INSTRUCTIONS

DHS 8016 (Rev. 1/2022)

Hawaii Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) Follow-up Exam

Use this DHS 8016 form to document completion of any required screen and/or vaccination not completed during the comprehensive Early and Periodic, Screening, Diagnostics and Treatment (EPSDT) visit and being completed at a separate follow up visit. Required sections are indicated with an *. The American Academy of Pediatrics (AAP) **Bright Futures periodicity schedule can be found here.**

Use the online portal, or fillable PDF submit button to expedite health plan review. Learn how to login, access, save, complete, submit, and track online submissions here. After submitting online, a confirmation # is provided. Save the confirmation # and include it on the 837 by indicating ADD on loop 2300 NTE 01, then enter the confirmation # in loop 2300 NTE 02. This will allow matching of claims to online submissions. If unable to submit online, **PRINT** the type filled form, sign, attach the CMS 1500 and mail to the QUEST Integration plan. No confirmation # is provided for printed forms.

Visit Information * required fields

A. Fill in the circle to indicate "EPSDT Follow up visit". If completing an EPSDT Initial/Periodic visit, see the DHS 8015 Instructions.
B. Select the patient's QUEST Integration health plan.

Section I: Patient Information * required fields

C. The screen date will automatically populate. If the screen date is different, correct it. This date must match date of service on the Claim.
D. Enter the patient's birthdate, 10-digit Med-QUEST ID, last name, and first name. If available, enter the middle initial.

Section II: Screen Age * required fields

E. Enter the initial Visit Confirmation #. Only forms submitted online will contain a confirmation #. If no confirmation #, leave this field blank.
F. Enter the Initial/Periodic visit date.
G. The EPSDT periodic screen age will automatically populate. If different, update.
Note: This visit is a follow up to complete the Initial/Periodic visit comprehensive screen. Ensure the same periodic screen age identified on the Initial/periodic visit is the same as the follow up screen age identified.

ONLY COMPLETE THE SECTIONS WHERE FOLLOW UP IS ATTEMPTED and/or DONE.

Section III: Measurements If "unable to obtain measurements", click the circle and use Section IV comments (below) to provide detail.

H. Enter height (or length) and weight using pounds and inches. The BMI will auto-calculate.
I. Enter BMI percentile for ages 2y and older.
J. Enter the Blood Pressure reading beginning at age 3, or earlier at the discretion of the provider.
K. Indicate Female or Male.

Section IV: Vaccinations Given Today and Status

L. Click on the circle(s) next to all vaccinations given at this visit.
M. Indicate if vaccinations are up to date. If no vaccinations given and vaccinations are not up to date, Section IV comments must provide details.
N. Use the Comment section to indicate Vaccination catch-up schedules, vaccinations refused, or contraindicated vaccinations.

Section V: Screening Done Today Follow recommended screens for age(s) as listed. Although there are suggested screens to use, results from any validated, AAP recommended screen tool is accepted. A list of AAP Bright Futures recommended screens can be found here. Ensure all positive findings of a screen are followed with additional screening or diagnostics. If no screen done, leave the section blank.

O. Record vision screening results by clicking the appropriate circle.
P. Record hearing screening results by clicking the appropriate circle.
Q. Record developmental screening results by clicking the appropriate circle. SWYC, PEDS or ASQ screening tools are recommended.
R. Record autism screening results, by clicking the appropriate circle. The SWYC, CHAT or M-CHAT screening tools are recommended.
S. Click the circle if a Hgb/Hct blood level was ordered. If completed in the office, record the result in the field provided in this section.
T. Click the circle if a blood lead level was completed or ordered. If completed in the office, record the result in the field provided in this section. Blood lead levels are required between 9 – 12 months and again by 2 years of age. If risk level is elevated at any age, do a blood lead level.
U. Click the circle if a cholesterol level was ordered. If completed in the office, record the results in the Section V. comments.
V. If attempted, but "unable to obtain screen or test results", indicate this and the reason why in the Section V. comments.

Section VI: Surveillance

All EPSDT visit components will be completed and documented in the medical record including: Maternal Depression screening, TB risk assessments, oral health assessment, lead risk assessment, psychosocial/behavioral assessments, adolescents - tobacco/alcohol/drug use assessment, depression screen and as appropriate - dyslipidemia, STI, HIV and cervical dysplasia screening. DHS also recommends screening for Social Risk Factors and referral.

Section VII: Request Health Coordination

W. If the provider needs assistance with Health Coordination, click the circle, provide a direct name and number of the staff requesting contact.
X. Record the patient or guardian's contact number. Use the comment section for any other information needed to contact the patient or caregivers.
Y. Indicate program(s) and/or specialty referrals made today by clicking the appropriate circle(s). If health plan assistance is needed with the referral, also click the circle to request Health Coordination in this section.
Note: For specialty referrals, identify the agency or individual the referral was made to in the Section VII. comments.

Section VIII: Provider Statement * required fields

Z. The provider must:
1. Enter the billing provider's Group NPI. This must match the 837P (Loop 2010AA NM109) or CMS 1500 (FL33a).
2. Enter the rendering provider's Individual NPI number. This must match the 837P (NM109 of Loop 2420A REF) or CMS 1500 (FL24J).
3. Enter the rendering provider's name.
4. (Rendering provider) Sign to acknowledge the provider statement. Electronic signature for online submission, wet ink for print.

***All required fields **MUST** be accurate and complete. ***