



## WCAAP Guidance: Telehealth Well Child Care During COVID-19 Pandemic/Sheltering in Place

Under normal circumstances, in-person well child care (WCC) visits between the provider, child and caregiver remain the standard of care as they facilitate joint discussion and careful physical exam.

During the COVID pandemic, the benefits of WCC must be weighed against the real risk of infection for child, caregiver, provider and other patients. In addition, pandemic conditions have ushered in the potential need for flexible staffing due to health system demands and regional/state/national restrictions on safe travel or shelter-in-place instructions.

It is also worthwhile to note providers' trepidation about what can be missed via telehealth well visits. However, it is preferable to see a patient for a telehealth well visit than not at all, especially patients and families who may be at greater risk of behavioral needs, economic hardship, abuse or neglect.

It remains important to vaccinate children with the primary vaccine series (2-24 months) to prevent transmissible illness which can still cause preventable morbidity and, in the context of how primary care is currently restructured to prevent infection, the benefits of this series outweigh risk of contagion.

Goals of telehealth well visits:

- Maintain proactive contact for families with the medical home
- Provide children, adolescents and families with timely access to anticipatory guidance
- Maximize strong relationship with trusted provider during a time when family stress, isolation and economic difficulties are simultaneously at all time high
- Timely identification of child and family behavioral and developmental needs for appropriate referral and receipt of needed services

In this unusual and temporary context, clinics will be paid in full (for children insured on Apple Health) for a well child visit at the time of the tele-well visit and components of EPSDT that cannot be completed via telehealth will occur at a later date (as described below):

- Height/Weight
- Blood pressure
- Immunizations
- Laboratory testing
- Certain aspects of the physical exam
- Vision & hearing screens



## Criteria for a Telehealth Well Visit

- 1) Children 2 years of age and older being seen for WCC who:
  - a. Have received complete vaccination schedule recommended 2 months-18 months (children over the age of two who have not received their “primary series” vaccines should be brought to clinic to catch up on vaccinations.)
  - b. Patient has been examined by a provider in the practice in the last 15 months.
  - c. Does not have an acute or chronic condition which requires examination for care or treatment.
- 2) Child between 1 month and 2 years of age\* who:
  - a. Has a separately scheduled “vaccine and weight/height measurement” visit.
  - b. Patient has been examined by a provider in the practice in the last 15 months.
  - c. Does not have an acute or chronic condition which requires examination for care or treatment.

*\*Note: WCAAP recommends children ages 0-2 years come to clinic to receive immunizations during this stage in the pandemic in WA state when clinics have made modifications to prevent infection. Some WA state clinics are providing full in person well care ages 0-2 years and some clinics are providing only weight/height/immunizations for 0-2 year olds in person and the rest of the well child care via telehealth well care for 0-2 years.*

- 3) Telehealth is recommended by provider because of safety concerns during the COVID-19 pandemic, with clinics seeking, promoting and assisting caregiver engagement in telehealth modalities for well child care.

Parent/patient agrees to return to the office for an in-person physical exam, vitals (including height, weight, BMI, etc), as soon as practicable after the telehealth visit, so long as clinics are able to safely provide in-person well care in context of current restrictions on family movement and current level of contagion during pandemic. Clinics will systematically track families date of telehealth well visit and establish a recall methodology to bring families back to clinic to complete in-person portions of well child care.
- 4) Interpretation should be used for families who prefer a language other than English for health communication.
- 5) Support /assistance for mobile technology and data should be provided as possible to support families’ access to care when families’ limited resources prevent adequate tele access.



## Included in a Telehealth Well Visit

- 1) In some WA clinics, for children under 2 years of age, weight and height will be separately recorded during vaccine/in-person visit; growth will be reviewed with caregiver via telehealth well visit.
- 2) Address parental concerns
- 3) Anticipatory guidance
- 4) Behavioral health screening
- 5) +/- Developmental screening
- 6) Plan for follow-up visit to complete the exam within 3 months

## Limitations of Telehealth Well Visits

- 1) Reliable blood pressure and heart rate
- 2) Vision & hearing screening
- 3) ACES or depression screening may be challenging due to the sensitive nature of the screeners
- 4) Complete physical exam
- 5) Private discussion between provider and adolescent patient\*\*
- 6) Clearance for school, sports, physical or outdoor education program activity

*\*\* Providers are currently being creative to foster confidentiality for adolescent visits. Considerations/strategies include: Conduct portion of the visit with parent and adolescent together on speaker phone or video connection, request of the parent a single, private phone conversation with the adolescent (not on a speaker.) Can adolescent speak to provider alone in family vehicle? Can adolescent “chat” with provider in telehealth software chat function without family members hearing? Does bathroom provide adequate privacy from family?*

## Important Considerations and Emphasis during COVID-19 Pandemic

- 1) Nutritional counseling, exercise
- 2) Oral health, counseling, home behaviors
- 3) SDoH food insecurity: school meals, foodbank
- 4) School – home academics, being realistic with family demands and resources available
- 5) Resources for COVID related anxiety, tele BH services available
- 6) Explicitly asking about new needs of family with any job loss, COVID closures.
- 7) Chronic conditions and needed meds (pt. specific)



## Screenings via Telemedicine

For the following ages clinics will administer appropriate validated screening instrument, through a mechanism that is most appropriate to their clinic communication methods, staffing models, and patient population:

- 1) 1 Month 2 Month 4 Month 6 Month: Maternal Depression
- 2) 9 Month, 18 Month, 2 to 2½ Year: Child Development (ASQ, PEDS, SWYC)
- 3) 18 Month & 2 Year: Autism Spectrum Disorder (M-CHAT-R/F, SWYC)
- 4) Ages 12-18: Depression
- 5) Ages 11-18: Tobacco, Alcohol, or Drug Use

Methods to complete validated instrument will vary by site. For example, some clinics may email a screener to the parent in advance of the appointment and request the parent upload a photo of the screener to a patient portal, while other clinics may have an MA administer the screener with the parent at the start of the telemedicine appointment. The latter approach is preferred for a family to complete a screener verbally with a medically qualified interpreter, when a family has Limited English Proficiency.

Special consideration for adolescent confidentiality in completion of screens will need to be implemented such as screens via secure text messaging, screens occurring in the chat function of a telemedicine software portal, or verbal screens provided while adolescent is in a private space such as the family car.

## HCA Billing Guidance

Apple Health is aware that there are components of an EPSDT visit that will not be able to be completed via telemedicine or telehealth. As those components are critical to the well-being of children/youth there will be a need for a follow-up appointment to complete those components. Apple Health is approving the following plan to address this concern.

EPSDT appointment via telemedicine/telehealth bill:

- appropriate EPSDT code plus modifier CR
- plus any of the additional codes that are applicable to the service that was provided ([see EPSDT billing guide](#) and [Physician-related/healthcare services billing guide](#))

In-person follow-up appointment to complete EPSDT components bill:

- 99429 with modifier CR ([see COVID-19 fee schedule](#))
- plus any of the additional codes that are applicable to the service that was provided ([see EPSDT billing guide](#) and [Physician-related/healthcare services billing guide](#))

Code	Description
99429	Unlisted preventive medicine service