbook of Nutrition (1996).
26. Earlier initial dental examinations may be appropriate for some children. Subsequent examinations as prescribed by dentist.



American Academy of Pediatrics

MS. Special chemical, immunologic, and endocrine testing is usually carried out upon specific indications. Testing other than newborn (eg, inborn errors of metabolism, sickle disease, etc) is discretionary with the physician. 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. Copyright © 1999 by the American Academy of Pediatrics. No part of this statement may be reproduced in any form or by any means without prior written permission from the American Academy of Pediatrics except for one copy for personal use.

**Key:**  
 • = to be performed  
 S = subjective, by history  
 O = objective, by a standard testing method  
 ← → = the range during which a service may be provided, with the dot indicating the preferred age.

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 2001 Periodicity Schedule (Effective DOS 10/1/05)

**FOOTNOTES**

1. 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 AAP statement “The Prenatal Visit” (1996).
2. Every infant should have a newborn evaluation after birth. Breastfeeding should be encouraged and instruction and support offered. Every breastfeeding infant should have an evaluation 48-72 hours after discharge from the hospital to include weight, formal breastfeeding evaluation, encouragement, and instruction as recommended in the AAP statement “Breastfeeding and the Use of Human Milk” (1997).
3. For newborns discharged in less than 48 hours after delivery per AAP statement “Hospital Stay for Healthy Term Newborns” (1995).
4. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.
5. 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.
6. If the patient is uncooperative, re-screen within 6 months.
7. All newborns should be screened per the AAP Task Force on Newborn and Infant Hearing statement, “Newborn and Infant Hearing Loss: Detection and Intervention” (1999).
8. By history and appropriate physical examination: if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.
9. At each visit, a complete physical examination is essential, with infant totally unclothed, older child undressed and suitably draped.
10. These may be modified, depending upon entry point into schedule and individual need.
11. Metabolic screening (e.g., thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to state law.
12. Schedule(s) per the Committee on Infectious Diseases, published annually in the January edition of Pediatrics. Every visit should be an opportunity to update and complete a child’s immunizations.
13. See AAP Pediatric Nutrition Handbook (1998) for a discussion of universal and selective screening options. Consider earlier screening for high-risk infants (e.g., premature infants and low birth weight infants). See also “Recommendations to Prevent and Control Iron Deficiency in the United States. MMWR.1998;47(RR-3):1-29.
14. All menstruating adolescents should be screened annually.
15. Conduct dipstick urinalysis for leukocytes annually for sexually active male and female adolescents.
16. For children at risk of lead exposure consult the AAP statement “Screening for Elevated Blood Levels” (1998). Additionally, screening should be done in accordance with state law where applicable.
17. TB testing per recommendations of the Committee on Infectious Diseases, published in the current edition of Red Book: Report of the Committee on Infectious Diseases. Testing should be done upon recognition of high-risk factors.

18. Cholesterol screening for high-risk patients per AAP statement “Cholesterol in Childhood” (1998). If family history cannot be ascertained and other risk factors are present, screening should be at the discretion of the physician.
19. All sexually active patients should be screened for sexually transmitted diseases (STDs).
20. All sexually active females should have a pelvic examination. A pelvic examination and routine pap smear should be offered as part of preventive health maintenance between the ages of 18 and 21 years.
21. Age-appropriate discussion and counseling should be an integral part of each visit for care per the AAP Guidelines for Health Supervision III (1998).
22. From birth to age 12, refer to the AAP injury prevention program (TIPP®) as described in A Guide to Safety Counseling in Office Practice (1994).
23. Violence prevention and management for all patients per AAP Statement “The Role of the Pediatrician in Youth Violence Prevention in Clinical Practice and at the Community Level” (1999).
24. Parents and caregivers should be advised to place healthy infants on their backs when putting them to sleep. Side positioning is a reasonable alternative but carries a slightly higher risk of SIDS. Consult the AAP statement “Changing Concepts of Sudden Infant Death Syndrome: Implications for Infant Sleeping Environment and Sleep Position” (2000).
25. Age-appropriate nutrition counseling should be an integral part of each visit per the AAP Handbook of Nutrition (1998).
26. Earlier initial dental examinations may be appropriate for some children. Subsequent examinations as prescribed by dentist.

**10-Day Leniency Policy**

Rev. 01/03 Effective 12/01/98, the Division modified the screening sequences to allow a 10-day leniency prior to the age listed for the procedure code screening sequence.

Rev. 04/07 Effective 1/1/07 ten (10) days leniency starts at sequence 04 the traditional 4 month screening visit and ends at the last sequence, 26 the 20 year visit.

Rev. 10/07 Example: The next screening due is the screening sequence for children age 12 months-15 months. The child's date of birth is 10/24/05. The child is in the office 10/14/06 for another service. The Health Check exam may be performed even though the child has 10 days before he/she is actually 12 months.

**902.2 Minimum Standards for Screening Components:****A. History - Initial and Interval Procedure:**

The history may be obtained from the parent or guardian or through a form or checklist sent to the parent for completion. History must contain, but is not limited to:

1. Present health status and past health history of member;
2. developmental information;
3. allergies and immunization history;
4. family history;
5. dietary history; and
6. risk assessment of lead exposure.

Rev. 01/03

Documentation:

Rev. 04/04

Once the health history is recorded in the medical record, only an update is required for subsequent visits.

**B. Height, Weight, Head Circumference and Body Mass Index (BMI) Procedure:**

The *head circumference* should be measured with a metal or plastic tape measure. This measurement should be routinely taken at each visit during the first two (2) years of life.

Rev. 01/02

Rev. 07/03

If the measurement assessment indicates a low head circumference (<10% hc/age) or a high head circumference (> 95% hc/age), further evaluation, treatment or parent counseling is necessary.

The *weight* should be measured at all ages with the child nude or wearing an examination gown.

The *height* for infants up to two (2) years should be measured as recumbent length using a properly constructed measuring device. Height measurements for children two (2) years and over should be accomplished using a vertical measuring board or fixed wall device, with a non-flexible headboard. Measuring devices attached to scales are not accurate and should not be used. . Measurement should be taken at each visit.

- Rev. 10/07 The BMI (***Body Mass Index***) should be calculated (2-20 years of age) using the appropriate formula.
- If the measurement assessments indicate overweight (> 95% BMI for age), at risk for overweight (85-95% BMI for age), underweight (< 5% BMI) or low height for age (< 5% ht/age), further evaluation, treatment or parent counseling is necessary.
- The Centers for Disease Control and Prevention and the National Center for Health Statistics Growth Charts and BMI for age charts are available at the following website: [www.cdc.gov/growcharts](http://www.cdc.gov/growcharts) . Please see **appendices** for additional information on BMI and weight.
- Documentation:
- Rev. 01/02 All measurements in numerical values are to be recorded in the medical record.
- Rev. 07/03 Weight/Age, Length/Age, Weight/Height and head circumference should be plotted on the appropriate growth chart for all children 0-24 months in order to determine the growth percentiles and growth pattern.
- Rev. 04/04 Weight/Age, Height/Age and BMI should be plotted on the appropriate growth chart for all children 2 – 20 in order to determine the growth percentiles, BMI percentile and growth pattern (See Appendices).
- C. Blood Pressure Procedure:**
- Measurement of the blood pressure should begin at the age of three (3) years unless there is an indication to begin prior to that time. The blood pressure should be measured at each screening visit using an appropriate sized cuff.
- Documentation:
- Rev. 04/04 Results should be entered into the member's medical record .
- D. Vision Procedure:**
- All children should have an eye exam by ophthalmoscope. In addition, all children should have additional vision testing which is age appropriate. The Vision Exam may include but not be limited to the following:
- Rev. 10/05 Exam for ocular motility, fixation test, Hirschberg test, cover test,  
 Rev. 10/07 red reflex, light reflex, Snellen chart, and Titmus.  
 Rev. 10/05
- Documentation:
- Documentation of subjective and objective examinations performed and results (pass-fail)] data.

**E. Hearing Procedure:**

Hearing testing in the office for infants and young children up to the age of four (4) should be subjective; it could be accomplished using Denver noise makers, tracking speech and language acquisition, etc.

Rev. 10/05

Hearing measurement after the age of four (4) should be done with an objective screening tool. If using a screening audiometer, screen for each ear using the audiometric pure tones 500 Hz, 1000 Hz, 2000 Hz, 4000 Hz, 25 db with pass-fail results.

Rev. 10/07

Documentation:

Rev. 04/04

Documentation of examinations performed and results (Pass – Fail).

**F. Developmental/Behavioral Screening Procedure:**

Developmental Behavioral Screening or Surveillance is required at every EPSDT (Health Check) visit. For surveillance use either physician developed templates, Bright Futures templates, or other templates approved by DCH.

Rev. 01/03

Rev. 04/05

Rev. 10/05

Rev. 04/06

Rev. 01/07

Standardized Developmental Screening Assessment Tools (that score sensitivity and specificity in the 70-80 percent range) will be required effective **October 1, 2006** at age 9 months, 18 months, and 24 months. The 36 months developmental screening is recommended, but not required.

The recommended screening tools include ASQ, PEDS, PSC (all recommended screening tools are listed in appendices).

Documentation:

Rev. 04/04

Rev. 10/05

Screening, history and physical findings must be documented in the medical record. Include type/name of tool used for screening.

**G. Physical Examination Procedure:**

A standard head to toe assessment is required to complete a Health Check screening. This should be an unclothed physical examination that:

- Evaluates the form, structure and function of particular body regions and systems;
- Determines if these regions and systems are normal for the child's age and background; and
- Discovers those diseases and health problems for which no standard screening test has been developed, including evidence of child abuse, neglect or both.

Rev. 10/05

Health Check providers are mandated to report suspicious injuries or conditions:

If a child is in immediate danger (obviously being beaten or left alone overnight, for example), the police should be called immediately.

In all other cases, reports should be made to the DFCS office in the county where the child lives.

The physical examination must be performed with the child unclothed but suitably draped. A complete physical examination and inspection must be completed, including an examination of the heart with a stethoscope.

Rev. 04/04

Documentation:

Findings must be documented in the medical record. A checklist type form with normal/abnormal may be utilized for recording. However, abnormal findings must be documented.

**H. Newborn Metabolic Screening Procedure:**

Georgia law requires that all newborns receive a metabolic screening. If the infant is discharged before twenty-four (24) hours after birth, a blood specimen shall be collected prior to discharge. In this case a second specimen shall be collected prior to 7 days of age.

Documentation:

On screening visit number zero (0) or one (1), the provider should document if testing has been completed.

**I. Immunizations Procedure:**

Immunization, if needed, shall be given at the time of the Health Check screen or at any other contact with the child.

Rev. 10/05

Documentation:

Immunizations must be documented in the medical record.

Rev. 01/02

Rev. 07/03

Rev. 10/07

**J. Tuberculin Test Procedure:**

TB Risk Assessment should be performed in order to determine risk at designated intervals from the periodicity schedule and anytime the practitioner determines. For detailed information see Core Curriculum on Tuberculosis: What the Clinician Should Know, Fourth Edition, 2000, U.S. Department of Health and Human

Services, Public Health Services or Recommendation of the AAP (see periodicity table) .

Rev. 01/07

TB skin test results should be read and documented by a health professional. Any child with a positive skin test should be referred to the Health Department or child’s PCP for treatment and follow-up. LTBI (Latent Tuberculosis Infection) in children less than five years should be reported to the local health department (if no one can be reached at the local health department, then call the state TB program at 404-657-2634).

Rev. 01/02

**NOTE:**  
**If the TB skin test results for a high-risk child less than six (6) months is negative, please retest the child at six (6) months of age.**

Documentation:

The administration of the tuberculin skin test and the results must be recorded in the medical record.

**K. Hematocrit and Hemoglobin in Screening Procedure:**

Rev. 10/05

A hematocrit or hemoglobin must be performed at least once during each time period. Prior to DOS 10/1/05, the suggested ages are 9 months, 2 years, 8 years and 18 years of age. Effective DOS 10/1/05, Hematocrit or hemoglobin screening has been changed to reflect universal and selective screening options as discussed in the AAP “Pediatric Nutrition Handbook” (1998). Specifically, a screening is due for ages 9 to 12 months, high risk members age 15 months to 5 years, and members age 13 to 14 years. Performances of additional tests are left to the individual practitioner.

If the clinical or laboratory assessment reveals an iron deficiency anemia, further evaluation, treatment or parent counseling is necessary.

Documentation:

Test results as well as any further evaluation, treatment or counseling must be documented in the medical record.

**L. Urine Testing Procedure:**

Rev. 04/05

Rev. 10/05

Effective DOS 10/1/05, a minimum of one dipstick urinalysis for leukocytes must be performed at five (5) years of age and annually for sexually active male and female adolescents. Performance of additional test is left to the individual practitioner

Documentation:

Test results must be recorded in the medical record.

- Rev. 10/05
- M. Anticipatory Guidance Procedure:**  
Anticipatory guidance and health education are an integral part of the screening and must be provided by the professional. Age appropriate topics/information must be presented during each screen. At a minimum, Health Check providers must document discussion of Injury Prevention, Violence Prevention, and Nutritional Counseling at each Health Check screening visit (Health Check providers must document Sleep Positioning Counseling at every visit for members age birth to nine (9) months). Providers may use oral and written information.
- Documentation:  
Specific topics discussed or written information distributed must be age appropriate and recorded in the medical record. It is mandatory that these services be documented.
- Rev. 07/02
- N. Dental Procedure:**  
Children must be referred to a dentist for routine dental care for members as early as 12 months of age. However, if indicated, a dental referral may be made at any age. An inspection of the mouth must be a part of each screen. If Health Check provider identifies any spot during oral exam, refer the member to a dentist **immediately**. Discuss the importance of good oral hygiene with member/caregiver.
- Documentation:  
The dental referral must be documented in the medical record. Document education on Good Oral Hygiene practices.
- Rev. 10/03  
Rev. 10/07
- O. Lead Screening Procedure:**  
**SINCE 1989, FEDERAL LAW HAS REQUIRED THAT CHILDREN ENROLLED IN MEDICAID MUST HAVE THEIR BLOOD LEAD MEASURED AT 12 AND 24 MONTHS OF AGE.**  
All children between the ages of 36 months and 72 months of age should be assessed with a screening questionnaire or other means annually, if they have been previously tested.
- Children who are older than 24 months *and* who have not received a screening blood lead test must receive it immediately, regardless of whether the child has been determined to be at low or high risk for lead exposure. Once determining high or low risk status and blood lead level, refer to the AAP, CDC or GCLPPP guidelines for management, treatment, and to determine if and when repeat testing should be performed.

<b>NOTE:</b>
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**The Georgia Childhood Lead Poisoning Prevention Program (GCLPPP) at 888-247-9054 has a **Lead Risk Assessment Questionnaire that the provider may choose to use at <http://health.state.ga.us/programs/lead/screeningtypes.asp>****

See Section 907 for information on lab reporting requirements, anticipatory guidance for parents, use of questionnaires, etc. Appendix A: Guidelines for EBLL may be used at provider's discretion.

Documentation:

The medical record must contain evidence that a history was taken to determine if a child is at risk for an elevated lead level and a laboratory report of test results.

**P. Nutritional Assessment:**

There is no one biochemical or physical measurement that will allow a positive statement of nutritional health. Instead, there are a number of measurements which collectively allow an estimate of such. Components of a nutritional assessment include the following:

- Health History
- Dietary Evaluation – including record of food intake, diet history including questions to identify unusual dietary practices or eating habits (e.g. prolonged use of bottle feedings, eating non-food items, etc.) or food frequency to identify the frequency of consumption of foods grouped together based on their principal nutrient contribution; evaluation of breastfeeding
- Anthropometric Measurements – length or height, weight and head circumference measured and plotted on a standardized growth chart
- Biochemical Measurements – screening test for iron deficiency (hemoglobin or hematocrit), cholesterol screening for children at risk, and lead screening.
- Clinical Evaluation – complete physical examination including an oral examination. Special attention should be paid to such general features as apathy or irritability.

Follow-up is indicated for the children exhibiting the following:

- Dietary intake inadequate/inappropriate for age or physical condition including inappropriate feeding practices; evaluation of breastfeeding.
- Height less than the 5<sup>th</sup> percentile on a standardized growth chart (i.e., National Center for Health Statistics).

Rev. 10/05

- Weight for age less than the 5<sup>th</sup> percentile on a standardized growth chart or change in percentile (up or down greater than 10%).
- Weight for height less than the 5<sup>th</sup> percentile or greater than the 95<sup>th</sup> percentile on a standardized growth chart or Body Mass Index (BMI) for age greater than 95<sup>th</sup> percentile.
- Diseases in which nutrition plays a key role such as early childhood caries, diabetes, allergies, metabolic disorders, and physical or mental disabilities affecting feeding.

Documentation:

Health History, Dietary Evaluation, Anthropometric Measurements, Biochemical Measurements, and Clinical Evaluation must be documented in the medical record.

#### **Q. Pap Screening:**

The Pap screen (sometimes called a Pap smear) is a way to examine cells collected from the cervix and vagina. This screen can show the presence of infection, inflammation, abnormal cells, or cancer.

Pap smears are considered “screening” when performed for women who have neither symptoms nor signs of disease.

Health Check providers may provide a pap screening with a pelvic exam under the Physician Services program when it is indicated for AT RISK females. For screening Pap smears, the high risk factors for cervical and vaginal cancer are:

#### **Cervical Cancer High Risk Factors**

- Early onset of sexual activity (under 16 years of age)
- Multiple sexual partners (five or more in a lifetime)
- History of a sexually transmitted disease (including HIV infection)
- Fewer than three negative Pap smears within the previous 7 years

#### **Vaginal Cancer High Risk Factors**

- DES (diethylstilbestrol) exposed daughters of women who took DES during pregnancy

A pap screening should include a pelvic exam (breast exam may be included).

#### **Documentation Requirements**

Rev. 10/05

Rev 10/07

When reporting screening Pap smears, the medical record must reflect which risk factor(s) is present and document condition of the genitourinary or reproductive structures.

**903. Required Equipment and Required Location Where Services Are To Be Provided**

**903.1** In addition to an examination table and routine supplies, providers must have the following equipment to perform portions of the Health Check Screen:

- A. Scale for weighing infants;
- B. Scale for weighing other children;
- C. Measuring board or device for measuring length or height in the recumbent position for infants and children up to the age of two (2);
- D. Measuring board or device for measuring height in the vertical position for children who are over two (2) years old;
- E. Blood pressure apparatus with infant, child and adult cuffs;
- F. Screening audiometer;
- G. Centrifuge or other device for measuring hematocrit or hemoglobin;
- H. Eye charts appropriate for age of the child;
- I. Developmental/Behavioral test supplies; and
- J. Ophthalmoscope-otoscope.

Rev. 04/03

Rev. 01/02

**903.2** All screenings must be performed in the provider's office or clinic.

### ***904. Interperiodic Screenings: Vision, Hearing and Health Check***

#### 904.1 Vision and Hearing

- Rev. 04/04 When a vision and/or hearing test(s) is found medically necessary between screening sequences, the Health Check provider may perform an interperiodic vision and/or interperiodic hearing screen (see Appendix D for billing). An interperiodic vision or hearing screen cannot be provided on the same date of service as a complete Health Check screen.

#### 904.2. Interperiodic Health Check Screens

- Rev.10/07 An interperiodic Health Check Screen may be performed between sequences 99383-99385 and 99393-99395 when medically necessary and at least 3 months since the last Health Check Screen. The diagnosis code V70.30 will indicate this is an Interperiodic Health Check Screen.

These are examples of the circumstances when an interperiodic Health Check Screen is indicated:

1. When a child requires either a kindergarten, foster care, adoption or sports physical **outside** the regular schedule.
- Rev. 10/04 2. Upon referral by a health, developmental or educational professional based on their determination of medical necessity. Examples of referral sources may include Head Start, Agricultural Extension Services, Early Intervention Programs or Special Education Programs.

**In each of these circumstances, the screening provider must specify and document in the child's medical record the reason necessitating the interperiodic screening.**

Interperiodic Health Check Screens are not allowed if provided < three (3) months from the DOS of a complete '*periodic*' Health Check screen.  
Use only the diagnosis code V70.30 to be paid for this visit.

- Rev. 10/05 All Health Check components must be performed during an interperiodic Health Check screening.

**NOTE: Interperiodic Health Check Screenings effective May 1, 2005.**

See Appendix J section 18 for billing procedures and reimbursement.

## **905. Immunizations**

### **905.1 Recommended Immunization Schedule:**

Rev. 04/03      The Recommended Childhood Immunization Schedule should be used as the guideline for administering immunizations.

### **905.2 Delayed Immunizations:**

Rev. 04/04      Practitioners who begin the immunization process on children who are late or at times other than the recommended optimal immunization schedule may use recommendations from the Advisory Committee on Immunization Practices (ACIP) - see schedule for Children and Adolescents Who Start Late.

### **905.3 Vaccines for Children (VFC) Program:**

Rev. 04/05      All Health Check providers *must* enroll in the Vaccines For Children program and provide immunizations to Medicaid eligible children whose ages are birth through eighteen (18) years of age.

The Vaccines For Children (VFC) program is a federally funded and state operated vaccine supply program that began October 1, 1994. The program supplies at no cost to all public health and private health care providers, federally purchased vaccines to be administered to children in certain groups. Children eligible to receive VFC-provided vaccines include the following:

- A.      children enrolled in Medicaid;
- B.      children who do not have health insurance;
- Rev. 07/02      C.      children who are American Indian or Alaskan native; and
- Rev. 04/04      D.      children who have health insurance but for whom vaccines are not a covered benefit.

Questions regarding enrollment and vaccine orders should be directed to the appropriate VFC program (see Appendices.).

Since the vaccine is provided at no cost to the Health Check provider, only administration costs are allowed to be submitted.

**NOTE:**

The Recommended Childhood Immunization Schedule should not be altered. Please see ACIP website for updates at [www.cdc.gov/nip/recs/child-schedule.htm](http://www.cdc.gov/nip/recs/child-schedule.htm)

FIGURE 1. Recommended immunization schedule for persons aged 0–6 years — United States, 2007

Vaccine ▼	Age ▶	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years	
Hepatitis B <sup>1</sup>	HepB	HepB	HepB	See footnote 1	HepB	HepB Series							Range of recommended ages
Rotavirus <sup>2</sup>			Rota	Rota	Rota								
Diphtheria, Tetanus, Pertussis <sup>3</sup>			DTaP	DTaP	DTaP		DTaP					DTaP	Catch-up immunization
Haemophilus influenzae type b <sup>4</sup>			Hib	Hib	Hib <sup>4</sup>	Hib				Hib			
Pneumococcal <sup>5</sup>			PCV	PCV	PCV	PCV					PCV PPV		Certain high-risk groups
Inactivated Poliovirus			IPV	IPV		IPV						IPV	
Influenza <sup>6</sup>							Influenza (Yearly)						
Measles, Mumps, Rubella <sup>7</sup>							MMR					MMR	
Varicella <sup>8</sup>							Varicella					Varicella	
Hepatitis A <sup>9</sup>							HepA (2 doses)				HepA Series		
Meningococcal <sup>10</sup>											MPSV4		

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2006, for children aged 0–6 years. Additional information is available at <http://www.cdc.gov/nip/recs/child-schedule.htm>. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components

of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

**1. Hepatitis B vaccine (HepB).** (Minimum age: birth)

**At birth:**

- Administer monovalent HepB to all newborns before hospital discharge.
- If mother is hepatitis surface antigen (HBsAg)-positive, administer HepB and 0.5 mL of hepatitis B immune globulin (HBIG) within 12 hours of birth.
- If mother's HBsAg status is unknown, administer HepB within 12 hours of birth. Determine the HBsAg status as soon as possible and if HBsAg-positive, administer HBIG (no later than age 1 week).
- If mother is HBsAg-negative, the birth dose can only be delayed with physician's order and mother's negative HBsAg laboratory report documented in the infant's medical record.

**After the birth dose:**

- The HepB series should be completed with either monovalent HepB or a combination vaccine containing HepB. The second dose should be administered at age 1–2 months. The final dose should be administered at age ≥24 weeks. Infants born to HBsAg-positive mothers should be tested for HBsAg and antibody to HBsAg after completion of ≥3 doses of a licensed HepB series, at age 9–18 months (generally at the next well-child visit).

**4-month dose:**

- It is permissible to administer 4 doses of HepB when combination vaccines are administered after the birth dose. If monovalent HepB is used for doses after the birth dose, a dose at age 4 months is not needed.

**2. Rotavirus vaccine (Rota).** (Minimum age: 6 weeks)

- Administer the first dose at age 6–12 weeks. Do not start the series later than age 12 weeks.
- Administer the final dose in the series by age 32 weeks. Do not administer a dose later than age 32 weeks.
- Data on safety and efficacy outside of these age ranges are insufficient.

**3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).** (Minimum age: 6 weeks)

- The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose.
- Administer the final dose in the series at age 4–6 years.

**4. Haemophilus influenzae type b conjugate vaccine (Hib).** (Minimum age: 6 weeks)

- If PRP-OMP (PedvaxHIB<sup>®</sup> or ComVax<sup>®</sup> [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required.
- TriHibit<sup>®</sup> (DTaP/Hib) combination products should not be used for primary immunization but can be used as boosters following any Hib vaccine in children aged ≥12 months.

**5. Pneumococcal vaccine.** (Minimum age: 6 weeks for pneumococcal conjugate vaccine [PCV]; 2 years for pneumococcal polysaccharide vaccine [PPV])

- Administer PCV at ages 24–59 months in certain high-risk groups. Administer PPV to children aged ≥2 years in certain high-risk groups. See *MMWR* 2000;49(No. RR-9):1–35.

**6. Influenza vaccine.** (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 5 years for live, attenuated influenza vaccine [LAIV])

- All children aged 6–59 months and close contacts of all children age 0–59 months are recommended to receive influenza vaccine.
- Influenza vaccine is recommended annually for children aged ≥59 months with certain risk factors, health-care workers, and other persons (including household members) in close contact with persons in groups at high risk. See *MMWR* 2006;55(No. RR-10):1–41.
- For healthy persons aged 5–49 years, LAIV may be used as an alternative to TIV.
- Children receiving TIV should receive 0.25 mL if aged 6–35 months or 0.5 mL aged ≥3 years.
- Children aged <9 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by ≥4 weeks for TIV and ≥6 weeks for LAIV).

**7. Measles, mumps, and rubella vaccine (MMR).** (Minimum age: 12 months)

- Administer the second dose of MMR at age 4–6 years. MMR may be administered before age 4–6 years, provided ≥4 weeks have elapsed since the first dose and both doses are administered at age ≥12 months.

**8. Varicella vaccine.** (Minimum age: 12 months)

- Administer the second dose of varicella vaccine at age 4–6 years. Varicella vaccine may be administered before age 4–6 years, provided that ≥3 months have elapsed since the first dose and both doses are administered at age ≥12 months. If second dose was administered ≥28 days following the first dose the second dose does not need to be repeated.

**9. Hepatitis A vaccine (HepA).** (Minimum age: 12 months)

- HepA is recommended for all children aged 1 year (i.e., aged 12–23 months). The 2 doses in the series should be administered at least 6 months apart.
- Children not fully vaccinated by age 2 years can be vaccinated at subsequent visits.
- HepA is recommended for certain other groups of children, including in areas when vaccination programs target older children. See *MMWR* 2006;55(No. RR-7):1–22.

**10. Meningococcal polysaccharide vaccine (MPSV4).** (Minimum age: 2 years)

- Administer MPSV4 to children aged 2–10 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. See *MMWR* 2005;54(No. RR-7):1–21.

The Recommended Immunization Schedules for Persons Aged 0–18 Years are approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/nip/acip>) the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).

DEPARTMENT OF HEALTH AND HUMAN SERVICES • CENTERS FOR DISEASE CONTROL AND PREVENTION

**Recommended Immunization Schedule for Persons Aged 7–18 Years—UNITED STATES • 2007**

Vaccine ▼	Age ▶	7–10 years	11–12 YEARS	13–14 years	15 years	16–18 years
Tetanus, Diphtheria, Pertussis <sup>1</sup>	see footnote 1		<b>Tdap</b>		<b>Tdap</b>	
Human Papillomavirus <sup>2</sup>	see footnote 2		<b>HPV (3 doses)</b>		<b>HPV Series</b>	
Meningococcal <sup>3</sup>	MPSV4		<b>MCV4</b>		<b>MCV4<sup>3</sup></b> <b>MCV4</b>	
Pneumococcal <sup>4</sup>			<b>PPV</b>			
Influenza <sup>5</sup>			<b>Influenza (Yearly)</b>			
Hepatitis A <sup>6</sup>			<b>HepA Series</b>			
Hepatitis B <sup>7</sup>			<b>HepB Series</b>			
Inactivated Poliovirus <sup>8</sup>			<b>IPV Series</b>			
Measles, Mumps, Rubella <sup>9</sup>			<b>MMR Series</b>			
Varicella <sup>10</sup>			<b>Varicella Series</b>			

Range of recommended ages

Catch-up immunization

Certain high-risk groups

This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2006, for children aged 7–18 years. Additional information is available at <http://www.cdc.gov/nip/recs/child-schedule.htm>. Any dose not administered at the recommended age should be administered at any subsequent visit, when indicated and feasible. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and other components

of the vaccine are not contraindicated and if approved by the Food and Drug Administration for that dose of the series. Providers should consult the respective Advisory Committee on Immunization Practices statement for detailed recommendations. Clinically significant adverse events that follow immunization should be reported to the Vaccine Adverse Event Reporting System (VAERS). Guidance about how to obtain and complete a VAERS form is available at <http://www.vaers.hhs.gov> or by telephone, 800-822-7967.

- 1. Tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).** (Minimum age: 10 years for BOOSTRIX<sup>®</sup> and 11 years for ADACEL™)
  - Administer at age 11–12 years for those who have completed the recommended childhood DTP/DTaP vaccination series and have not received a tetanus and diphtheria toxoids vaccine (Td) booster dose.
  - Adolescents aged 13–18 years who missed the 11–12 year Td/Tdap booster dose should also receive a single dose of Tdap if they have completed the recommended childhood DTP/DTaP vaccination series.
- 2. Human papillomavirus vaccine (HPV).** (Minimum age: 9 years)
  - Administer the first dose of the HPV vaccine series to females at age 11–12 years.
  - Administer the second dose 2 months after the first dose and the third dose 6 months after the first dose.
  - Administer the HPV vaccine series to females at age 13–18 years if not previously vaccinated.
- 3. Meningococcal vaccine.** (Minimum age: 11 years for meningococcal conjugate vaccine [MCV4]; 2 years for meningococcal polysaccharide vaccine [MPSV4])
  - Administer MCV4 at age 11–12 years and to previously unvaccinated adolescents at high school entry (at approximately age 15 years).
  - Administer MCV4 to previously unvaccinated college freshmen living in dormitories; MPSV4 is an acceptable alternative.
  - Vaccination against invasive meningococcal disease is recommended for children and adolescents aged ≥2 years with terminal complement deficiencies or anatomic or functional asplenia and certain other high-risk groups. See *MMWR* 2005;54(No. RR-7):1–21. Use MPSV4 for children aged 2–10 years and MCV4 or MPSV4 for older children.
- 4. Pneumococcal polysaccharide vaccine (PPV).** (Minimum age: 2 years)
  - Administer for certain high-risk groups. See *MMWR* 1997;46(No. RR-8):1–24, and *MMWR* 2000;49(No. RR-9):1–35.

- 5. Influenza vaccine.** (Minimum age: 6 months for trivalent inactivated influenza vaccine [TIV]; 5 years for live, attenuated influenza vaccine [LAIV])
  - Influenza vaccine is recommended annually for persons with certain risk factors, health-care workers, and other persons (including household members) in close contact with persons in groups at high risk. See *MMWR* 2006;55 (No. RR-10):1–41.
  - For healthy persons aged 5–49 years, LAIV may be used as an alternative to TIV.
  - Children aged <9 years who are receiving influenza vaccine for the first time should receive 2 doses (separated by ≥4 weeks for TIV and ≥6 weeks for LAIV).
- 6. Hepatitis A vaccine (HepA).** (Minimum age: 12 months)
  - The 2 doses in the series should be administered at least 6 months apart.
  - HepA is recommended for certain other groups of children, including in areas where vaccination programs target older children. See *MMWR* 2006;55 (No. RR-7):1–23.
- 7. Hepatitis B vaccine (HepB).** (Minimum age: birth)
  - Administer the 3-dose series to those who were not previously vaccinated.
  - A 2-dose series of Recombivax HB<sup>®</sup> is licensed for children aged 11–15 years.
- 8. Inactivated poliovirus vaccine (IPV).** (Minimum age: 6 weeks)
  - For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if the third dose was administered at age ≥4 years.
  - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
- 9. Measles, mumps, and rubella vaccine (MMR).** (Minimum age: 12 months)
  - If not previously vaccinated, administer 2 doses of MMR during any visit, with ≥4 weeks between the doses.
- 10. Varicella vaccine.** (Minimum age: 12 months)
  - Administer 2 doses of varicella vaccine to persons without evidence of immunity.
  - Administer 2 doses of varicella vaccine to persons aged <13 years at least 3 months apart. Do not repeat the second dose, if administered ≥28 days after the first dose.
  - Administer 2 doses of varicella vaccine to persons aged ≥13 years at least 4 weeks apart.

The Recommended Immunization Schedules for Persons Aged 0–18 Years are approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/nip/acip>), the American Academy of Pediatrics (<http://www.aap.org>), and the American Academy of Family Physicians (<http://www.aafp.org>).

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## Catch-up Immunization Schedule UNITED STATES • 2007 for Persons Aged 4 Months–18 Years Who Start Late or Who Are More Than 1 Month Behind

The table below provides catch-up schedules and minimum intervals between doses for children whose vaccinations have been delayed. A vaccine series does not need to be restarted, regardless of the time that has elapsed between doses. Use the section appropriate for the child's age.

CATCH-UP SCHEDULE FOR PERSONS AGED 4 MONTHS–6 YEARS					
Vaccine	Minimum Age for Dose 1	Minimum Interval Between Doses			
		Dose 1 to Dose 2	Dose 2 to Dose 3	Dose 3 to Dose 4	Dose 4 to Dose 5
Hepatitis B <sup>1</sup>	Birth	4 weeks	8 weeks (and 16 weeks after first dose)		
Rotavirus <sup>2</sup>	6 wks	4 weeks	4 weeks		
Diphtheria, Tetanus, Pertussis <sup>3</sup>	6 wks	4 weeks	4 weeks	6 months	6 months <sup>3</sup>
<i>Haemophilus influenzae</i> type b <sup>4</sup>	6 wks	4 weeks if first dose administered at age <12 months 8 weeks (as final dose) if first dose administered at age 12–14 months No further doses needed if first dose administered at age ≥15 months	4 weeks* if current age <12 months 8 weeks (as final dose) <sup>4</sup> if current age ≥12 months and second dose administered at age <15 months No further doses needed if previous dose administered at age ≥15 months	8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months	
Pneumococcal <sup>5</sup>	6 wks	4 weeks if first dose administered at age <12 months and current age <24 months 8 weeks (as final dose) if first dose administered at age ≥12 months or current age 24–59 months No further doses needed for healthy children if first dose administered at age ≥24 months	4 weeks if current age <12 months 8 weeks (as final dose) if current age ≥12 months No further doses needed for healthy children if previous dose administered at age ≥24 months	8 weeks (as final dose) This dose only necessary for children aged 12 months–5 years who received 3 doses before age 12 months	
Inactivated Poliovirus <sup>6</sup>	6 wks	4 weeks	4 weeks	4 weeks <sup>6</sup>	
Measles, Mumps, Rubella <sup>7</sup>	12 mos	4 weeks			
Varicella <sup>8</sup>	12 mos	3 months			
Hepatitis A <sup>9</sup>	12 mos	6 months			
CATCH-UP SCHEDULE FOR PERSONS AGED 7–18 YEARS					
Tetanus, Diphtheria/ Tetanus, Diphtheria, Pertussis <sup>10</sup>	7 yrs <sup>10</sup>	4 weeks	8 weeks if first dose administered at age <12 months 6 months if first dose administered at age ≥12 months	6 months if first dose administered at age <12 months	
Human Papillomavirus <sup>11</sup>	9 yrs	4 weeks	12 weeks		
Hepatitis A <sup>9</sup>	12 mos	6 months			
Hepatitis B <sup>1</sup>	Birth	4 weeks	8 weeks (and 16 weeks after first dose)		
Inactivated Poliovirus <sup>6</sup>	6 wks	4 weeks	4 weeks	4 weeks <sup>6</sup>	
Measles, Mumps, Rubella <sup>7</sup>	12 mos	4 weeks			
Varicella <sup>8</sup>	12 mos	4 weeks if first dose administered at age ≥13 years 3 months if first dose administered at age <13 years			

- 1. Hepatitis B vaccine (HepB).** (Minimum age: birth)
  - Administer the 3-dose series to those who were not previously vaccinated.
  - A 2-dose series of Recombivax HB<sup>®</sup> is licensed for children aged 11–15 years.
- 2. Rotavirus vaccine (Rota).** (Minimum age: 6 weeks)
  - Do not start the series later than age 12 weeks.
  - Administer the final dose in the series by age 32 weeks. Do not administer a dose later than age 32 weeks.
  - Data on safety and efficacy outside of these age ranges are insufficient.
- 3. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP).** (Minimum age: 6 weeks)
  - The fifth dose is not necessary if the fourth dose was administered at age ≥4 years.
  - DTaP is not indicated for persons aged ≥7 years.
- 4. Haemophilus influenzae type b conjugate vaccine (Hib).** (Minimum age: 6 weeks)
  - Vaccine is not generally recommended for children aged ≥5 years.
  - If current age <12 months and the first 2 doses were PRP-OMP (PedvaxHIB<sup>®</sup> or ComVax<sup>®</sup> [Merck]), the third (and final) dose should be administered at age 12–15 months and at least 8 weeks after the second dose.
  - If first dose was administered at age 7–11 months, administer 2 doses separated by 4 weeks plus a booster at age 12–15 months.
- 5. Pneumococcal conjugate vaccine (PCV).** (Minimum age: 6 weeks)
  - Vaccine is not generally recommended for children aged ≥5 years.
- 6. Inactivated poliovirus vaccine (IPV).** (Minimum age: 6 weeks)
  - For children who received an all-IPV or all-oral poliovirus (OPV) series, a fourth dose is not necessary if third dose was administered at age ≥4 years.
  - If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age.
- 7. Measles, mumps, and rubella vaccine (MMR).** (Minimum age: 12 months)
  - The second dose of MMR is recommended routinely at age 4–6 years but may be administered earlier if desired.
  - If not previously vaccinated, administer 2 doses of MMR during any visit with ≥4 weeks between the doses.
- 8. Varicella vaccine.** (Minimum age: 12 months)
  - The second dose of varicella vaccine is recommended routinely at age 4–6 years but may be administered earlier if desired.
  - Do not repeat the second dose in persons aged <13 years if administered ≥28 days after the first dose.
- 9. Hepatitis A vaccine (HepA).** (Minimum age: 12 months)
  - HepA is recommended for certain groups of children, including in areas where vaccination programs target older children. See *MMWR* 2006;55(No. RR-7):1–23.
- 10. Tetanus and diphtheria toxoids vaccine (Td) and tetanus and diphtheria toxoids and acellular pertussis vaccine (Tdap).** (Minimum ages: 7 years for Td, 10 years for BOOSTRIX<sup>®</sup>, and 11 years for ADACEL<sup>™</sup>)
  - Tdap should be substituted for a single dose of Td in the primary catch-up series or as a booster if age appropriate; use Td for other doses.
  - A 5-year interval from the last Td dose is encouraged when Tdap is used as a booster dose. A booster (fourth) dose is needed if any of the previous doses were administered at age <12 months. Refer to ACIP recommendations for further information. See *MMWR* 2006;55(No. RR-3).
- 11. Human papillomavirus vaccine (HPV).** (Minimum age: 9 years)
  - Administer the HPV vaccine series to females at age 13–18 years if not previously vaccinated.

Information about reporting reactions after immunization is available online at <http://www.vaers.hhs.gov> or by telephone via the 24-hour national toll-free information line 800-822-7967. Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for immunization, is available from the National Center for Immunization and Respiratory Diseases at <http://www.cdc.gov/nip/default.htm> or telephone, 800-CDC-INFO (800-232-4636).

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**906. Diagnosis, Treatment and Referral**

All suspicious or abnormal findings identified during a Health Check screen must be treated or be further evaluated. For non-CMO (care maintenance organization) Fee-For-Service (FFS) members, the screening provider must either treat (if qualified) or refer all members with abnormal findings. For information on billing levels allowed for treatment during Health Check visit see Appendix J Section 16. All services (except immunizations, TB, lead, Interperiodic Vision, Interperiodic Hearing, and Interperiodic Health Check screens) must be referred by their primary care provider (PCP).

All referring or specialists providers must contact the member's PCP provider to discuss any clinical findings which require prompt medical attention. Other findings requiring routine follow-up must be referred back to the member's PCP provider.

The level of treatment required should determine whether additional services are provided.

Additional Diagnostic and Treatment services (services provided outside the Health Check program) can be provided on the same DOS as an Abnormal Health check Screen. Use only lower level office visit codes 99201 (new patient), 99211 or 99212. No other procedure codes are allowed. See Appendix C Health Check Complete Screen procedure codes / Abnormal Screens table.

### **907. Lead Risk Assessment and Screening**

#### **907.1 Purpose:**

Rev. 10/01 The purpose of screening for undue lead absorption is to identify children who  
 Rev 10/07 have either symptomatic or asymptomatic lead poisoning, and to intervene as quickly as possible to reduce their blood lead levels.

#### **907.2 Lead Screening:**

- Rev. 10/03
- A. Since 1989, Federal law has required that children enrolled in Medicaid must have their blood lead measured at **12 and 24 months of age**.  
 For the 12-month screening, the acceptable range of testing is from 9 - 15 months of age. For the 24-month screening, the acceptable range of testing is from 18-35 months of age. Despite the availability of these ranges, lead screenings should be done as close as possible to 12 and 24 months of age.
  - B. Children between the ages of **36 and 72 months of age** must receive a blood lead test immediately if they have not been previously tested for lead poisoning.
  - C. A blood lead test, *capillary* or *venous*, must be used when screening Medicaid-eligible children. A capillary blood lead test that is elevated (>10ug/dL) must be confirmed with a venous blood lead test.  
 Completing a lead risk assessment questionnaire **does not** count as a lead screening.

#### **907.3 Lead Health Education and Anticipatory Guidance**

Rev. 10/03 Health education is a required component of screening services (EPSDT benefit, in accordance with section 1905(r) of the Act) and includes anticipatory guidance.

##### **Anticipatory Guidance**

Anticipatory guidance should be provided to families when children are:

- A. 3-6 months of age and again at 12 months.
- B. Between the ages of 24 and 72 months, at well-child visits and when the lead risk assessment questionnaire (See Appendices.) is administered.

The following topics should be covered with anticipatory guidance:

- A. Effects of lead poisoning on children
- B. Sources of lead poisoning
- C. Pathways of exposure (including placental exposure)
- D. How to prevent a child's exposure to lead hazards

- E. Appropriate schedule for testing children for lead poisoning

#### **907.4 Lead Risk Assessment**

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Lead Risk Assessment should be used annually starting at age 3 years to 5 years or anytime the provider feels the child is at risk.

If a Lead Risk Questionnaire is used:

- A. The completed questionnaire should be placed in the child's medical chart as part of their record

- B. if using the GCLPPP (Georgia Childhood Lead Poisoning Prevention Program) questionnaire at <http://health.state.ga.us/programs/lead/screeningtypes.asp>

the blood lead tests should be done immediately if the child is at high risk (one or more "yes" or "I don't know" answers on the risk assessment questionnaire) for lead exposure.

#### **907.5 Guidelines for Follow-up Testing for Children with Elevated Blood Lead Levels (EBLL) (>10 ug/dL)**

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Final diagnosis and disposition rests on a complete medical and laboratory examination of the individual child with reference to professional guidelines. Any additional diagnostic and treatment services determined to be medically necessary must also be provided to a child diagnosed with an EBLL.

If providers would like to follow GCLPPP guidelines see Appendix A.

#### **907.5 Lab Submission**

GCLPPP (**Georgia Childhood Lead Poisoning Prevention Program**) strongly encourages providers to use the Albany Regional lab for blood lead level (BLL) screens.

Albany Regional Laboratory is provided at no charge to the providers therefore there is no reimbursement associated with use of this laboratory. Providers may choose to use other outside laboratories or run the BLL screen tests in their offices. If providers who use other laboratories to process the BLL screens, the laboratory must file the claim for reimbursement and there is no reimbursement to the provider.

The Albany State Laboratory provides free analysis of blood lead specimens for **ALL Georgia children less than 72 months of age**. Equipment and forms may be provided also. To find out more information about this service, contact the laboratory: Albany Regional Public Health Laboratory

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1109 N. Jackson Street  
Albany, GA 31701  
229-430-4122

Georgia Public Health Lab manual can be found at:  
<http://health.state.ga.us/pdfs/lab/gphlsm01.pdf>

### 907.6 Reporting Guidelines

Georgia is required to annually report to the federal government compliance of the BLL screen regulation. **All BLL screens, including EBLL, are to be reported to GCLPPP by the providers.** To capture each child's screening, it is critical that providers document and code each BLL screen accurately. Also, all report forms must be filled out in their entirety, including home address, Medicaid number, race and ethnicity.

Results can be reported one of three ways.

1. **Notifiable Disease Card (form 3095)** - An EBLL is a notifiable disease in Georgia and can be recorded on the 3095 Notifiable Disease Report form. To request forms call the state health department at (404) 657-2588.
2. **Lead Screening Report Form** - The Lead Screening Report comes in a booklet of 28. This form was created by GCLPPP..Contact GCLPP for this form.
3. **State Electronic Notifiable Disease Surveillance System** - SENDSS is a web-based reporting system designed to collect information about notifiable diseases in Georgia. <http://sendss.state.ga.us/>. Or call 404-657-6444 for information on SENDSS training, or for questions about the system.

Notifiable disease cards and lead screening report forms should be placed in an envelope marked CONFIDENTIAL. All report forms should be sent to GCLPPP at:

Georgia Childhood Lead Poisoning Prevention Program  
2 Peachtree Street, NW  
Suite 14-487  
Atlanta, GA 30303

### 907.7 Contacting GCLPPP

Please contact GCLPPP at 1-888-247-9054 for all questions and concerns about lead including lead screenings, lead results, lead forms, etc. If parents are interested in more information on lead hazards and lead poisoning prevention, they should be encouraged to call the Georgia Childhood Lead Poisoning Prevention Program (GCLPPP) at 888-247-9054.

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**908. Other Related Medicaid Programs (This is not an inclusive list)**

See the policies and procedures manual of the related programs for complete information.

Rev. 04/02 **908.1 Pregnancy- Related Services program.**

**908.2 Dental Services Program:**

Please refer to the Dental Services Manual for covered dental services for Health Check members.

**908.3 Vision Care Services Program:**

Please refer to the Vision Services Manual for covered vision services for Health Check members.

**908.4 Hearing Related Services Under the Orthotics and Prosthetics Program:**

Please refer to the Orthotics and Prosthetics (O&P) Services Manual for covered O&P services for Health Check members.

**908.5 Physician Services Program:**

Please refer to the Physician Services Manual for covered physician services for Health Check members.

**909. Summary of Non-covered Services**

Non-Covered Services:

Screening performed outside the provider's office or clinic.

Rev. 10/05 Services provided in a manner inconsistent with the provisions of this manual.

Screening services provided to members enrolled in GBHC that have not been referred by the GBHC provider.

**910. Health Check Profile (Appointment Tracking System)**

Rev. 04/03 The purpose of the Health Check Appointment Tracking system is to track enrolled children eligible for services to the State and providers in conducting and documenting outreach and follow-up activities to Health Check families and children.

The Health Check Appointment Tracking System fully supports the State's goals of providing appropriate and continuing screening and treatment services to Georgia's children and of preventing more costly health problems by encouraging regular health care.

This system provides immediate access to information on Health Check/Dental members through online inquiry and provides a reminder call system at no cost to the Health Check provider. These capabilities enhance the control and operation of the EPSDT program and allow information gathering to support research and program development.

In collaboration with the monthly Health Check roster (Periodic Screenings Due Report), the Health Check Profile (Appointment Tracking System) provides:

1. Member's demographic information in addition to the last dates for Hearing (Interperiodic Hearing), Vision

(Interperiodic Vision), Dental and Medical (Health Check) screenings.

2. Detailed information on the member's entire Health Check/Dental history. This allows the provider to view the member's entire Health Check/Dental history and document outreach attempts as a result of letters/rosters distributed. Based on the notice type distributed by GHP, all the provider has to do is document the member's response and a response date. For example, if the provider arranges a future appointment with the member, he/she will select scheduled appointment under the drop down box for response type and enter the date of the appointment under response date.
3. The Response Type options on the drop down box are:
  - a. Set Appointment (Health Check Exam)
  - b. Set Appointment (Dental)
  - c. Set Appointment (Blood Lead)
  - d. Missed Appointment- Member No Show
  - e. Unable to Make Contact with Member (The user is urged to attempt to contact to contact the member 3 times prior to documenting Unable to Contact Member.)
  - f. Screen Completed
  - g. Screen Completed and Referred for Treatment
  - h. Screen Rescheduled (By Member)
  - i. Screen Rescheduled (By Provider)
  - j. Screen Declined
4. The choices Screen Completed and Screen Completed and Referred for Treatment are automatically populated by GHP when a claim is submitted (providers do not have to choose this selection after providing services).
5. The last section of the Health Check Profile is the critical health information. Health Check and Dental providers are encouraged to enter information determined to be useful to another Health Care professional in the delivery of care to the member (For example, allergic to Penicillin).
6. If you need further instructions, feel free to click on the instructions link located in the upper right hand corner of the Health Check profile.

### 911. Health Check HIPAA Referral Codes

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CMS (Centers for Medicare and Medicaid Services) defines a Health Check (EPSDT) referral as members scheduled for **another appointment with the Health Check Provider** or a **referral to another provider** for further needed diagnostic and treatment services *as a result of at least one health problem identified during the Health Check screen*. Effective with HIPAA implementation, CMS requires documentation of EPSDT Referral Codes when submitting Health Check Screening Code Claims (See Appendices C and D).

**Example 1:** If the Health Check screening is normal, certification indicator and referral codes are N (No), NU (No follow up visit needed)

**Example 2:** Use these HIPAA compliant EPSDT Referral Code (AV, S2, or ST) when a follow-up visit is necessary for a diagnosis found during a Health Check screening (abnormal procedure codes).

- If another appointment is needed, certification condition indicator is **Yes** and one of the three choices below:
  - AV
    - Available, Not Used: Patient refused referral
  - S2
    - Under Treatment: Pt is currently under treatment for health problem
  - ST
    - New Services Requested: Referral to another provider for diagnostic or corrective treatment/scheduled.

(See Appendix O for more examples).

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### 912. Access to Mental Health Services

Behavioral Health Link will manage the Georgia Crisis and Access Line. To access mental health, addictive disease, and crisis services 24 hours a day, 7 days per week call 1-800-715-4225 (GCAL) or go to [www. mygcal.com](http://www.mygcal.com).

## PART II - CHAPTER 1000

### 1001. Fee for Service Reimbursement Methodology

Rev. 07/06 The Division will pay the lower of the submitted usual and customary charge or the statewide Maximum allowable amount for the procedure code reflecting the service rendered.

### 1002. Fee for Service

#### 1002.1 Statewide Maximum Allowable Rates

The Division will reimburse for only one (1) complete screen (either normal or abnormal) per screening sequence. The maximum allowable rate for public health providers and private providers for a complete screen is as follows:

Patient age	Provider type	Maximum rate
0 to 8	All providers	\$67.38
8 or older	public health providers	\$55.38
8 or older	All other providers	\$75.38

Diagnostic and treatment services are reimbursed separately and must be billed under the appropriate related Medicaid program policies and procedures.

#### 1002.2 Vaccines for Children

Rev. 04/02 Since Vaccines For Children (VFC) program supplies vaccines to providers at no cost to the provider for children birth through Eighteen (18) years, the Division will reimburse an administration fee only for immunizations given to this age group. When children birth to age nineteen (19) years receives a vaccine provided by VFC, a maximum rate administration fee of ten dollars (\$10) per multiantigen and eight dollars (\$8) for each single antigen will be reimbursed. These fees cover the cost of administering the immunizations as well as any paper work involved (including an immunization or health certificate).

Rev. 01/02 VFC does not provide the DT vaccine; therefore, providers must use their own stock of this vaccine. *Please submit claims for this immunization under the Health Check program.*  
 Rev. 04/03 The Division's maximum reimbursement rate for the DT vaccine given by both private and public health providers is \$18.55. The maximum reimbursement rate for the TB skin test provided by private providers is \$8.13 and \$3.00 for public health providers.

Rev. 01/02 For members nineteen (19) years of age to twenty-one (21) years of age, providers must use their own stock of vaccine and immunization claims should be submitted under Physician Services, Nurse Practitioner, DSPS, Federally Qualified Health Center or Rural Health Clinic programs as appropriate.

**1002.3 Interperiodic Vision and Hearing**

An interperiodic vision only or hearing only screen is reimbursed at a maximum rate of \$5.62. This fee includes any paperwork involved, including a health certificate.

**1002.4 Interperiodic Health Check**

An interperiodic Health Check reimburses at the usual rate for the periodic Health Check Screen. All components are required.

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**APPENDIX A**

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***GCLPPP Guidelines for Elevated Blood Lead Level*****GCLPPP (Georgia Childhood Lead Poisoning Prevention Program)****Diagnostic Testing for Children with Elevated Blood Lead Level**

If a child's capillary blood lead test comes back elevated ( $>10\mu\text{g/dL}$ ), then a diagnostic test (venous blood lead test) must be performed to confirm the results. A diagnostic venous test should be done according to the schedule in Table 1.

If the schedule in Table 1 is not followed and 6 months has gone by since the initial screening test, the next test is considered a new screening test. Decisions on follow-up testing should be made based on the results of the new screening test, not on the basis of the original screening test.

**Table 1. Diagnostic Venous Testing Schedule**

<b>Initial Screening Test Result (<math>\mu\text{g/dL}</math>)</b>	<b>Perform Diagnostic test on Venous Blood within:</b>
10-19	3 months
20-44	1 week
45-59	48 hours
60-69	24 hours
$\geq 70$	Immediately, as an emergency lab test

CDC. Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials. 1997.

**Follow-up Testing for Children with Confirmed EBLL**

If the diagnostic venous test is  $<10\mu\text{g/dL}$ , then future testing should follow the routine screening guidelines for Medicaid. If the diagnostic venous test results are  $>10\mu\text{g/dL}$ , then the schedule for follow-up blood lead testing in Table 2 should be used.

**Table 2. Follow-up Testing for Children with Confirmed EBLL**

<b>Screening Test Result (<math>\mu\text{g/dL}</math>)</b>	<b>Perform follow-up Test on Venous Blood within:</b>
10-19	3 months
15-19	2 months
$\geq 20$	Child should receive clinical management

CDC. Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials. 1997.

If the result of follow-up testing is  $>20\mu\text{g/dL}$ , or if the child has had two or more venous blood lead levels of 15-19 at least 3 months apart, the child should receive clinical management.

### Sources of Lead

#### Common Sources of Lead

- Lead-based paint
- Lead dust, which is produced by aging lead-based paint
- Soil, which is contaminated by lead emissions from gasoline (prior to 1978), lead based paint chips, storage of old batteries, etc.
- Water which flows through lead pipes or copper pipes soldered with lead (prior to 1986)
- Improperly glazed ceramic pottery and cooking utensils

#### Industries

- Battery manufacturers/ or reclamation
- Window replacement
- Bronze manufacture
- Firing range instructors
- Gas station attendants
- Glass manufacturers
- Lead pigment manufacture
- Lead smelters and refiners
- Plumbers, pipe fitters
- Policemen (who work in automobile tunnels)
- Printers
- Radiator manufacture or repair
- Shipbuilders
- Welders or Cutters – Steel burning or cutting (dismantling bridges, ships, etc)
- Bridge or ship workers (including airports and boats)

Construction workers, particularly those doing:

- Department of Transportation (DOT) Sign Makers
- Painting
- Remodeling
- Renovation
- Road workers (specifically painters)

#### Hobbies , Sports, other

- Moonshine whiskey
- Car or boat repair
- Fishing
- Glazed pottery making
- Home remodeling
- Lead soldering
- Making lead shot or bullets
- Shooting at firing ranges
- Stained glass manufacture
- Toy Soldiers (leaded)
- **Substance Use**
- Added to some “Health Foods” and imported candies
- Folk Remedies - Most commonly found in Mexican, Asian Indian, and Middle Eastern groups. Names include: *Alarcon, Alkohl, Azarcon, Bali Goli, Coral, Ghasard, Greta, Liga, Pay-loo-ah, Rueda* Cosmetics, used commonly by those from the Middle East and India.

## **Georgia and other Lead Resources**

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### **Childhood Lead Risk Questionnaires**

If the provider chooses to use the Georgia Department of Human Resources Childhood Lead Risk Questionnaire it can be found at: <http://health.state.ga.us/programs/lead/screeningtypes.asp> in English, Spanish and Vietnamese.

### **Lead Information for professionals and parents**

For information on lead poisoning, prevention, guidelines, professionals and parents can call GCLPPP (Georgia Childhood Lead Poisoning Prevention Program) at 888-247-9054 or the National Lead Information Center at 1-800-424-lead (5323).

### **The Albany Regional Laboratory**

This lab performs blood lead testing on children from birth to six years of age for the Georgia Childhood lead Poisoning Prevention Program (GCLPPP). Currently Atomic Absorption Spectrometry (Perkin Elmer) is the method of testing in the Albany. The Albany Regional Laboratory provides specimen collection outfits for the services it provides.

For additional information contact:

Albany Regional Laboratory  
1109 North Jackson Street  
Albany, GA 31701-2022  
Telephone: (229) 430-4122

### **Emergency Information on Lead:**

Call the Georgia Poison Center at 1-800-222-1222

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## APPENDIX B

### ***Guidelines in Screening and reporting for TB Disease and Infection***

#### **Tuberculin Skin Testing**

Rev. 01/02 Mantoux tuberculin skin testing is the standard method of identifying persons infected with M. tuberculosis. Multiple puncture tests should **NOT** be used to determine whether a person is infected.

The Mantoux test is performed by giving an intradermal injection of 0.1 ml of purified protein derivative (PPD) tuberculin containing 5 tuberculin units (TU) into either the volar or dorsal surface of the forearm. The injection should be made with a disposable tuberculin syringe, just beneath the surface of the skin, with the needle bevel facing upward. This should produce a discrete, pale elevation of the skin (a wheal) 6 mm to 10 mm in diameter.

Rev. 01/02 The reaction to the Mantoux test should be read by a ***trained health care worker*** 48 to 72 hours after the injection. If a patient fails to show up for the scheduled reading, a positive reaction may still be measurable up to 1 week after testing.

However, if a patient who fails to return within 72 hours has a negative, tuberculin testing should be repeated.

The area of induration (palpable swelling) around the site of injection is the reaction to tuberculin. The diameter of the indurated area should be measured across the forearm (perpendicular to the long axis). Erythema (redness) should not be measured. All reaction should be recorded in millimeters of induration, even those classified as negative. If no induration is found, "0 mm" should be recorded.

#### **Reporting requirements**

In Georgia, all tuberculosis must be reported immediately to the local county health department. Physicians, hospitals, laboratories and other health care providers are required to report any of the following:

- Any child less than 5 years discovered with Latent TB Infection
- Any confirmed case of TB
- Any suspected case of TB
- Any person being treated with two (2) or more anti-tuberculosis drugs
- Any positive culture for Mycobacterium tuberculosis
- Any positive smear for AFB (Acid Fast Bacilli)

#### **How to report**

- Report cases electronically through the [State Electronic Notifiable Disease Surveillance System \(SENDSS\)](#)
- Complete a [Notifiable Disease Report Form](#) and mail in an envelope marked CONFIDENTIAL, or...
- Call your [County Health Department](#)

- If your County Health Department cannot be reached, call the Georgia Division of Public Health at 404-657-2588

For more information about tuberculosis in Georgia, including screening forms if the provider would like to use, contact (404) 657-2634 or visit <http://health.state.ga.us/programs/tb>

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## APPENDIX C

### *Health Check Complete Screen Procedure Codes*

#### NORMAL VISIT

Sequence Numbers	HIPAA Proc Code	HIPAA Modifier	Procedure Code Description	HIPAA Diagnosis Code	Fee For Service Reimbursement	Periodicity table
00	99381	EP	Normal Screening Age <0yrs, 0 month, 2 days	V20.2	\$67.38	1 day
01	99381	EP	Normal Screening Age <0yrs, 0 month, 5days and > 0yrs, 0 month, 1 day	V20.2	\$67.38	2-4 days
02	99381 or 99391	EP	Normal Screening <0yrs, 2 months a nd > 0yrs, 0 month, 4days	V20.2	\$67.38	5days thru 1 month
03	99381 or 99391	EP	Normal Screening Age <0yrs, 4 months and > 0yrs, 1 months	V20.2	\$67.38	2 month (thru 3 months)
04	99381 or 99391	EP	Normal Screening Age <0yrs, 6 months and > 0yrs, 3 months	V20.2	\$67.38	4 months (thru 5 months)
05	99381 or 99391	EP	Normal Screening Age <0yrs, 9 months and > 0yrs, 5 months	V20.2	\$67.3885	6 months (thru 8 months)
06	99381 or 99391	EP	Normal Screening Age <1yr, 0 months and > 0yrs, 8 months	V20.2	\$67.38	9 months (thru 11 months)
07	99382 or 99392	EP	Normal Screening Age <1yr, 3 months and > 0 yrs, 11 months	V20.2	\$67.38	12 months (thru 14 months)
08	99382 or 99392	EP	Normal Screening Age <1yr, 6 months and > 1yr, 2 months Normal Screening	V20.2	\$67.38	15 months (thru 17 months)
09	99382 or 99392	EP	Normal Screening Age <2yrs, 0 months and > 1yr, 5 months	V20.2	\$67.38	18 months (thru 23 months)
10	99382 or 99392	EP	Normal Screening Age <3yrs, 0 months and > 1yr, 11 months	V20.2	\$67.38	2 years
11	99382 or 99392	EP	Normal Screening Age <4yrs, 0 months and > 2yrs, 11 months	V20.2	\$67.38	3 years
12	99382 or 99392	EP	Normal Screening Age <5yrs, 0 months and > 3yrs, 11 months	V20.2	\$67.38	4 years
13	99383 or 99393	EP	Normal Screening Age <6yrs, 0 months and > 4yrs, 11 months	V20.2	\$67.38	5 years

Sequence Numbers	HIPAA Proc Code	HIPAA Modifier	Procedure Code Description	HIPAA Diagnosis Code	Fee For Service Reimbursement	Periodicity table
14	99383 or 99393	EP	Normal Screening Age <8yrs, 0 months and > 5yrs, 11 months	V20.2	\$67.38	6 years
15	99383 or 99393	EP	Normal Screening Age <10yrs, 0 months and >7yrs, 11 months	V20.2	Public Health- \$55.38 Private- \$75.38	8 years
16	99383 or 99393	EP	Normal Screening Age <11yrs, 0 months and >9yrs, 11 months	V20.2	Public Health- \$55.38 Private- \$75.38	10 years
17	99383 or 99393	EP	Normal Screening Age <12yrs, 0 months and >10yrs, 11 months	V20.2	Public Health- \$55.38 Private- \$75.38	11 years
18	99384 or 99394	EP	Normal Screening Age <13yrs, 0 months and >11yrs, 11 months	V20.2	Public Health- \$55.38 Private- \$75.38	12 years
19	99384 or 99394	EP	Normal Screening Age <14yrs, 0 months and >12yrs, 11 months	V20.2	Public Health- \$55.38 Private- \$75.38	13 years
20	99384 or 99394	EP	Normal Screening Age <15yrs, 0 months and >13yrs, 11 months	V20.2	Public Health- \$55.38 Private- \$75.38	14 years
21	99384 or 99394	EP	Normal Screening Age <16yrs, 0 months and >14yrs, 11 months	V20.2	Public Health- \$55.38 Private- \$75.38	15 years
22	99384 or 99384	EP	Normal Screening Age <17yrs, 0 months and >15yrs, 11 months	V20.2	Public Health- \$55.38 Private- \$75.38	16 years
23	99384 or 99394	EP	Normal Screening Age <18yrs, 0 months and >16yrs, 11 months	V20.2	Public Health- \$55.38 Private- \$75.38	17 years
24	99385 or 99395	EP	Normal Screening Age <19yrs, 0 months and >17yrs, 11 months	V20.2	Public Health- \$55.38 Private- \$75.38	18 years
25	99385 or 99395	EP	Normal Screening Age <20yrs, 0 months and >18yrs, 11 months	V20.2	Public Health- \$55.38 Private- \$75.38	19 years
26	99385 or 99395	EP	Normal Screening Age <21yrs, 0 months and >19yrs, 11 months	V20.2	Public Health- \$55.38 Private- \$75.38	20 years

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**Health Check Complete Screen Procedure Codes (continued)****ABNORMAL VISIT**

HIPAA Proc Code	HIPAA Modifier	Procedure Code Description	HIPAA Diagnosis Code	Fee For Service Reimbursement
99381 or 99391	EP	ABN. REFERRAL SCREENING 0 DAYS TO 12 MONTHS	All ICD-9 Diagnosis codes excluding V20-V20.2 ,V70.0 and V70.3-70.9, <b>V72.0, V72.1, V03.81, V04.8, V03.82, V06.1, V06.5, V06.4, V06.8, V04.0, V05.4, V74.1, and V82.5</b> to note that this is an abnormal Health Check Screen.	\$67.38
99382 or 99392	EP	ABN./REFERRAL SCREENING 12 MONTHS TO 5 YEARS	As above	\$67.38
99383or 99393	EP	ABN./REFERRAL SCREENING 5 YEARS TO 8 YEARS	As above	\$67.38
99383or 99393	EP	ABN./REFERRAL SCREENING 8 YEARS TO 12 YEARS	As above	Public Health- \$55.38 Private- \$75.38
99384or 99394	EP	ABN./REFERRAL SCREENING 12 YEARS TO 18 YEARS	As above	Public Health- \$55.38 Private- \$75.38
99385or 99395	EP	ABN./REFERRAL SCREENING 18 YEARS TO 21 YEARS	As above	Public Health- \$55.38 Private- \$75.38

## APPENDIX D

### *Interperiodic Vision Only and Hearing Only Procedure Codes*

For compliance with the Health Insurance Portability and Accountability Act (HIPAA), the local codes used in this program have been cross-walked to the following national codes. As of 10.01.06 the diagnosis code for normal hearing V72.1 has been discontinued.

Rev.	HIPAA Proc Code	HIPAA Modifier	Procedure Code Description	HIPAA Diagnosis Code	Fee For Service Reimbursement
	99173	EP	INTERPERIODIC VISION (NORMAL)	V72.0	\$5.62
	99173	EP	INTERPERIODIC VISION (ABNORMAL)	The appropriate ICD-9-CM (International Classification of Diseases, 9 <sup>th</sup> Revision, Clinical Modification) diagnosis code.	\$5.62
	V5008	EP	INTERPERIODIC HEARING (NORMAL)	V72.19 Other examination of ears and hearing or V72.11 hearing examination following failed hearing screening	\$5.62
	92551	EP	INTERPERIODIC HEARING (NORMAL) <i>*screening both ears, pure tone, air only</i>	V72.19 Other examination of ears and hearing or V72.11 hearing examination following failed hearing screening	\$5.62
	92552	EP	INTERPERIODIC HEARING (NORMAL) <i>*screening both ears, pure tone audiometry (threshold); air only</i>	V72.19 Other examination of ears and hearing or V72.11 hearing examination following failed hearing screening	\$5.62
	92553	EP	INTERPERIODIC HEARING (NORMAL) <i>*screening both ears, pure tone audiometry (threshold); air and bone</i>	V72.19 Other examination of ears and hearing or V72.11 hearing examination following failed hearing screening	\$5.62
	92555	EP	INTERPERIODIC HEARING (NORMAL) <i>*screening both ears, speech audiometry threshold</i>	V72.19 Other examination of ears and hearing or V72.11 hearing examination following failed hearing screening	\$5.62
	92556	EP	INTERPERIODIC HEARING (NORMAL) <i>*screening both ears, speech audiometry threshold with speech recognition</i>	V72.19 Other examination of ears and hearing or V72.11 hearing examination following failed hearing screening	\$5.62
	V5008	EP	INTERPERIODIC HEARING (ABNORMAL)	The appropriate ICD-9-CM (International Classification of Diseases, 9 <sup>th</sup> Revision, Clinical Modification) diagnosis code.	\$5.62
	92551	EP	INTERPERIODIC HEARING (ABNORMAL) <i>*screening both ears, pure tone, air only</i>	The appropriate ICD-9-CM (International Classification of Diseases, 9 <sup>th</sup> Revision, Clinical Modification) diagnosis code.	\$5.62
	92552	EP	INTERPERIODIC HEARING (ABNORMAL) <i>*screening both ears, pure tone audiometry (threshold); air only</i>	The appropriate ICD-9-CM (International Classification of Diseases, 9 <sup>th</sup> Revision, Clinical Modification) diagnosis code.	\$5.62
	92553	EP	INTERPERIODIC HEARING (ABNORMAL) <i>*screening both ears, pure tone audiometry (threshold); air and bone</i>	The appropriate ICD-9-CM (International Classification of Diseases, 9 <sup>th</sup> Revision, Clinical Modification) diagnosis code.	\$5.62
	92555	EP	INTERPERIODIC HEARING (ABNORMAL) <i>*screening both ears, speech audiometry threshold</i>	The appropriate ICD-9-CM (International Classification of Diseases, 9 <sup>th</sup> Revision, Clinical Modification) diagnosis code.	\$5.62
	92556	EP	INTERPERIODIC HEARING (ABNORMAL) <i>*screening both ears, speech audiometry threshold with speech recognition</i>	The appropriate ICD-9-CM (International Classification of Diseases, 9 <sup>th</sup> Revision, Clinical Modification) diagnosis code.	\$5.62

## APPENDIX E

### ***Immunization, Tuberculin Skin Test, and Blood Lead Level Screening Procedure Codes***

Use the following procedure codes to document for Immunizations (ages birth up to 19 years), Tuberculin Skin Tests, and Blood Lead Level Screening:

HIPAA Proc Code	HIPAA Modifier	Procedure Code Description	Diagnosis Code	Fee For Service Reimbursement
90633	EP	Hep A	V053	\$8.00
90647	EP	HIB	V0381	\$8.00
90649	EP	Human Papilloma virus (HPV) (quadrivalent, 3 dose schedule) Girls 9-18 years	V04.89 V05.8	\$8.00
90655	EP	Influenza (preservative free) (split virus) 6-35 month	V0481	\$8.00
90656	EP	Influenza (split virus) (preservative free) 3 years and above	V0481	\$8.00
90657	EP	Influenza ages 6 – 35 months (split virus)	V0481	\$8.00
90658	EP	Influenza ≥ ages three (3) years (split virus)	V0481	\$8.00
90669	EP	(Prevnar) Pneumococcal Conjugate	V0382	\$8.00
90680	EP	Rotavirus vaccine, pentavalent, 3 dose schedule, live, for oral use	V04.89	\$8.00
90700	EP	DTAP	V061	\$10.00
90702	EP	DT	V065	\$18.55
90707	EP	MMR	V064	\$10.00
90710	EP	Measles, mumps, rubella. and varicella vaccine (MMRV) live	V06.8	\$10.00
90713	EP	IPV	V040	\$8.00
90714	EP	Decavac ® (preservative free TD)	V065	\$10.00
90715	EP	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), 7yrs-18yrs, 11months	V06.1	\$10.00
90716	EP	Varicella	V054	\$8.00
90718	EP	Td Tetanus and diphtheria toxoids adsorbed 7 years and older	V065	\$10.00
90723	EP	(DTAP, Hep B, and IPV)	V068	\$10.00
90732	EP	(Pneumovax 23) Pneumococcal Polysaccharide	V0382	\$8.00
90734	EP	Menactra ® (Meningococcal Conjugate) (11 yrs – 18 yrs, 11 mths)	V03.89	\$8.00
90744	EP	Hepatitis B	V053	\$8.00
90748	EP	Combination HEP B and HIB	V068	\$10.00
86580	EP	TB Skin Test	V741	\$3.00 (public) \$8.13 (private)
36415	EP	Blood Lead Test Venous	V825	\$0.00
36416	EP	Blood Lead Test Capillary	V825	\$0.00

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## APPENDIX F

### ***Health Check and Vaccines for Children Enrollment***

Rev. 04/03 Providers who wish to enroll in Health Check must obtain an enrollment package and policy manual from the Georgia Health Partnership (GHP). Providers are required to read the Health Check policy manual prior to signing the enrollment forms.

Written request for materials should be forwarded to:

**Provider Enrollment**

Georgia Health Partnership (GHP)

P.O. Box 88030

Atlanta, GA 30356

OR

Phone your request to: (404) 298-1228 or 1 (800) 766-4456

OR

Use the web at <http://www.ghp.georgia.gov/>

Rev. 10/01 Enrollment into the Vaccines For Children (VFC) Program is processed directly with the VFC program. Please contact one of the states below (based on provider location) to obtain a Vaccines For Children enrollment package:

**Georgia**

Phone: 404-657-5013 or 1-800-848-3868

Fax: 404-657-5736 or 1-800-372-3627

**Alabama**

Phone: 334-206-5023 Fax: 334-206-2044

**Florida**

Phone: 850-245-4342 Fax: 850-922-4195

**North Carolina**

Phone: 919-715-6764 Fax: 919-715-6781

**South Carolina**

Phone: 803-898-0460 Fax: 803-898-0318

**Tennessee**

Phone: 615-532-8513 Fax: 615-253-3279

# APPENDIX G

## *Registered Nurse Preceptorship Documentation Form*

### STATE OF GEORGIA DIVISION OF MEDICAL ASSISTANCE

A. Registered Nurse Information:

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Address

\_\_\_\_\_  
County

\_\_\_\_\_  
Zip

( ) \_\_\_\_\_  
Telephone Number

Name and Address of School: \_\_\_\_\_  
\_\_\_\_\_

B. Physical Assessment Requirements:

1. Requirements: 2 complete appraisals including a standardized developmental assessment of both a male and female child whose ages are birth to three (3) years.

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Date

2. Requirements: 2 complete appraisals for both a male and female child whose age is three (3) to twelve years (12).

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Date

3. Requirements: 4 complete appraisals for both male and female children whose ages are twelve (12) to twenty-one (21).

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Date

4. Requirements: 5 Female Breast Examinations (including instruction for self breast examination).

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Date

5. Requirements: 5 Male GU Examinations on males whose ages are fourteen (14) and older.

\_\_\_\_\_  
Signature of Preceptor

\_\_\_\_\_  
Date

**CERTIFICATION:**

I, certify that I have completed the above examinations.

Registered Nurse \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- \* On or after July 1, 1993, completion of this form will be required prior to enrollment in the Georgia Division of Medical Assistance EPSDT Program.

**NOTE:IT IS REQUIRED THAT THE PRECEPTOR MUST SIGN AND DATE THE COMPLETION AND SUPERVISE EACH COMPLETED APPRAISAL.**

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## APPENDIX H

### Medicaid Member Identification Card Sample

**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

**Member ID #: 123456789012**  
Member: Joe Q Public  
Card Issuance Date: 12/01/02

**Primary Care Physician:** Dr. Jane Q Public  
285 Main Street  
Suite 2859  
Atlanta, GA 30303  
Phone: (123) 123-1234 X1234

**Plan:** Georgia Better Health Care  
**After Hours:** (123) 123-1234 X1234

Verify eligibility at [www.ghp.georgia.gov](http://www.ghp.georgia.gov)

If member is enrolled in a managed care plan, contact that plan for specific claim filing and prior authorization information.

Payor: For Non-Managed Care Members  
Customer Service: 404-298-1228 (Local) or 1-800-766-4456 (Toll Free)

ACS, Inc.	SXC, Inc.	Mail Paper Claims to:
Member: Box 3000	Rx BIN-001553	SXC Health Solutions, Inc.
Provider: Box 5000	Rx PCN-GAM	P.O. Box 3214
Prior Authorization: Box 7000	SXC Rx Prior Auth	Lisle, IL 60532-8214
McRae, GA 31055	1-866-525-5827	Rx Provider Help Line 1-866-525-5826

This card is for identification purposes only, and does not automatically guarantee eligibility for benefits and is non-transferable.

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## APPENDIX I

### ***Developmental/Behavioral Screening Resources***

Rev. 01/03            This appendix contains resources of Developmental Screening Questionnaires and Behavioral Screening tools. Early identification of children with developmental delays is important in primary care settings. The choice of testing method may depend on several factors including personal provider preference.

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Rev. 10/05            Screening tools are designed to quickly identify individuals with possible  
Rev. 10/07            problems. As a result they can be less sensitive and specific than diagnostic assessment tools. Sensitivity and specificity provide a more effective means for comparison. The American Academy of Pediatrics describes as “good” those screening tools that score sensitivity and specificity in the 70-80 percent range.

The following table lists common developmental tools. For more tools such as Eyberg child Behavior Inventory, Family Psychosocial Screening, Screens for School dysfunction go to: [www.dbpeds.org](http://www.dbpeds.org) or [www.pedstest.com](http://www.pedstest.com) under downloadable forms.

### Summary of Developmental Screening Tools for the Primary Care Physician

Name	Type of Tool	Sensitivity	Specificity	Ages Tested	Format	Time to Score	Cost	Staff	Source
<i>Ages and Stages Questionnaire (ASQ)</i>	Parent Questionnaire	72%	86%	4-60 months	Set of 30 questionnaires completed by parent	5 Minutes	\$199.00	Para-Professional	Brookes Publishers PO Box 10624 Balto., MD 21285 800-638-3775. <a href="http://www.pbrookes.com/e-catalog/books/bricker-asq/index.htm">http://www.pbrookes.com/e-catalog/books/bricker-asq/index.htm</a>
<i>Bayley Infant Neuro-development Screener (BINS)</i>	Direct Elicitation	Excellent	Excellent	3, 6, 9, 12, 18, 24 months	Kit	10-15 Minutes	\$195.00	Masters or Equivalent	Psychological Corp. 555 Academic Court San Antonio, TX 78204 800-228-0752; <a href="http://www.psychcorp.com">www.psychcorp.com</a>
<i>Parents Evaluation of Developmental Status (PEDS)</i>	Parent Questionnaire	74-80%	74-80%	0-8 years	10 questions	5 Minutes	\$39.00	Para-Professional	E & V Press, Ltd. PO Box 68164 Nashville, TN 37206 P615.226.4460 F615.227.0411 <a href="http://www.pedstest.com">http://www.pedstest.com</a>
<i>Child Development Inventory (CDI)</i>	Parent Questionnaire or Interview	>75%	70%	3-72 months	Three separate instruments with 60 yes or no questions	10 Minutes	\$41.00	Para-Professional	Behavior Science Systems Box 580274 Minn., MN 55458 P612-929-6220
<i>Brigance</i>	Direct Elicitation and Observation	70-82%	70-82%	0-90 months	One form for each 12 month range	10-15 Minutes	\$249.00	Professional	MA: Curriculum Asso., Inc. 153 Rangeway Rd PO Box 2001 North Billerica, MA 01862 800-225-0248 <a href="http://www.curriculumassociates.com/">http://www.curriculumassociates.com/</a>
<i>Pediatric Symptom Checklist (PSC)</i>	Parent Questionnaire	80-95%	68-100%	4-16 years	35 short statements	7 Minutes	On web	Para-Professional	<a href="http://www.dbpeds.org/handouts">http://www.dbpeds.org/handouts</a>

## Georgia Resources for Children with Special Needs

### I. Educational Services:

Educational services for children with disabilities are provided under IDEA (Individual with Disabilities Act). IDEA is a federal law which requires that a free and appropriate public education be available to children and youth with disabilities in mandated age ranges. This includes special education and related services.

- a. Babies Can't Wait of Georgia/Early Intervention. Part H of IDEA (Individuals with Disabilities Act) establishes a system of services from birth until the third birthday, for children with special needs and their families. The law guarantees all children, regardless of their disability, access to services that will enhance their development. Multidisciplinary assessments are provided at no charge to the family. Each family is assigned a Service Coordinator. Access to appropriate services is directed by the child's Individualized Family Service Plan ([IFSP](#)). Funds are available to cover mandated services for eligible children when no other resources are available. At age three, eligible children are transitioned to other public and private programs to insure ongoing provision of needed services. Local offices are assigned by county or health district. Referrals are accepted from parents, hospital nurseries, pediatricians or other medical personnel, child development centers, etc.  
<http://www.ph.dhr.state.ga.us/programs/bcw/index.shtml/>.
- b. Special Needs Preschool. Part B of IDEA (Individuals with Disabilities Act) provides for testing, placement in the least restrictive environment and an individualized education program ([IEP](#)) through the local public school system for children with disabilities ages 3 to 5 years. Contact is made through the "director of special needs preschool" or "preschool coordinator" of the local school system. Local phone numbers can be found in the blue pages under "education" or "school system" of the county in which the child lives. Note: It is frequently around age 2 1/2 to 3 years of age that concerns become pronounced and parents and primary health care providers are able to identify problems in development, speech or attention. Parents should not hesitate to contact the local schools to express concerns and request an assessment to determine eligibility for public school services.
- c. Free and Appropriate Public Education. The public school system is required by federal law to provide appropriate educational services to children with special needs ages 3-21 years at no charge to families. The Georgia Department of Education has a web site at <http://www.doe.k12.ga.us>.

### II. Federal Programs:

- a. SSI (Supplemental Security Income). A federal program that provides monthly payments and Medicaid coverage to individuals eighteen years of age and under, who meet eligibility criteria. Babies who are blind or born weighing under 1,200 grams are

eligible. Two aspects of eligibility are disability (some condition must limit a child's ability to function like other children of the same age to a marked or severe degree) and income. Applications or information can be obtained from the local Social Security office (look in the blue pages of the phone book under US Government) or by calling 1-800-772-1213. A current SSI definition of "disabled" can be found at <http://www.doe.k12.ga.us/sla/exceptional/welfare.html>.

- b. Deeming Waiver (Formerly known as the Katie Beckett Waiver). This program is for children who have a marked or severe disability where it has been established that it is less expensive for a child to receive treatment at home than in an institution. The program provides only Medicaid coverage when SSI has been denied due to income. It involves a lengthy, and sometimes intimidating, application process. The Deeming Waiver is generally in place for children with large medical or therapy needs/expenses who are not covered by private medical insurance, or whose medical insurance does not cover the prescribed services at the recommended intensity or frequency. For information or to apply, call the local office of Department of Family and Children Services (DFCS) listed under County Government in the blue pages of the phone book, or call Georgia Medical Care Foundation (GMCF) at 1-800-982-0411.

### **III. Services for Sensory Impaired Children(Vision and Hearing):**

- a. BEGIN (Babies Early Growth Intervention Network). This program serves children birth to age five years in a nine county metro Atlanta area. They teach parents developmental activities to help their vision impaired child progress. They also offer family support. For information call 404-875-9011.
- b. Georgia PINES (Georgia Parent Infant Network for Educational Services). This program provides information and assistance to families of vision impaired, hearing impaired and multi-handicapped sensory impaired children. Parent advisors make home visits to teach families how to help their child. Georgia PINES also provides audiological assessments and has a loaner hearing aid service. Call 404-296-7101 for information.
- c. Atlanta Area School for the Deaf (AASD). This program provides a preschool program for hearing impaired children ages 3 to 6 years from the Metro Atlanta area. Language and communication development are emphasized. They also provides audiology diagnostic services. For more information call 404-296-7101. (AASD sponsors Georgia PINES).
- d. Hospital based, community agency based and private audiologists are also available to provide services throughout the state of Georgia. Call your local hospital, the Parent to Parent Central directory, or look in the phone book yellow pages for "audiologists."

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## APPENDIX J

### ***Fee-for-Service Billing Tips***

The following are tips to assist with billing Health Check successfully.

1. The Health Check program reimburses for the screening portion of the Early and Periodic Screening Diagnostic and Treatment (EPSDT) program in Georgia along with medically necessary interperiodic vision and hearing tests, some blood lead tests TB and immunizations.
2. All of the age appropriate components must be completed for each screening visit and billed under one procedure code (see Appendix C). Health Check is reimbursed as a package of services including age appropriate vision and hearing, hematocrit and dip stick urine. All preventive or well-child services, except normal newborn care in the hospital, must be billed under the Health Check program following the policies and procedures as outlined in this manual.
3. Developmental/Behavioral screening is performed at each Health Check complete periodic screening visit, and is not a separate billable service.
4. The Georgia Medicaid program provides and reimburses the Diagnostic and Treatment aspect of EPSDT services under other Medicaid programs.

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Effective January 1, 2004, Health Check screens, **except immunizations, Lead, TB, Interperiodic Vision, Interperiodic Hearing, and Interperiodic Health Check screens**, must be referred by or performed by the member's Georgia Better Health Care (GBHC) primary care case manager or physician (PCP) in order for those services to be reimbursed.

5. The Division will reimburse for only one (1) complete screen (either normal or abnormal) per screening sequence.
6. Providers must perform the age appropriate vision and hearing testing in order to be reimbursed for the complete Health Check exam. Providers may not refer the child to another provider for hearing and vision which is required at time of Health Check.

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7. When a vision and/or hearing test(s) is found to be medically necessary between screening sequences, the Health Check provider may be reimbursed by billing the appropriate procedure code (See Appendix D). An interperiodic vision or hearing screen cannot be billed on the same date of service as a complete Health Check screen.
8. Laboratory tests that are included as part of a Health Check exam according to the periodicity schedule, such as the hematocrit/hemoglobin or urine test, **cannot be sent to an outside laboratory**. The only exception to this is the Federally Required Blood Lead Level (BLL) screen.

11. Federally Required Blood Lead Level (BLL) screen: Some providers may choose to use other outside laboratories or run the BLL screen in their offices.

- A. If Health Check providers use other laboratories, the Health Check provider cannot file a claim for reimbursement of the BLL(The laboratory must be enrolled in the Medicaid Lab Program and file the claim for reimbursement using the appropriate procedure). The Health Check provider will bill procedure code 36415 or 36416 indicating that the child was referred to a Medicaid Laboratory for their Blood Lead Level (BLL) screen or that the BLL screen was obtained in their office (results provided by Albany Regional Public Health Laboratory or provided by Health Check providers' office Lead Analysis equipment).
- B. If Health Check providers chooses Albany Regional Public Health Laboratory: The Albany State Laboratory provides free analysis of blood lead specimens for **ALL Georgia children less than 72 months of age**. To find out more information about this service, contact the laboratory. GCLPPP strongly encourages providers to use the lab for lead screenings.

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Albany Regional Public Health Laboratory  
1109 N. Jackson Street  
Albany, GA 31701  
229-430-4122

The Health Check provider will bill procedure code 36415 indicating that the BLL sent to Albany Regional Public Health Laboratory

12. In order to receive reimbursement from the Division for the administration fee of vaccines in the Vaccine for Children (VFC) Program, the children must be Medicaid members or PeachCare members. However, a child that is not a Medicaid/PeachCare member but falls in one of the following categories:

- A. children who do not have health insurance
- B. children who are American Indian or Alaskan native;
- C. children who have insurance but for whom vaccines are not a covered benefit or are eligible to receive vaccines in the Vaccines For Children Program.

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The provider may bill the parent or responsible party a maximum of \$14.81 per injection for vaccine administration costs (**Do not bill parents of Medicaid/PeachCare Children**).

Since the vaccine is provided at no cost to the provider, the Division will reimburse an administration fee based upon the Division's maximum allowable rate. (See Chapter 1000, Section 1002.2)

13. For members nineteen (19) years of age to twenty-one (21) years of age, providers must use their own stock of vaccine and immunization claims should be submitted under other Medicaid programs as appropriate (i.e., Physician Services, Nurse Practitioner, DSPS, Federally Qualified Health Center, Rural Health Clinic, etc.)
14. Additional Diagnostic and Treatment services (services provided outside the Health Check program) cannot be billed on the same DOS as a **NORMAL** Health Check exam.
15. **Office Visit Codes: use ABNORMAL** Health Check diagnoses only

All diagnostic x-ray, laboratory testing (except hematocrit, hemoglobin and urinalysis when done as a component of the screen) and/or treatment services provided to the Health Check member at the time of the screen, can be billed on the same CMS-1500 claim form as the Health Check screen if the Health Check provider uses a CMS-1500 to bill Diagnostic and Treatment Services (i.e., Physician Services, Nurse Practitioner Services, etc.). If a Health Check provider uses a UB- 92 to bill Diagnostic and Treatment services (i.e., Hospitals, Rural Health Clinics, etc.), they must bill Health Check screening services on a CMS-1500 and bill Diagnostic and Treatment services on the UB-92.

- A. The level of treatment required should determine whether an office visit code is billed. For example, if a child only receives a throat culture, no office visit code should be billed in conjunction with a Health Check complete screen. A throat culture should be billed. For children with conditions such as asthma where medications are reviewed and environmental precautions are discussed at the time of the screen, an office visit may be billed in addition to the Health Check screen. Only office visit code **99201, 99211 or 99212** can be billed for treatment in conjunction with an abnormal Health Check screen. Abnormal Health Check screens are indicated by the appropriate ICD-9 code for the abnormal finding. This must be used in place of V20.2
- B. Extended Visit Codes are not allowed on the same DOS as an **ABNORMAL** Health Check screen

#### 16. Pap Screening:

Pap smears may be performed on the same DOS as an abnormal Health Check screening for at risk members. A lower level office visit (99201, 99211 or 99212) is the only other E & M code that may be billed in conjunction with the abnormal Health Check screening visit when performing the Pap smear.

#### **Pap Screening Diagnosis Codes**

- V76.2 Special screening for malignant neoplasms, cervix  
 V76.49 Special screening for malignant neoplasms, other sites

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- Rev. 10/04  
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17. INTERPERIODIC Health Check Screenings are indicated with the diagnosis code of V70.3: The preventive medicine CPT codes 99383 through 99385, and 99393 through 99395 with the diagnosis code of V70.3 and the modifier EP are used to bill an interperiodic screening. NOTE: (Document EP first than TJ for foster child) **V70.30 is the ONLY diagnosis code to be used with Interperiodic Health Check Screenings.**
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18. CMS (Centers for Medicare and Medicaid Services) defines a Health Check (EPSDT) referral as members scheduled for **another appointment with the Health Check Provider** or a **referral to another provider** for further needed diagnostic and treatment services *as a result of at least one health problem identified during the Health Check screen*. Effective with HIPAA implementation, CMS requires documentation of EPSDT Referral Codes when submitting Health Check Screening Code Claims). A HIPAA compliant EPSDT Referral Code (AV, S2, or ST) is used only when a follow-up visit is necessary for a diagnosis found during a Health Check screening (abnormal procedure codes). Basically, the referral will be yes if an appointment is scheduled as a result of at least one health problem identified during an initial or periodic screening service, including interperiodic vision and interperiodic hearing screenings. If the Health Check screening is normal, HIPAA compliant EPSDT Referral Condition Code NU must be documented (See Appendix R for examples).

### Claims submission:

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- A. **Web** based claims—
1. As you are documenting data on the CMS-1500 claim data page, select ‘Add Additional Detail to Professional Claim Data’
  2. Next, select EPSDT (Health Check) Referral link
  3. Finally, choose appropriate EPSDT Referral Condition Code
    - a. If Health Check screening resulted in an EPSDT referral:
      - i) Check the Certification Condition Indicator box
      - ii) Choose one of the following condition codes: AV, S2, or ST from the drop down Condition Code box
    - b. If Health Check screening did not result in an EPSDT referral:
      - i) Do not check the Certification Condition Indicator box

- ii) Choose the following Condition Code: NU from the drop down Condition Code box

B. **WINASAP** claims—

1. After documenting data on the CMS-1500 (Professional) claim data page, select ‘Claim Information’ tab
2. Next, select EPSDT Info link
3. Finally, choose appropriate EPSDT Referral Codes
  - a. If Health Check screening resulted in an EPSDT referral:
    - i) Check the Certification Condition Indicator box
    - ii) Choose one of the following Condition Codes: Available- Not Used (AV), Under Treatment (S2), or New Services Requested (ST) from the drop down Conditions box
  - b. If Health Check screening did not result in an EPSDT referral:
    - i) Do not check the Certification Condition Indicator box
    - ii) Choose the following Condition Code: Not Used (NU) from the drop down Conditions box

B. **Paper** claims—

1. As you are documenting data on the CMS-1500 paper claim, go to box 19
2. Next, Enter EPSDT Ref: Y (if EPSDT Referral) or Enter EPSDT Ref: N (if no EPSDT Referral); see Appendix K
3. Finally, choose appropriate EPSDT Referral Codes
  - a. If Health Check screening resulted in an EPSDT referral:
    - i) Document one of the following Condition Codes: AV, S2, or ST in box 19 (i.e., EPSDT Ref: Y, ST)
  - b. If Health Check screening did not result in an EPSDT referral:
    - i) Document the following Condition Code: NU in box 19 (i.e., EPSDT Ref: N, NU)

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## 19. Procedure codes used in Health Check:

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Only the procedure codes for services described in Appendices C and D and E of this manual may be reimbursed under the Health Check program.

## 20. Diagnosis Codes

See appendices C, D, E for reference tables.

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Questions regarding Medicaid billing should be directed to Georgia Health Partnership (GHP) at 1-800-766-4456 or 404-298-1228 ('contact us' at [www.ghp.georgia.gov](http://www.ghp.georgia.gov)).

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### **Completion of the Health Insurance Claim Form for Health Check Services Billed by Fee-for-Service Providers**

Review these helpful tips for completing the Health Insurance Claim Form (CMS-1500) for Health Check Services. See new 1500 Health Insurance Claim Form in Appendix S. A sample invoice is included for your reference.

- Item 9      Other Insured's Name  
Leave blank. Health Check screenings are exempt from third party liability. Even if the member has other insurance, you may file Medicaid first for Health Check services.
- Item 17a    ID Number of Referring Physician  
Except for Immunizations, if the member is enrolled in Georgia Better Health Care (GBHC) or PeachCare For Kids, enter the member's unique referral code must provided by the GBHC primary care physician (PCP) in this block (*In order to be reimbursed for services provided to a GBHC or PeachCare For Kids member, a Medicaid/PeachCare provider **other than** the member's PCP **must** obtain a referral from the member's PCP **prior** to rendering services and indicate the member's unique referral number in this block, item #17a).*
- Item 19      HIPAA EPSDT Referral Codes
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- Enter **Y** (if EPSDT Referral) or Enter **N** (if no EPSDT Referral); see sample claim in Appendix K
  - Next, choose appropriate EPSDT Referral Codes
    - If Health Check screening resulted in an EPSDT referral:
      - Document AV, S2, or ST in box 19 (i.e., **Y, ST**)
    - If Health Check screening did not result in an EPSDT referral:
      - Document NU in box 19 (i.e., **N, NU**)
- Item 24a    Dates of Service (DOS)  
The "From" and "To" date of service will always be the same, so you must enter the date of the screening twice.
- Item 24b    Place of Service (P.O.S.)  
The only valid P.O.S code is 99.



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## **APPENDIX K**

### ***Children Intervention Services***

The Children's Intervention Services (CIS) program offers coverage for restorative and/or rehabilitative services to eligible members in non-institutional settings. Services must be determined medically necessary and be recommended and documented as appropriate interventions by a physician or other licensed practitioner of the healing arts, within their scope of practice under state law, for the maximum reduction of physical disability or developmental delay and restoration of the member to the best possible functional level.

The CIS program is comprised of seven intervention services that must be provided by licensed practitioners of the healing arts. The seven services are:

- Audiology
- Nursing
- Nutrition provided by licensed dietitians
- Occupational Therapy
- Physical Therapy
- Counseling provided by licensed clinical Social Workers
- Speech-language Pathology

Qualified providers must be currently licensed as audiologists, registered nurses, dietitians, occupational therapists, physical therapists, clinical social workers, or speech-language pathologists.

## APPENDIX L

### ***Non-Emergency Transportation Broker System***

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The Medicaid Non-Emergency Transportation (NET) program provides transportation through a NET Broker system. Five NET regions have been established in the State—North, Atlanta, Central, East and Southwest. The Department has contracted with a Broker in each of the five NET regions to administer and provide non-emergency transportation for eligible Medicaid members. The Brokers are reimbursed a monthly capitation rate for each Medicaid member residing within their region.

Medicaid members who need access to medical care or services covered by Medicaid and have no other means of transportation must contact the Broker servicing their county to arrange for appropriate transportation. Non-emergency transportation is provided only in the absence of other transportation.

Each Broker is required to maintain toll free telephone access for transportation scheduling services Monday thru Friday from 7:00 a.m. to 6:00 p.m.

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Effective January 1, 2007, contracts for the Non-Emergency Transportation Services Broker program were awarded to LogistiCare, Inc., Southeastrans, Inc., and Southwest Georgia Regional Development Center. The contact information and coverage area, for each broker, are listed in the table below:

<b>Region</b>	<b>Broker/Phone number</b>	<b>Counties served</b>
North	Southeastrans	Banks, Barrow, Bartow, Catoosa, Chattooga, Cherokee, Clarke, Cobb, Dade, Dawson, Douglas, Elbert, Fannin, Floyd, Forsyth, Franklin, Gilmer, Gordon, Greene, Gwinnett, Habersham, Hall, Haralson, Hart, Jackson, Lumpkin, Madison, Morgan, Murray, Newton, Oglethorpe, Oconee, Paulding, Pickens, Polk, Rabun, Rockdale, Stephens, Towns, Union, Walker, Walton, White, Whitfield
	Toll free 1-866-388-9844	
	Local 678-510-4555	
Atlanta	Southeastrans 404-209-4000	Fulton, DeKalb
Central	Southeastrans	Baldwin, Bibb, Bleckley, Butts, Carroll, Clayton, Coweta, Crawford, Dodge, Fayette, Hancock, Heard, Henry, Houston, Jasper, Johnson, Jones, Lamar, Laurens, Meriwether, Monroe, Montgomery, Peach, Pike, Pulaski, Putnam, Spalding, Telfair, Treutlen, Troup, Twiggs, Upson, Washington, Wheeler, Wilcox, Wilkinson
	Toll free 1-866-991-6701	
	Local 404-305-3535	
East	LogistiCare	Appling, Atkinson, Bacon, Brantley, Bryan, Burke, Bulloch, Camden, Candler, Charlton, Chatham, Clinch, Coffee, Columbia, Effingham, Emanuel, Evans, Glascock, Glynn, Jeff Davis, Jefferson, Jenkins, Liberty, Lincoln, Long, McDuffie, McIntosh, Pierce, Richmond, Screven, Taliaferro, Tattnall, Toombs, Ware, Warren, Wayne, Wilkes
	Toll free 1-888-224-7988	
Southwest	Southwest Georgia Regional Development Center	Baker, Ben Hill, Berrien, Brooks, Calhoun, Chattahoochee, Clay, Colquitt, Cook, Crisp, Decatur, Dooly, Dougherty, Early, Echols, Grady, Harris, Irwin, Lanier, Lee, Lowndes, Macon, Marion, Miller, Mitchell, Muscogee, Quitman, Randolph, Schley, Seminole, Stewart, Sumter, Talbot, Taylor, Terrell, Thomas, Tift, Turner, Webster, Worth
	Toll free 1-866-443-0761	

**What if I have problems with an NET broker?**

The Division of Medical Assistance (DMA) monitors the quality of the services brokers provide, handling consumer complaints and requiring periodic reports from the brokers. The state Department of Audits also performs on-site evaluations of the services provided by each broker. If you have a question, comment or complaint about a broker, **call the Medicaid Member Inquiry Unit at 404-656-3200 or toll-free at 1-800-282-4636.**

## APPENDIX M

### Assessment of Overweight

#### Body Mass Index (BMI)

##### How do you measure overweight and obesity in children?

Expert Committee Recommendations<sup>1</sup> on obesity evaluation and treatment suggest using Body Mass Index (BMI) as the main tool to assess weight. BMI is a single number that evaluates an individual's weight status in relation to height. Unfortunately, only a small percentage of health care professionals report using BMI in their practice.<sup>2</sup>

##### How do I calculate BMI using handheld calculator?

Metric ® [Weight in kilograms ÷ Height in cm ÷ Height in cm] x 10,000

English ® [Weight in pounds ÷ Height in inches ÷ Height in inches] x 703

There are various computer and palm pilot applications available to calculate BMI. You will enter the child's age, height and weight and it will calculate the BMI.

##### How do I define overweight in my patients?

Being "OVERWEIGHT" means that a child has a body mass index that is above the 95th percentile for his or her age. A body mass index that is above the 85<sup>th</sup> percentile for his or her age puts a child "AT RISK" of becoming overweight. Use the attached BMI growth charts to plot the BMI and assess growth percentiles.

1. (PEDIATRICS Vol. 102 No. 3 September 1998, p. e29,  
<http://www.pediatrics.org/cgi/content/full/102/3/e29>)
2. (PEDIATRICS, Supplement to Pediatrics, Volume 110, NO. 1, July 2002)  
"Treatment of Overweight Children and Adolescents: A Needs Assessment of Health Practitioners"  
<http://chp.ilsa.org/publications/pubslst.cfm?pubentityid=14&publicationid=388>

#### Coding Obesity and Obesity Related Conditions Visits

obesity (278.00) or morbid obesity (278.01).	701.2 Acanthosis nigricans
530.81 Reflux	277.7 Dysmetabolic syndrome X
780.57 Sleep apnea	701.2 Acanthosis nigricans
780.71 Chronic fatigue syndrome	V18.0 Family history diabetes
780.79 General fatigue	V18.1 Family history endocrine/metabolic disturbance
250. Diabetes	
401._ Hypertension	732.4 Blount's Disease

## APPENDIX N

### *Health Check Required Equipment Form*

- Scale for Weighing Infants **present**
- Scale for Weighing Children and Adolescents **present**
- Measuring Board or Device for measuring Length or Height in the recumbent position for Infants and Children up to the age of two (2) **present**
- Measuring Board or Device for measuring Height in the vertical position for children who are over two (2) years old **present**
- Blood Pressure apparatus with infant, child, and adult cuffs **present**
- Screening audiometer **present**
- Centrifuge or other device for measuring hematocrit or hemoglobin **present**
- Eye charts appropriate for age of the child **present**
- Developmental and Behavioral Screening tools **present**
- Ophthalmoscope and Otoscope **present**

The information supplied in this document is true, accurate and complete and is hereby released to the Georgia Department of Community Health, Division of Medical Assistance for purpose of enrolling in the Health Check program. I understand that falsification, omission or misrepresentation of any information in this enrollment document will result in a denial of enrollment, the closure of current enrollment, and the denial of future enrollment request, and may be punishable by criminal, civil or other administrative actions. I understand that my completion of this form certifies that I have the necessary equipment as listed in Part II- Policies and Procedures for Health Check program manual.

---

*Provider Name*

---

*Date*

---

*Provider Title*

---

*Provider/Confirmation Number*

## APPENDIX O

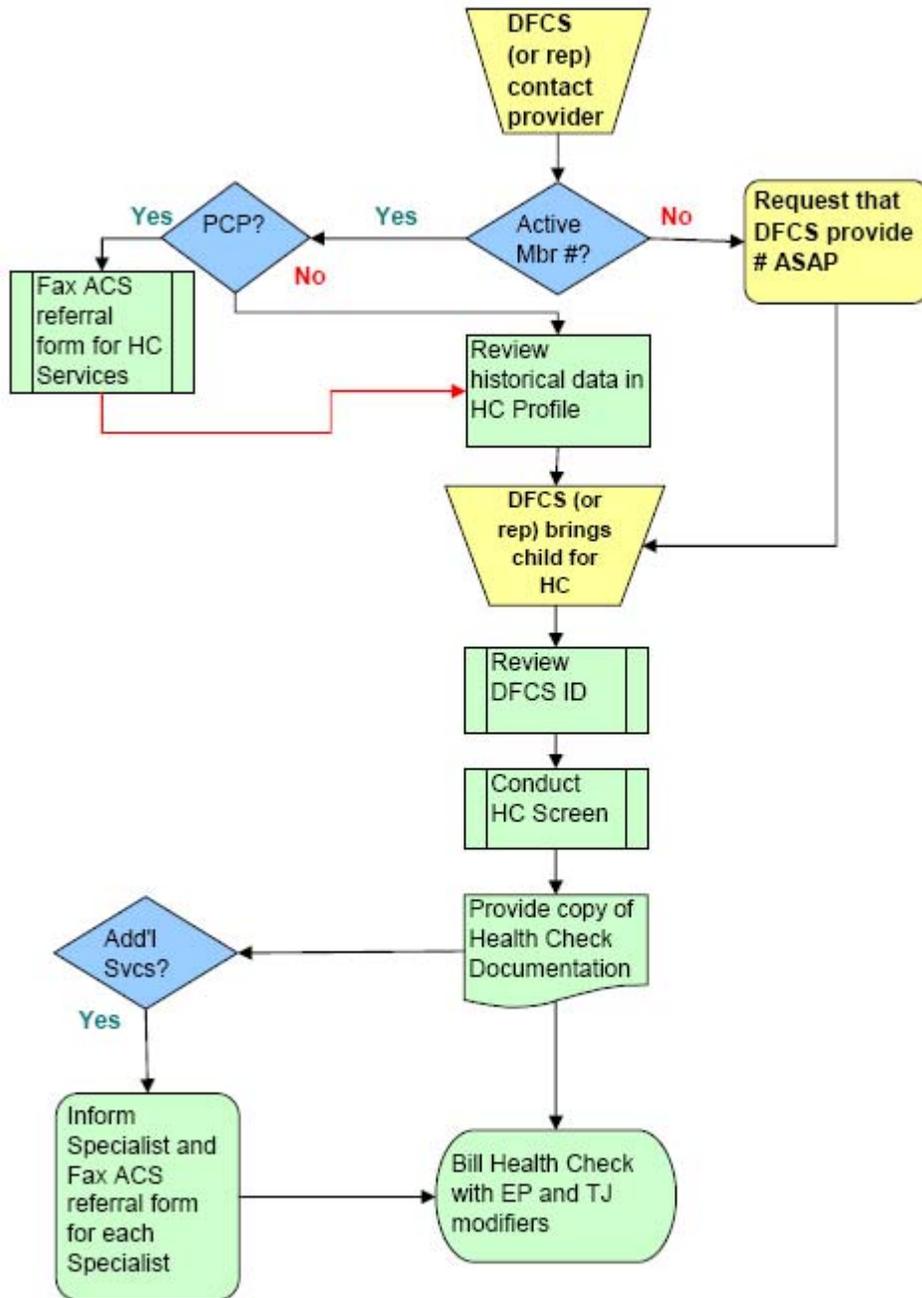
### *Health Check HIPAA Referral Code Examples*

1. Child has come in for Health Check Interperiodic Hearing Screen and the Health Check provider finds that the child has an ear infection. The Health Check provider treats the child for the ear infection at the time of the Health Check visit and request a f/u appt with him in two weeks. What Health Check referral codes should be documented?
  - a. Health Check Condition Indicator: **Y**
  - b. Health Check Condition Code: **S2**
  
2. Child has come in for Health Check Screen and has experienced complications with diabetes since birth. The Health Check provider treats the child for the diabetes complications at the time of the Health Check visit and does not request a f/u appt. What Health Check referral codes should be documented?
  - a. Health Check Condition Indicator: **N**
  - b. Health Check Condition Code: **NU**
  
3. Child has come in for Health Check Screen and during screen, mother informs Health Check provider that child has behavior problems. The Health Check provider refers the child for further diagnostic testing within two weeks with a Diagnostic and Behavioral Center. What Health Check referral codes should be documented?
  - a. Health Check Condition Indicator: **Y**
  - b. Health Check Condition Code: **ST**
  
4. Child has come in for Health Check Screen and the Health Check provider finds that the child has asthma as well as some developmental problems. The Health Check provider treats the child for asthma at the time of the Health Check visit and request a f/u appt with him in two weeks, refers the child to see a Pediatric Pulmonologist within one week, and refers the child for further diagnostic testing with a Developmental and Behavioral Center. Mom refuses the Developmental and Behavioral appointment. What Health Check referral codes should be documented?
  - a. Health Check Condition Indicator: **Y**
  - b. Health Check Condition Code: **S2** (for appointment with Health Check provider), **ST** (for appointment with Pediatric Pulmonologist), and **AV** (for appointment with Developmental and Behavioral Center)

## APPENDIX P

### *Foster Children*

<b>Responsible Person (s):</b> Social Worker	<b>Responsible Person (s):</b> DFCS	<b>Responsible Person (s):</b> DFCS
<b>Documentation:</b>	<b>Documentation:</b> Health Check Medical Record	<b>Documentation:</b> Health Check Medical Record
<b>Training:</b>	<b>Training:</b> DFCS and Health Check provider staff	<b>Training:</b> DFCS, foster parents/institutions.
<b>Quality Measurement:</b>	<b>Quality Measurement:</b> Health Check Record Review	<b>Quality Measurement:</b> Health Check Record Review
<b>Short Term Immediate Goal:</b> <ol style="list-style-type: none"> <li>1. Document injuries,</li> <li>2. Rule out dangerous life threatening conditions,</li> <li>3. Identify communicable diseases.</li> </ol>	<b>Intermediate Goal:</b> <ol style="list-style-type: none"> <li>1. Update medical history</li> <li>2. Provide medical care indicated to comply with Health Check policy</li> <li>3. Referral and arrangement for Diagnostic and Treatment Services (goal of no later than 6 months after placement).</li> </ol>	<b>Long Term Goal:</b> Periodic Health Check Screen for Foster Children (Comprehensive preventive care, treatment of acute illnesses, amelioration of chronic illnesses, linkages with mental health services, etc.).
<b>Protocol:</b>	<b>Protocol:</b> Comprehensive Health Check screen in compliance with Periodicity schedule, including developmental/behavioral screening.	<b>Protocol:</b> Compliance with Georgia Medicaid Policies and Procedures
<b>Process:</b> Social worker should access Medical information; if none available, the social worker should request a complete medical history	<b>Process:</b> DFCS (or rep) should bring any medical information collected and ensure that the Health Check provider completes the Health Check required documentation. The Health Check provider should give a copy of all Health Check documentation to DFCS (or DFCS rep).	<b>Process:</b> Foster parent/institution is responsible for bringing the child for medical care. Health Check screens and immunizations should be kept current.
<b>Place of screening:</b>	<b>Place of screening:</b> Health Check provider site. Choice of provider made by DFCS (or rep) within Medicaid guidelines.	<b>Place of screening:</b> Provider's office, community health center or residential facility. Choice of provider made by foster parent/institution within Medicaid guidelines.
<b>Exceptions:</b>	<b>Exception:</b> None	<b>Exception:</b> None
<b>Timing:</b>	<b>Timing:</b> Within 10 calendar days of DFCS placement (within 3 calendar days of DFCS placement for Fulton and DeKalb counties).	<b>Timing:</b> Based on Periodic Schedule



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## APPENDIX Q

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### ***Georgia Families***

Georgia Families (GF) is a statewide program designed to deliver health care services to members of Medicaid and PeachCare for Kids. The program is a partnership between the Department of Community Health and private care management organizations (CMO). By providing a choice of health plans, Georgia Families allows members to select a health care plan that fits their needs.

It is important to note that GF is a full-risk program; this means that the three CMOs licensed in Georgia to participate in GF are responsible and accept full financial risk for providing and authorizing Medicaid covered services. This also means a greater focus on case and disease management with an emphasis on preventative care to improve individual health outcomes.

#### **The three licensed CMOs:**

<b>Amerigroup Community Care</b> 800-600-4441 <a href="http://www.myamerigroup.com">www.myamerigroup.com</a>	<b>Peach State Health Plan</b> 800-704-1484 <a href="http://www.pshpgeorgia.com">www.pshpgeorgia.com</a>	<b>WellCare of Georgia</b> 866-231-1821 <a href="http://www.wellcare.com">www.wellcare.com</a>
--	--	--

Children, pregnant women and women with breast or cervical cancer on Medicaid, as well as children enrolled in PeachCare for Kids are eligible to participate in Georgia Families. Children in foster care will not be enrolled in Georgia Families.

#### **Specific eligibility information:**

<b>Included Populations</b>	<b>Excluded Populations</b>
<b>PeachCare for Kids</b>	<b>Foster Care</b>
<b>LIM</b>	<b>Aged, Blind and Disabled</b>
<b>RSM</b>	<b>Nursing home</b>
<b>Breast and Cervical Cancer</b>	<b>Long-term care</b>

Medicaid and PeachCare members will continue to be eligible for the same services they receive through traditional Medicaid as well as some new services which are unique to each plan. Members will not have to pay more than they paid for Medicaid co-payments or PeachCare premiums. With a focus on health and wellness, the CMOs will provide members with health education and prevention programs as well as expanded access to plans and providers, giving them the tools needed to live healthier lives. Providers participating in Georgia Families will have the added assistance of the CMOs to educate members about accessing care, referrals to specialists, member benefits, and health and wellness education.

By offering at least two health care plans in each service region, Georgia Families gives members choices in making important decisions about health care services for themselves. The Department of Community Health has contracted with three CMOs to provide these

services: Amerigroup Community Care, Peach State Health Plan and WellCare. Members can contact Georgia Families for assistance in determining which CMOs are offered in their area and which program best fits their family's needs. If members do not select a plan, Georgia Families will select a health plan for them.

### Health Plans by Region

Region	Counties	Health Plans
Atlanta	Barrow, Bartow, Butts, Carroll, Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Haralson, Henry, Jasper, Newton, Paulding, Pickens, Rockdale, Spalding, Walton	Amerigroup Community Care Peach State Health Plan WellCare
Central	Baldwin, Bibb, Bleckley, Chattahoochee, Crawford, Crisp, Dodge, Dooly, Harris, Heard, Houston, Johnson, Jones, Lamar, Laurens, Macon, Marion, Meriwether, Monroe, Muscogee, Peach, Pike, Pulaski, Talbot, Taylor, Telfair, Treutlen, Troup, Twiggs, Upson, Wheeler, Wilcox, Wilkinson	Peach State Health Plan WellCare
East	Burke, Columbia, Emanuel, Glascock, Greene, Hancock, Jefferson, Jenkins, Lincoln, McDuffie, Putnam, Richmond, Taliaferro, Warren, Washington, Wilkes	Amerigroup Community Care WellCare
North	Banks, Catoosa, Chattooga, Clarke, Dade, Dawson, Elbert, Fannin, Floyd, Franklin, Gilmer, Gordon, Habersham, Hall, Hart, Jackson, Lumpkin, Madison, Morgan, Murray, Oconee, Oglethorpe, Polk, Rabun, Stephens, Towns, Union, Walker, White, Whitfield	Amerigroup Community Care WellCare
Southeast	Appling, Bacon, Brantley, Bryan, Bulloch, Camden, Candler, Charlton, Chatham, Effingham, Evans, Glynn, Jeff Davis, Liberty, Long, McIntosh, Montgomery, Pierce, Screven, Tattnall, Toombs, Ware, Wayne	Amerigroup Community Care WellCare
Southwest	Atkinson, Baker, Ben Hill, Berrien, Brooks, Calhoun, Clay, Clinch, Coffee, Colquitt, Cook, Decatur, Dougherty, Early, Echols, Grady, Irwin, Lanier, Lee, Lowndes, Miller, Mitchell, Quitman, Randolph, Schley, Seminole, Stewart, Sumter, Terrell, Thomas, Tift, Turner, Webster, Worth	Peach State Health Plan WellCare

Members can visit the Georgia Families Web site at [www.georgia-families.com](http://www.georgia-families.com) or call **888-GA-ENROLL** (888-423-6765) to speak to a representative who can give them information about the CMOs and the health care providers.

**HEALTH CARE PROVIDERS**

Who to call to find out more about the participating health plans (enrollment, rates, and procedures). How to enroll with a Georgia Families health plan.

The Department of Community Health has partnered with three health plans to provide care to Medicaid and PeachCare for Kids members enrolled in a Georgia Families. To request information about contracting with the health plans, a provider can call the CMO's provider enrollment services.

Prior to providing services, a provider should contact the member's health plan to verify eligibility, PCP assignment and covered benefits. A provider should also contact the health plan to check prior authorizations and submit claims.

<p><b>Amerigroup Community Care</b> 800-454-3730 (general information) 888-821-1108 (eligibility) <a href="http://www.amerigroupcorp.com">www.amerigroupcorp.com</a></p>	<p><b>Peach State Health Plan</b> 866-874-0633 (general information) 866-874-0633 (claims) 800-704-1483 (medical management) <a href="http://www.pshpgeorgia.com">www.pshpgeorgia.com</a></p>	<p><b>WellCare of Georgia</b> 866-231-1821 <a href="http://www.wellcare.com">www.wellcare.com</a></p>
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**What is important for the provider to know/do when the member comes in:**

Understanding the process for verifying eligibility is now more important than ever. The provider will need to determine if the patient is eligible for Medicaid/PeachCare for Kids benefits, if they are enrolled in a Georgia Families health plan. Each plan sets its own medical management and referral processes. Members will have a new identification card from their health plan, which will include the plan's contact information for verifying enrollment and PCP assignment.

The provider may also contact the Georgia Health Partnership at 800-766-4456 (statewide) or 404-298-1228 (metro Atlanta) or [www.ghp.georgia.gov](http://www.ghp.georgia.gov) for information on a member's health plan.

**Use of the GHP Web Portal:**

The Georgia Health Partnership call center and Web portal will be able to provide a provider with information about a member's Medicaid eligibility and health plan enrollment. GHP will not be able to assist with benefits, claims processing or prior approvals for members assigned to a Georgia Families health plan. A provider will need to contact the member's plan directly for this information.

**Participating in a Georgia Families' health plan:**

A Medicaid provider makes a business decision whether to participate in one, two or all three health plans. To participate in a health plan, the provider must sign a contract and be credentialed by the health plan. Each health plan has its own contracting procedures and credentialing requirements. If a provider is interested in participating with a health plan, he/she should contact the plan's provider enrollment department.

**Assignment of separate provider numbers by all of the health plans:**

Each health plan will assign provider numbers, which will be different from the provider's Medicaid provider number and the numbers assigned by other health plans.

**Billing the health plans for services provided:**

For members who are in Georgia Families, file claims with the member's health plan.

**If a claim is submitted to ACS in error:**

ACS will deny the claim with a specific denial code. Prior to receiving this denial, a provider may go ahead and submit the claim to the member's health plan.

**Receiving payment:**

Claims should be submitted to the member's health plan. Each health plan has its own claims processing and a provider should consult the health plan about their payment procedures.

## APPENDIX R

### ***Georgia Enhanced Care (GEC)***

GEC is a statewide disease management program that is performance-based healthcare for the Aged, Blind and Disabled (ABD) Medicaid population. GEC is an expansion to the current Georgia Better Health Care (GBHC) Primary Care Case Management program that matches Medicaid members to a Primary Care Provider (PCP). Members must be enrolled in GBHC in order to receive GEC services. The Department of Community Health (DCH) contracts with two major disease management organizations (APS Health Care and United Health Care) to coordinate and deliver disease management services. GEC services include 24-hour Nurse Call centers, initial baseline assessments, risk stratification to develop treatment plans and provide preventive and treatment interventions to improve members' health outcomes and improve self-management skills.

Disease State Management (DSM) is a collaborative comprehensive approach to the delivery of healthcare services designed to decrease hospital admissions, inpatient days and inappropriate emergency room visits. Health conditions to be covered in DSM include but will not be limited to: asthma, congestive heart failure, coronary artery disease, chronic obstructive pulmonary disease, hemophilia and schizophrenia along with other co-morbid conditions and risk factors related to chronic illness. GEC is a voluntary program on an "opt-out basis" for the following eligibility categories: SSI Aged, Blind and Disabled Categories of Eligibility (COE) that are currently eligible for enrollment in the GBHC program including those that participate in the Deeming Waiver or the Community Care (CCSP) waiver program.

#### **Member Exclusions**

- Members who are, at the time of application for enrollment or at the time of enrollment, domiciled or residing in a institution, including skilled nursing facilities, hospital swing bed units, hospice, intermediate care facilities for the mentally ill, or correctional institutions and personal care homes;
- Members with dual Medicaid and Medicare eligibility; Qualified Medicare Beneficiaries (QMB);
- Members who have other Third Party Liability coverage; Members of a federally recognized Indian Tribe;
- Members that are Members who are enrolled in the Georgia Families program;
- Children enrolled in the Medical Services Program administered by the Georgia Division of Public Health;
- Members enrolled in the Service Options Using Resources In Community Environment (SOURCE) program;
- Children in foster care or otherwise in the custody of the State;
- Participants in the some waiver programs (BCC Waiver, Independent Care Waiver, Mental Retardation Waiver, Laurens County Waiver, HIV Waiver and Cystic Fibrosis Waiver);
- Participants in the Recipient Lock-in program (GEXP, GBHC, SOURCE, PASSR, HMO,

- GAPP);
- Children enrolled in the Georgia Pediatric Program (GAPP);
  - Members with retroactive eligibility only and members with presumptive eligibility
  - Children with severe emotional disturbances whose care is coordinated under the TRIS or PRTF program;
  - Children who are receiving services under Title V (CMS) funding

**Vendors**

APS Healthcare (North Region includes all counties north of Interstate 20)

[www.gaenhancedcare.apshealthcare.com](http://www.gaenhancedcare.apshealthcare.com)

United Healthcare (South Region includes all counties south of Interstate 20)

[www.georgiaenhancedcare.com](http://www.georgiaenhancedcare.com)

## APPENDIX S

### ***Service Organization Services for Selected Medicaid Members: Georgia Medicaid Management Program (GAMMP)***

The ASO GAMMP will be known as the Georgia Medicaid Management Program (GAMMP) and will offer care management services to approximately 200,000 eligible Medicaid members. The population eligible for enrollment in the GAMMP consists of certain Aged, Blind or Disabled (ABD) and Supplemental Security Income (SSI) individuals, medically needy individuals, State custody/Foster children, Title V (Children's Medical Services) and medically fragile children.

The GAMMP services include:

- A. Base GAMMP Services:
  - Care Coordination Services;
  - 24/7 Nurse Call Center Services;
  - Provider Profiling and Education Services;
  - Member Profiling and Education Services; and
  - Claims Analysis Services.
  
- B. Specialized Care Management Services:
  - Case Management; and
  - Disease Management.

All Medicaid members enrolled in the ASO GAMMP will receive Base Services. GAMMP members cannot disenroll from Base Services. However, certain members, based on their medical needs, will qualify for the Specialized Care Management Services. The ASO Vendor will determine which Medicaid members will qualify for the Specialized Care Management Services.

The goals of the ASO GAMMP are to:

- Improve the health care status of the member population;
- Establish a "Provider Home" for members through its use of selected PCPs;
- Coordinate and integrate care to promote appropriate access and enhanced delivery of health care services in an integrated fashion;
- Slow the rate of expenditure growth in the Medicaid program; and
- Create an environment which promotes the use of "best practices" based on clinical guidelines to promote health outcomes and a higher quality of life for Medicaid members.

The ASO GAMMP will be statewide for all Medicaid members who meet the program eligibility requirements. The ASO vendor will build and maintain a management infrastructure to provide an environment to achieve better health outcomes for this high risk population.

## APPENDIX T

### *Resources for Children in Georgia*

Department of Education

**State Department of Education: Special Education**

Marlene Bryar, Director  
Division for Exceptional Students  
Georgia Department of Education  
1870 Twin Towers East  
Atlanta, GA 30334-9048  
(404) 656-3963  
Web: [www.doe.k12.ga.us/](http://www.doe.k12.ga.us/)

**The Georgia Department of Education (GaDOE)**

(oversees public education throughout the state)  
Sue Goodman  
AskDOE Manager  
2054 Twin Towers East  
205 Jesse Hill Jr. Drive SE  
Atlanta, GA 30334  
(404) 656-2800  
(800) 311-3627 (GA)  
(404) 651-6867  
[askdoe@doe.k12.ga.us](mailto:askdoe@doe.k12.ga.us)

**State Coordinator for NCLB (No Child Left Behind)**

Clara J. Keith, Director for Title 1  
Georgia Department of Education  
1854 Twin Towers East  
Atlanta, GA 30334  
(404) 656-4028  
E-mail: [ckeith@doe.k12.ga.us](mailto:ckeith@doe.k12.ga.us)  
Web: [www.gadoe.org](http://www.gadoe.org)

**Programs for Children with Disabilities: Ages 3 through 7**

Jan Stevenson, Consultant  
Young Children Special Education  
Division for Exceptional Students  
Georgia Department of Education  
1870 Twin Towers East  
Atlanta, GA 30334-5060  
(404) 657-9965  
E-mail: [jstevens@doe.k12.ga.us](mailto:jstevens@doe.k12.ga.us)  
Web: [www.doe.k12.ga.us](http://www.doe.k12.ga.us)

**Programs thru Department of Human Resources/ Department of Community Health**

<p>Programs for Children with Disabilities or Special Health Care Needs:  <b>Babies Can't Wait Program (Birth -2 years)/</b>  <b>Children's Medical Services (0-18 years)/</b>  <b>High Risk Infant Follow Up( 0-1year)</b>                  Division of Public Health                  Department of Human Resources                  2 Peachtree Street, 11.217                  Atlanta, GA 30303-3186                  (404) 657-2726;                  (888) 651-8224                  Web: <a href="http://www.health.state.ga.us/programs/bcw">www.health.state.ga.us/programs/bcw</a></p>	<p><b>Women, Infants and Children (WIC)</b>                  Nutrition Program                  Two Peachtree Street, NW,                  10th Floor, Suite 476                  Atlanta, GA 30303                  1-800-228-9173</p> <p><b>Children 1st</b>                  2 Peachtree St., N.W., Ste. 11-287                  Atlanta, GA 30303  <a href="http://health.state.ga.us/programs/childrenfirst">http://health.state.ga.us/programs/childrenfirst</a>:                  404-657-6357</p>
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State CHIP Program  
*(health care for low-income uninsured children)*  
**PeachCare for Kids**  
 P.O. Box 2583  
 Atlanta, GA 30301-2583  
 (877) 427-3224  
 Web: [www.peachcare.org](http://www.peachcare.org)  
 Web: [www.communityhealth.state.ga.us](http://www.communityhealth.state.ga.us)

**Georgia Families**  
 888-GA-ENROLL (888-423-6765)  
[www.georgia-families.com](http://www.georgia-families.com)  
 Information about Medicaid, Peachcare and CMOs

**Division of Family & Children Services Constituent Services (DFCS)**

2 Peachtree Street, NW  
 Suite 18-486  
 Atlanta, Georgia 30303  
 404-651-9361

- **Child Protective Services**  
 404-651-9361 (phone)  
 404-657-4483 (fax)
- **Energy Assistance**  
 1-800-869-1150
- **Medicaid**  
 1-800-869-1150
- **Food Stamps**  
 1-800-869-1150
- **Temporary Assistance for Needy Families** 1-800-869-1150

**State Mental Health Representative for Children and Youth**

Dawne Morgan, Child and Adolescent Mental Health Program Chief  
Division of Mental Health/Developmental Disabilities and Addictive Diseases  
2 Peachtree Street, N.W., 23.403  
Atlanta, GA 30303-3171  
(404) 657-2157 [www2.state.ga.us/departments/dhr/mhmrsa/index.html](http://www2.state.ga.us/departments/dhr/mhmrsa/index.html)

**Other Resources:****Parent-To-Parent**

Debi Tucker, Director  
3805 Presidential Parkway, Suite 207  
Atlanta, GA 30340  
(770) 451-5484; (800) 229-2038  
E-mail: [info@parenttoparentofga.org](mailto:info@parenttoparentofga.org)  
Web: [www.parenttoparentofga.org](http://www.parenttoparentofga.org)

**Healthy Mothers, Healthy Babies,**

**Powerline:** 770-451-5501

[www.hmhbga.org](http://www.hmhbga.org)

**For more resources nationally and for Georgia:**

National Dissemination  
Center for Children  
with Disabilities  
<http://www.nichcy.org/index.html>  
(800) 695-0285 · v/tty  
(202) 884-8441 · fax  
e-mail: [nichcy@aed.org](mailto:nichcy@aed.org)  
web: [www.nichcy.org](http://www.nichcy.org)