

HCY SCREENING GUIDE INSTRUCTIONS

Complete all sections as necessary. For more information on the individual screening sections, procedure codes, and the maximum allowable Medicaid rate for the screens, refer to **Sections 9.5** through **9.7** of the MO HealthNet manual.

High-Risk Behaviors

An asterisk (*) next to any check box indicates a high risk behavior. The identification of high risk behaviors may indicate the need for referral for further medical/mental health evaluations.

Section I: Interval History/Parent's Concerns

This section is for the completion of patient identification and general health components. This section may be used for narrative information since the last HCY screening.

Section II: Unclothed Physical Exam

This section includes components of the unclothed physical exam which is *required* for a complete HCY screening. The following abbreviations are used in this section:

NL – Normal
ABN – Abnormal
NE – Not Examined

Section III: Anticipatory Guidance

It is mandatory to complete this section for screening. This section only requires that the provider to check off any of the behaviors which were discussed with the child and/or parent. It is also possible the items marked may need to be addressed further by the physician or referred to another professional specialist.

Section IV: Lab/Immunizations

This section is used to indicate if there were any lab tests or immunizations given at the time of the screening. If the answer is in the affirmative, the record must show exactly what was given. If the parent/guardian refuses the services, the child's medical record must document the reason the service was not provided. Documentation of the reason for not providing these services, the provider may bill a full medical HCY screening service even though all components of the full medical HCY screening service was not provided.

Section V: Lead Screen

If a lead screen is done, the appropriate box is marked.

All children between 6 months and 72 months are to receive a lead risk assessment as part of the HCY full or partial screening. Mandatory testing of children is required ages of 12 and 24 months. A complete lead risk assessment consists of a verbal risk assessment and blood test(s) when indicated. For additional information, refer to **Section 9.8** of the MO HealthNet provider manual. The Lead Risk Assessment form can be found in the forms manual.

The parent/guardian may refuse to allow their child to have a lead blood level test performed. As with immunizations and lab work, the child's medical record must document the reason the service was not provided. Documentation may include a signed statement by the parent/guardian that lead blood level tests were refused.

Section VI: Developmental and Mental Health

The provider will check all boxes which apply. This screen includes an assessment of social and language development and an assessment of emotional and psychological status.

Section VII: Fine Motor/Gross Motor

The provider will check all boxes which apply. This screen includes an assessment of fine and gross motor skill development.

Section VIII: Hearing

The provider will check all boxes which apply. This screen can range from reports by parents to assessment of the child's speech development through the use of audiometry and tympanometry. If performed, audiometry and tympanometry tests may be billed and reimbursed separately. These tests are not required to complete the hearing screen.

Section IX: Vision

The provider will check all boxes which apply. This screen can include observations for blinking, tracking, corneal light reflex, pupillary response, ocular movements. To test for visual acuity, use the Cover test for children under 3 years of age. For children over 3 years of age utilize the Snellen Vision Chart.

Section X: Dental

*The provider will check all boxes which apply following an oral examination. When a child receives a full medical screen by a physician, nurse practitioner or nurse midwife, it includes an oral examination, which is *not* a full dental screen. A referral to a dental provider must be made where medically indicated when the child is under the age of 1 year. When the child is 1 year or older, a referral must be made, at a minimum, according to the dental periodicity schedule. The provider may *not* bill this screen separately.*