

# Child Health Notes



*Promoting early identification and partnerships between families, primary health care providers & the community.*

Distributed by Public Health-Seattle & King County-Children with Special Health Care Needs Program. This newsletter provides physicians, nurse practitioners, primary health care providers, public health centers and community partners with current information regarding identification and management of special health issues for children. Contributing agencies and programs include: Washington State Department of Health and UW – Center on Human Development & Disability



## WELL-CHILD CARE FOR CSHCN

Research is limited on primary preventive care for children with special health care needs (CSHCN). Anecdotal evidence suggests that these children are less likely to receive targeted routine well-child care and may be under-immunized. Although families of CSHCN make frequent visits to their primary care provider's office, these visits are often for management of the child's unique acute and chronic health issues. Assuring that children with special health care needs receive targeted annual preventative well-child checks can be challenging. This issue provides tips for organizing office practices to help assure that CSHCN receive well-child visits for general health supervision and routine anticipatory guidance.

Well Child Care – the primary means for providing developmental and preventative services.

*The Commonwealth Fund, 2006*

A first step to comprehensive health supervision is the use of published guidelines to inform quality service. The American Academy of Pediatrics' newly published *Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents: Third Edition* (2008) offers state-of-the-art practice guidelines for health supervision in accordance with the AAP periodicity schedule. Information regarding health supervision for CSHCN is woven throughout the materials. To learn more: [http://brightfutures.aap.org/3rd\\_Edition\\_Guidelines\\_and\\_Pocket\\_Guide.html](http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html)

### Tips for Assuring Well-Child Care for CSHCN

*Suggestions from Edward Schor, MD, The Commonwealth Fund, members of the Washington State Medical Home Leadership Network, and the Center for Children with Special Needs*

- Schedule a separate office visit for a well-child visit. Make it clear to families and office staff that the visit is for the purpose of addressing general health, development, and anticipatory guidance.
- Provide families with a handout or customized calendar with a target date for the child's annual well-child visit. Include a description of what will be covered in the well-child visit.
- Utilize ancillary office staff and other team members to support the well-child visit. Have nurses, medical assistants, or other related staff complete the health screening and discuss anticipatory guidance.
- Ask the CSHCN Coordinator or another CSHCN public health nurse in your local health department whether they might partner with your office to complete developmental screening and anticipatory guidance with the family or if they could provide training in use of developmental screening tools. Collaborate together on efficient systems for documenting and sharing information on these preliminary screenings.

At or before the well-child visit have families complete a simple questionnaire to identify any concerns or issues they wish to discuss with the provider. This helps to assure that the needs of the family are addressed efficiently and supports family satisfaction.

- Use a case-management summary form to record unique information for the child with special health needs in your practice. Refer to this form at each well-child visit and update it with the family. See sample form: [www.medicalhome.org/physicians/documents/CHRONICCAREMANAGEMENT-Stephensrevised.doc](http://www.medicalhome.org/physicians/documents/CHRONICCAREMANAGEMENT-Stephensrevised.doc)

## Making the Most of EPSDT (Early and Periodic Screening, Diagnosis, and Treatment)

All children enrolled in Healthy Options managed care plans, or served by DSHS fee-for-service, are entitled to EPSDT well-child care visits with their primary care provider. This includes children with special health care needs.

**How often should EPSDT screening occur?** The Washington State recommended schedule for health screening visits is as follows. Reimbursement is limited to this recommended schedule.

- Five total screenings during the first year of life
  - √ 1<sup>st</sup> screening: Birth to 6-weeks
  - √ 2<sup>nd</sup> screening: 2-3 months
  - √ 3<sup>rd</sup> screening: 4-5 months
  - √ 4<sup>th</sup> screening: 6-7 months
  - √ 5<sup>th</sup> screening: 9-11 months
- Three EPSDT visits between 1 and 2 years of age
- One EPSDT visit per 12-month period for children 2-6 years of age
- One EPSDT visit per 24-month period for children 7-20 years of age (except children in foster care who are eligible for more frequent health screening examinations)

**Documentation** of EPSDT screenings is required by both the state and federal programs. You can obtain Washington State EPSDT medical charting forms free of charge. For documentation providers may use these charting forms or other forms developed for their own practice.

### Washington State Forms:

- Download Well Child Examination form with family anticipatory guidance information  
[www1.dshs.wa.gov/msa/forms/eforms.html](http://www1.dshs.wa.gov/msa/forms/eforms.html)  
Scroll down to the 13-683 through 13-686B for forms at various ages
- Download printable Well Child Examination forms free of charge  
[www.dshs.wa.gov/SearchAll.shtml?qt=well+child+exam](http://www.dshs.wa.gov/SearchAll.shtml?qt=well+child+exam)

To **Bill** for an EPSDT visit and sick visit on the same day, there needs to be adequate time for both examinations. If a provider treats a medical condition on the same day as an EPSDT visit:

- The EPSDT and Evaluation and Management (E&M) code must be billed on separate claim forms because they are paid from different sources. Ancillary services relating to the EPSDT are billed with the EPSDT claim form.
- Use appropriate level E&M code with modifier 25 to receive reimbursement for the sick visit. Ancillary services related to the medical management of the sick visit are billed with the E&M code and modifier 25 claim form.
- For further EPSDT &/or Physician Billing Instructions: <http://hrsa.dshs.wa.gov/> (>Provider Services>Billing)

## KING COUNTY RESOURCES FOR CHILDREN WITH SPECIAL NEEDS

**Lead Family Resources Coordinator**  
(for children with developmental delays under age three):

Contact: Nona Chitwood-206-284-0331  
or 1-800-756-5437

**Children with Special Health Needs Coordinator:**

Contact: Donna Borgford-Parnell, RN 206-296-4610

**For children age three and older with developmental delay:**

Contact: Local School District Childfind Office

**Children with Special Health Care Needs Program**  
401 5<sup>th</sup> Ave, Suite 1000  
Seattle, WA 98104-2333  
206-296-4610  
[www.kingcounty.gov/health/cshcn](http://www.kingcounty.gov/health/cshcn)



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Seattle & King County