Mental Health Screening in EPSDT: Annual Retrospective Analysis of Medical Records Linked to Administrative Claims

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WEST VIRGINIA Department of Health & Human Resources
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Office of Maternal, Child and Family Health
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Executive Summary

The COVID-19 pandemic had an adverse impact on primary, preventive, and mental health services for West Virginia children and youth. Per the U.S. Census Bureau's Household Pulse Survey, Phase 3.1 (collected April–May 2021), 29.9% (95% CI, 21.6%-38.2%) of West Virginia households with children reported that ≥1 child or adolescent had missed, skipped, or delayed preventive checkups in the last 12 months because of COVID-19.[1]

In 2020, West Virginia had more than 199,527 Medicaid members aged 0-20, including 94,013 who received Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) "well-child" exams. The mental health of these children and youth is a priority of the West Virginia Department of Health and Human Resources (DHHR). To continue serving this population, an analysis was conducted to determine how often mental health screening was performed during EPSDT visits. The analysis involved standardized medical record reviews of an age and geographically representative sample of 791 EPSDT exam records.

A mental health screening was determined to have been completed if responses were recorded from standard trauma screening, i.e., the abbreviated (two question) Post-Traumatic Stress Disorder Checklist – Civilian Version (PCL-C); if developmental surveillance[2] included two or more social determinants of health; or if responses were recorded from a depression screening, i.e., the Patient Health Questionnaire-2 (PHQ-2). In this sample, 79.5% of EPSDT exam records included mental health screening. The prevalence of mental health screening varied by HealthCheck region and according to documentation format. A higher prevalence of mental health screening among providers using age appropriate HealthCheck Preventive Health Screen (PHS) forms suggests that increasing utilization of these forms could enhance statewide mental health screening in this critical population.

Background

The Office of Maternal, Child and Family Health (OMCFH) is West Virginia's Title V Maternal and Child Health Agency and is responsible for the utilization of funds provided by the Maternal and Child Health Block grant of Title V of the Social Security Act of 1935, 42 U.S.C. §701 et seq. Consistent with federal policy that requires state Medicaid agencies to coordinate with Title V grantees, the OMCFH provides administrative oversight for the State's EPSDT Program, i.e., HealthCheck. To ensure EPSDT services are provided in accordance with reasonable standards of medical and dental practice, the HealthCheck Program makes use of the American Academy of Pediatrics' *Bright Futures:*

[1] Lebrun-Harris, L. A., Sappenfield, O. R., & Warren, M. D. (2021). Missed and Delayed Preventive Health Care Visits Among US Children Due to the COVID-19 Pandemic. *Public Health Reports*, 00333549211061322.

[2] Developmental surveillance is a continuous and cumulative process through which potential risk factors for developmental disorders can be identified. The components of developmental surveillance include eliciting and attending to parental concerns, documenting, and maintaining a developmental history, making accurate observations of the child, identifying the presence of risk and protective factors, and maintaining an accurate record by documenting the process and findings. Developmental surveillance is required at every initial and periodic visit when a standard screening tool is not completed. The concerns of both parent/caregiver and primary care provider should be included in determining whether surveillance suggests the child may be at risk of developmental delay (West Virginia HealthCheck Provider Manual. Retrieved December 29, 2021, from https://dhhr.wv.gov/HealthCheck/providerinfo/Pages/ProviderManual.aspx).

Guidelines for Health Supervision of Infants, Children, and Adolescents to inform the development of policy, procedures and age-appropriate HealthCheck preventive health screening (PHS) forms available (free of charge) to all health care providers who see children/youth 0-20 years of age.[3] The HealthCheck standard of care promotes psychosocial/behavioral screening at each EPSDT exam from birth through age 20. Said psychosocial/behavioral screening should address "social and emotional health, caregiver depression, and social determinants of health."[4] In West Virginia, EPSDT exams may be documented on the age-appropriate HealthCheck PHS form, in the provider's electronic medical record (EMR) or electronic health record (EHR), or within a paper-based record stored on paper-based mediums.

The HealthCheck Program regularly conducts quality improvement initiatives, small-scale cycles of interventions that are linked to assessment, with the goal of improving the process, outcome, and efficiency of the systems of pediatric health care in West Virginia. To link the quality improvement cycle of intervention to the assessment, medical record audits are completed to rate quality – how often and how well something is being done (or not done). This quality-improvement approach has proven to be the most efficient means of building surveillance and screening elements into the process of care in pediatric offices.[5] Medical record reviews are critical to the quality improvement cycle, as results of the reviews are used to develop improvement strategies.[6]

In May 2019, the West Virginia Department of Health and Human Resources entered into a Memorandum of Understanding (MOU) with the U.S. Department of Justice to address West Virginia's child welfare system and to ensure children who require mental health services can receive them in their homes and communities by expanding community-based mental health services and ensuring appropriate placement in residential mental health treatment facilities. Pursuant to MOU requirements, an Implementation Plan was developed to describe actions to be taken to ensure MOU rubrics were utilized to reform West Virginia's children's mental health system. Correspondingly**,** OMCFH was tasked with 1) identifying gaps in the EPSDT screening process specifically psychosocial/behavioral screening (mental health screening) for children/youth who have Medicaid; and 2) modifying practice, as needed, to ensure adherence to MOU goals.

To accomplish this task, a hybrid quality measure (claims data and clinical data from individual medical records) was developed, and the OMCFH evaluated the extent to which mental health screening took place during EPSDT exams that were conducted during calendar year 2019 for Medicaid members ages 6-18.[7]

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[3] The HealthCheck PHS forms operationalize the American Academy of Pediatrics *Bright Futures* guidance for a comprehensive well-child exams. Providers must meet this standard but are not required to utilize the forms. See https://dhhr.wv.gov/HealthCheck/providerinfo/Pages/default.aspx.

[4] American Academy of Pediatrics. (2017). Bright Futures, Recommendations for Preventive Pediatric Health Care. Retrieved from https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

[5] Lipkin, P. H., & Macias, M. M. (2020). Promoting optimal development: identifying infants and young children with developmental disorders through developmental surveillance and screening. *Pediatrics*, *145*(1).

[6] In relation to these quality improvement initiatives, HealthCheck is considered a health oversight agency as defined by 45 CFR § 164.501.

[7] Office of Maternal, Child and Family Health. (2020). Mental Health Screening in EPSDT: A Retrospective Analysis of Medical Records Linked to Administrative Claims. Retrieved from https://dhhr.wv.gov/HealthCheck/Documents/OMCFH%20DOJ%20Report%20w%20Executive%20Summary%20-%20FINAL_.pdf

In response to feedback from subject matter experts, the sample population for this year's review was expanded to include all Medicaid members aged 0-20 years. The authors debated how best to assess mental health in children 0-5 years old. Recognizing that primary care providers are among the first professionals with whom parents will discuss concerns regarding their child's behaviors, developmental surveillance with specific inquiry regarding social determinants of health was included to assess mental health screening in the 0–5-year-old population.[8]

Methodology

In December 2020, Medicaid members ages 0-20 years totaled 199,527. Among these, administrative claims data indicated 94,013 children and youth had received an EPSDT exam, i.e., a comprehensive preventive medical exam, in calendar year 2020. A random sample of patients with a corresponding claim for a comprehensive preventive medical service was selected for review. Comprehensive preventive medicine services, or "well-child care," were identified using the Current Procedural Terminology (CPT) and International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes found in Appendix A.

Medical records were requested from the health care providers of 1,055 of 94,013 Medicaid-eligible children and youth, age 0-20, who received an EPSDT exam in calendar year 2020. A total of 803 records were obtained and 791 were reviewed. Incomplete records, either for the wrong date of service or another visit type, were excluded.

To address varied forms of documentation, a standardized medical record review process and data collection tool were developed to assess whether a child was screened for mental health conditions during his/her EPSDT exam. Five Registered Professional Nurses (RNs) received training on the quality hybrid measure and the use of the standardized data collection tool before completing a review of medical records from the sample population described above. For the purposes of this analysis, a "mental health screening" was defined to have occurred if a review of the medical record documented one of the following measures from the HealthCheck standard of care:

- Abbreviated (two question) PTSD Checklist - Civilian version (PCL-C);[9]
- Developmental surveillance inclusive of no less least two of eight social determinants of health (SDOH) – a) economic stability, b) education and development, c) health and health care, d) neighborhood and built environment, e) social and community context, f) family relationships, g) peer relationships, and h) stress; and/or
- Patient Health Questionnaire-2 (PHQ-2), a two-item depression screening scale;[10]

See Appendices B and C for the Medical Record Review Tool and Algorithm.

[8] Charach, A., Mohammadzadeh, F., Belanger, S. A., Easson, A., Lipman, E. L., McLennan, J. D., ... & Szatmari, P. (2020). Identification of preschool children with mental health problems in primary care: Systematic review and meta-analysis. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, *29*(2), 76.

[9] Lang, A. J., & Stein, M. B. (2005). An abbreviated PTSD checklist for use as a screening instrument in primary care. Behaviour research and therapy, 43(5), 585-594.

[10] Richardson, L. P., Rockhill, C., Russo, J. E., Grossman, D. C., Richards, J., McCarty, C., ... & Katon, W. (2010). Evaluation of the PHQ-2 as a brief screen for detecting major depression among adolescents. *Pediatrics*, *125*(5), e1097-e1103.

To surmise the incidence of referral because of mental health screening, claims for mental and behavioral health services that occurred within 90 days from the data of the EPSDT exam were identified. See Appendix D for CPT codes used to identify mental and behavioral health services.

Results

Compared to the population, the sample was comparable in age, HealthCheck region of provider location, and foster care status (Table 1). The sample had a mean age of 6.9 years compared to 7.0 years for the population. The sample represented slightly more records from providers in regions 2, 3, and 7 and fewer providers in region 1, 6, and 9. Provider location information was unavailable for none in the sample (due to research into the claims after the sample was determined), but unavailable for 6.2% of the population. Comparably, 4.8% of the sample and 4.2% of the population were in foster care at some point during calendar year 2020.

Table 1. Characteristics of the sample and population

Category		**Sample (n = 791)**		**Population (n = 94,013)**	
		Mean		**Mean**	
Age		6.9		7.0	
Category		**N**	**%**	**n**	**%**
Foster care status	Yes	38	4.8%	3,955	4.2%
	No	753	95.2%	90,058	96.8%
HealthCheck Region	1	76	9.6%	10,347	11.0%
	2	127	16.1%	11,789	12.5%
	3	160	20.2%	15,929	16.9%
	4	58	7.3%	6,945	7.4%
	5	66	8.3%	6,084	6.5%
	6	35	4.4%	4,997	5.3%
	7	113	14.3%	11,668	12.4%
	8	43	5.4%	4,910	5.2%
	9	57	7.2%	7,938	8.4%
	Out of state	56	7.1%	7,555	8.0%
	Missing	-	-	5,851	6.2%

Of the 791 EPSDT exams reviewed, 79.5% met the standard for a mental health screening (Table 2). Based on a post-hoc power calculation, this estimate lies within 3% of the population prevalence with 95% confidence. Among those screened, the most common screening method was developmental surveillance/SDOH (70.3%), followed by trauma (16.1%), and depression (13.7%). It is important to note that reviews concluded after the confirmation of a mental health screening. As such, not all methods were assessed for all children.

While only 13.0% of EPSDT exams used the PHS form, all but one record received on a PHS form (99.0%) described a mental health screening, compared to 76.6% of records reported from electronic medical records or paper charts (Table 2).

Of 162 children and youth who did not receive a documented mental health screening at their EPSDT exam, nine (5.5%) were already receiving mental health services. according to their EPSDT exam record.

Table 2. EPSDT exams included mental health screening

Screening Method	PHS form		EMR/paper		Total	
	n	%	n	%	n	%
Screened	102	99.0%	527	76.6%	629	79.5%
Trauma	34	33.0%	67	9.7%	101	12.8%
Developmental Surveillance/SDOH	64	62.1%	378	54.9%	442	55.9%
Depression	4	3.9%	82	11.9%	86	10.9%
Not Screened	1	1.0%	161	23.4%	162	20.5%
Total	103	13.0%	688	87.0%	791	100.0%

Use of the HealthCheck PHS form varied by HealthCheck Region, ranging from 1.7% in region 4 to 51.2% in region 8 (Table 3), following a similar pattern to last year's review. See Appendix E for a map of the HealthCheck regions.

Table 3. EPSDT exam documentation type, by HealthCheck Region

HealthCheck Region	HealthCheck PHS form		EMR/paper		Total
	n	%	n	%	
1	13	17.1%	63	82.9%	76
2	11	8.7%	116	91.3%	127
3	19	11.9%	141	88.1%	160
4	1	1.7%	57	98.3%	58
5	7	10.6%	59	89.4%	66
6	2	5.7%	33	94.3%	35
7	8	7.1%	105	92.9%	113
8	22	51.2%	21	48.8%	43
9	10	17.5%	47	82.5%	57
Out-of-state	10	17.9%	46	82.1%	56
Total	**103**	**13.0%**	**688**	**87.0%**	**791**

Variation in mental health screening by HealthCheck region (Table 4) was noted. Screening rates were lowest in region 5 (68.2%) and highest in region 8 (95.3%). It is interesting to note, region 8 also had the highest rate of PHS form utilization. Region 5 was among one of the lowest at only 10.6% (Table 3). Further evaluation of regional discrepancies in performance should lead to recommendations for quality improvement across the state.

Table 4. Screening by HealthCheck Region

HealthCheck Region	Screened		Not Screened		Total
	n	%	n	%	
1	62	81.6%	14	18.4%	76
2	97	76.4%	30	23.6%	127
3	133	83.1%	27	16.9%	160
4	48	82.8%	10	17.2%	58
5	45	68.2%	21	31.8%	66
6	25	71.4%	10	28.6%	35
7	90	79.6%	23	20.4%	113
8	41	95.3%	2	4.7%	43
9	49	86.0%	8	14.0%	57
Out-of-state	39	69.6%	17	30.4%	56
Total	**629**	**79.5%**	**162**	**20.5%**	**791**

Screening rates increase with age. Seventy percent (70.2%) of 0–5-year-old children received a mental health screening compared to 90.4% of 9–20-year-old children (Table 5).

Table 5. Screening by age group (2019, 2020)

Age Group	Screened		Not Screened		Total
	n	%	n	%	
2019					
6-8 years old	160	79.6%	41	20.4%	201
9-18 years old	427	83.4%	85	16.6%	512
Total	**587**	**82.3%**	**126**	**17.7%**	**713**
2020					
0-5 years old	264	70.2%	112	29.8%	376
6-8 years old	84	80.8%	20	19.2%	104
9-18 years old	271	90.3%	29	9.7%	300
19-20 years old	10	90.9%	1	9.1%	11
Total	**629**	**79.5%**	**162**	**20.5%**	**791**

A mental or behavioral health claim within 90 days of the EPSDT exam was noted for 215 (34.2%) of the 629 children and youth who received mental health screening during their EPSDT exams. As table 6 demonstrates, the majority of these mental/behavioral health claims were for developmental screening. More than 55% of the mental or behavioral health claims within 90 days of EPSDT exam were for children between ages 0-5 years (Table 7).

Table 6. Mental/behavioral health services received within 90 days of well-child exam

Procedure	Count
DEVELOPMENTAL SCREEN W/SCORING & DOC STD INSTRM	161
BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	36
OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	11
PSYCHOTHERAPY W/PATIENT 30 MINUTES	9
PSYCHOTHERAPY W/PATIENT 60 MINUTES	8
PSYCHOTHERAPY W/PATIENT 45 MINUTES	6
PSYCHIATRIC DIAGNOSTIC EVALUATION	2
FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	1
PSYCHIATRIC DIAGNOSTIC EVAL W/MEDICAL SERVICES	1

*Children can be counted multiple times if they received multiple unique services after well-child exam.

Table 7. Count of children who received mental/behavior health services within 90 days of well-child exam, by age.

Age group	Count
0	28
1	26
2	22
3	11
4	15
5	17
6-8	19
9-18	73
19-20	4
Total	**215**

Discussion and Recommendation

This analysis indicates that 79.5% of Medicaid members, ages 0-20 years, received a mental health screening at their EPSDT exam completed in calendar year 2020. The rate of mental health screening in this review is slightly lower than last year's review (82.3%). Considering the inclusion of 0–5-year-old children in this year's review and the positive correlation of mental health screening with age, this was expected. Consistent with last year, mental health screening was more common among exams documented on the HealthCheck PHS form, raising the possibility that increased use of the HealthCheck PHS form could increase mental health screening overall. Mental health screening rates were consistent across regions compared to last year.

The data presented here continue to provide opportunities for engagement with the medical community for quality improvement. Regional differences in HealthCheck PHS form use and other mental health screening tools could be addressed by regional HealthCheck Program Specialists to encourage providers to use the HealthCheck PHS form.

Limitations of this study include its narrow focus on screening (and not services) and potential inconsistency in the ascertainment of mental health screening. While the analysis noted that a mental or behavioral health claim was submitted within 90 days for 34.2% of those children, youth and young adults who received mental health screening during their EPSDT exams, the medical record review did not conclusively link said mental or behavioral health claims to specific referrals. As a result, no definitive assertion could be made that the mental or behavioral health claims within 90 days of the EPSDT exam are a result of the EPSDT exam. Claims data were also limited in timeliness, as payment could be sought for several months after a service was provided. As such, it should be noted that EPSDT exams and mental and behavioral health services could be underreported due to potential billing errors and delays in submission of services claims for payment.

Much thought and discussion went into the ascertainment of mental health screening. The authors drew on their own subject matter expertise as well as other OMCFH staff to develop the medical record review tool in Appendix B and algorithm in Appendix C. However, the tool may have performed differently on the variety of EPSDT formats (medical records from different EMRs, paper charts, and HealthCheck PHS forms). Further, RN reviewers may have applied the data collection tool inconsistently. In fact, there is evidence of this. Initial data cleaning efforts identified a few records that were reviewed twice by the same reviewer; inconsistencies in those reviews were noted. Those records were sent to another reviewer and reviewed by the Nursing Director to ensure accurate application of the standard. Next year more extensive efforts will be made in both training and how the tool is developed to ensure consistent application of the mental health screening standard. With the addition of ages 0-5 and 19-20 to the sample, this year's results should serve as the true baseline from which quality improvement efforts can be measured going forward.

Results of the analysis will be disseminated to key stakeholders, including the state's medical (primary care) providers, to increase awareness and acceptance of mental health screening. Likewise, and to serve as a catalyst for ongoing conversations aimed at improving the uptake of mental health screening, infographics detailing comparative performance by specified HealthCheck region will be disseminated to enable providers to understand their region's performance verses other regions.

Appendix A. ICD-10 and procedure codes to identify EPSDT exams

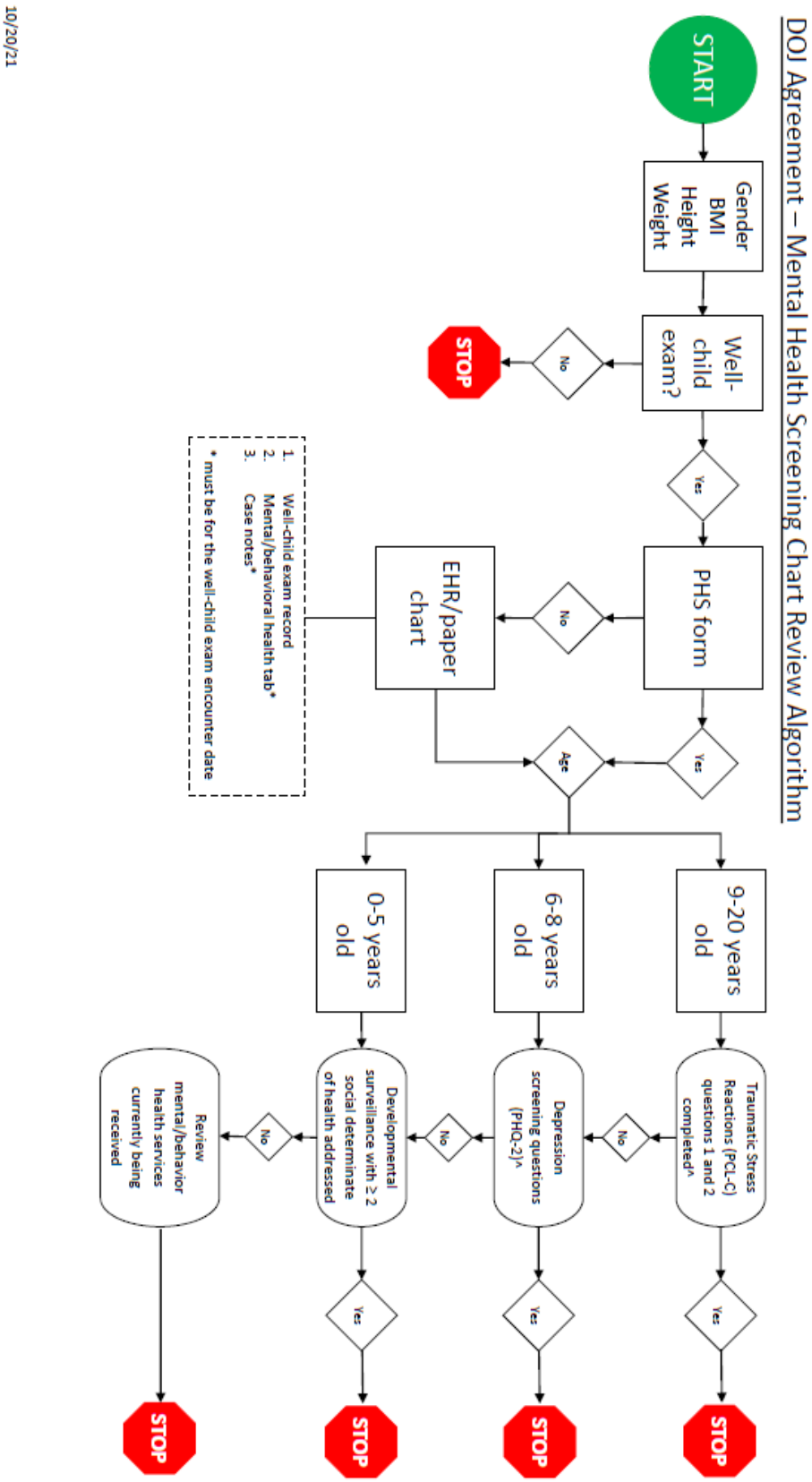
Code	Description
ICD-10	
Z0000	Encounter for general adult medical examination w/o abnormal findings
Z0001	Encounter for general adult medical examination with abnormal findings
Z00110	Health examination for newborn under 8 days old
Z00111	Health examination for newborn 8 to 28 days old
Z00121	Encounter for routine child health exam with abnormal findings
Z00129	Encounter for routine child health exam without abnormal findings
CPT	
99381	Initial preventive medicine new patient <1year
99382	Initial preventive medicine new patient age 1-4 yrs
99383	Initial preventive medicine new patient age 5-11 yrs
99384	Initial preventive medicine new patient age 12-17 yrs
99385	Initial preventive medicine new patient age 18-39yrs
99391	Periodic preventive med established patient <1yr
99392	Periodic preventive med established patient 1-4yrs
99393	Periodic preventive med established patient 5-11yrs
99394	Periodic preventive med established patient 12-17yrs
99395	Periodic preventive med established patient 18-39 yrs
99461	Initial care per day, for evaluation and management of normal newborn infant seen in other than hospital or birthing center

Appendix B. Medical Record Review Tool

1. Person ID Unencrypted
2. Child's first name
3. Child's last name
4. Child's DOB
5. Child's gender
6. Child's height
7. Child's weight
8. Child's BMI
9. Date of well-child exam
10. Was the record provided for a well-child exam?
    a. Yes
    b. No
    c. Unsure
11. PHS form
    a. Yes
    b. No
12. EHR
    a. Yes
    b. No
13. Paper chart
    a. Yes
    b. No
14. Child's age (calculated)
15. Traumatic stress reaction (PCL-C) question 1: repeated, disturbing memories, thoughts, or images of a stressful experience from the past in the past 2 weeks?
    a. Yes
    b. No
    c. Unsure
16. Traumatic stress reaction (PCL-C) question 2: feeling very upset when something reminded you of a stressful experience from the past in the past 2 weeks?
    a. Yes
    b. No
    c. Unsure
17. Developmental Surveillance/SDOH
    a. Economic stability
        i. Poverty
        ii. Employment
        iii. Food insecurity
        iv. Housing instability
    b. Education
        i. High school graduation
        ii. Enrollment in higher education
        iii. Language and literacy
        iv. Early childhood education and development
    c. Health and health care
        i. Access to health care
        ii. Access to primary care
        iii. Health literacy

    d. Neighborhood and built environment
        i. Access to foods that support health eating patterns
        ii. Quality of housing
        iii. Crime and violence
        iv. Environmental conditions
    e. Social and community context
        i. Social cohesion
        ii. Civil participation
        iii. Discrimination
        iv. Incarceration
    f. Family relationships
    g. Peer relationships/friends
    h. Stress: relationships, school/work, drugs, alcohol, violence/abuse, family member incarcerated, lack of support/help, financial, emotional loss, health insurance, other
18. Depression screening question 1: Little interest or pleasure in doing things over the past 2 weeks
    a. Yes
    b. No
    c. Unsure
19. Depression screening question 2: Feeling down, depressed, or hopeless over the past 2 weeks
    a. Yes
    b. No
    c. Unsure
20. Does your child cry a lot?
    a. Yes
    b. No
    c. Unsure
21. Does your child have a hard time calming down?
    a. Yes
    b. No
    c. Unsure
22. Is there evidence in the well-child record that the child is already receiving mental/behavioral health services?
    a. Yes
    b. No
    c. Unsure

Appendix C. Medical Record Review Algorithm



Appendix D. CPT codes to identify mental and behavioral health claims

Code	Description
90791	Psychiatric diagnostic evaluation
90792	Psychiatric diagnostic eval w/medical services
90832	Psychotherapy w/patient 30 minutes
90833	Psychotherapy w/patient w/E&M services 30 minutes
90834	Psychotherapy w/patient 45 minutes
90836	Psychotherapy w/patient w/E&M services 45 minutes
90837	Psychotherapy w/patient 60 minutes
90838	Individual psychotherapy, insight oriented, behavior modifying and/or supportive 60 minutes
90846	Family psychotherapy w/o patient present 50 minutes
90847	Family psychotherapy w/patient present 50 minutes
90849	Multiple-family group psychotherapy
90853	Group psychotherapy
96110	Developmental screening, with interpretation and report, per standardized instrument form
96111	Developmental testing w/interpretation & report
96112	Developmental test administration by physician or other qualified health profession, 1st hour
96113	Developmental test administration by physician or other qualified health profession, additional 30 minutes
96116	Neurobehavioral status exam by physician or other qualified health profession, 1st hour
96121	Neurobehavioral status exam by physician or other qualified health profession, additional hour
96127	Behavioral assessment w/scoring & documentation, per standardized instrument
96130	Psychological test evaluation services by physician or other qualified health profession, 1st hour
96131	Psychological test evaluation services by physician or other qualified health profession, each additional hour
96132	Neuropsychological testing evaluation, 1st hour
96133	Neuropsychological testing evaluation, additional hour
96136	Psychological or neuropsychological test administration/scoring by physician or other qualified healthcare professional, two or more tests, any method; first 30 minutes
96137	Psychological or neuropsychological test administration/scoring by physician or other qualified healthcare professional, two or more tests, any method; each additional 30 minutes
96138	Psychological or neuropsychological test administration/scoring by technician, two or more tests, any method; first 30 minutes
96139	Psychological or neuropsychological test administration/scoring by technician, two or more tests, any method; additional 30 minutes
96150	Health and behavior assessment, each 15 minutes face-to-face with the patient; initial assessment
96151	Health and behavior assessment, each 15 minutes face-to-face with the patient; re-assessment

96152	Health and behavior intervention; individual; each 15 minutes; face-to-face
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)
96154	Health and behavior intervention; family (with patient present); each 15 minutes; face-to-face
99204	Office outpatient new 45 minutes
H0031	Mental health assessment by non-physician

Appendix E. HealthCheck Regions

Regional Program Specialists

Region 1	Casey Yoder	304-250-6548
Region 2	Josh Brown	304-528-2040
Region 3	Steven Taylor	304-414-0695
Region 4	Kay Smalley	304-847-2861 x-205
Region 5	Jamie Jacobsen	304-917-0886
Region 6	Dana Schrack	304-843-4120 x-273
Region 7	Amy Plemons	304-366-3360 x-113
Region 8	Kim Wentz	304-471-0123
Region 9	Kris Kimble	681-271-2038