

OFFICE OF REFUGEE RESETTLEMENT
Division of Children’s Services
PROGRAM GUIDANCE – Revised Initial Medical Exam Requirements

EFFECTIVE DATE: December 2, 2015

Care providers must ensure that each child is medically examined within 48 hours of admission, excluding weekends and holidays, unless the child was already examined at another UC facility (as in the case of a transfer). After the initial medical screening examination, routine well-child visits should be scheduled at recommended intervals (e.g., for children in long-term care); in children over the age of 3 years, annual health exams are advised. This program guidance supersedes previous guidance regarding initial medical exams and reimbursement billing codes.

GUIDANCE

- (1) Initial medical exam services are to be completed in a single visit to a licensed primary care provider, except where delays caused by laboratory or other results prevent same-day completion of those services.
- (2) No prior ORR authorization for any of the services listed below is required if the services are provided at the time of a child’s initial placement into ORR custody. For initial medical exam services, excluding tuberculosis (TB) screening, use the ICD-10-CM/PCS diagnosis code Z00.121 (with abnormal findings) or Z00.129 (without abnormal findings). Any subsequent medical exams will require prior ORR authorization via a Treatment Authorization Request (TAR). The initial medical exam must include past medical history, review of systems, sensory screenings, age-appropriate behavioral assessments, and the following—
 - (a) Physical examination (billing codes 99381–99384): The reimbursement rate can be obtained by contacting Point Comfort Underwriters (PCU) at 1-844-210-2010 and providing the zip code where the child will receive care.
 - Routine vision and hearing screens should be part of the initial physical examination. Further evaluation may be billed only if the child fails these initial screens. Vision testing should be done using Snellen or “E” charts and hearing may be assessed with the whisper or finger rustle test.
 - (b) Tuberculosis (TB) screening (TB screenings may be reimbursed without a TAR by using the ICD-10-CM/PCS diagnosis code Z11.1; billing code 86580 for purified protein derivative [PPD] skin test; billing code 86480 for interferon-gamma release assay [IGRA] blood test):
 - *Children of any age:* Routine TB screening pertains to children who are free of TB signs and symptoms. A child who has any signs or symptoms that could be caused by TB—for example, cough of at least 2 weeks duration, failure to gain weight (infants) or weight loss (older children), persistent fatigue, or fever unexplained by another diagnosis—should be referred for specialized testing. Do not wait for any screening tests before referring.
 - *Children < 5 years:* Screen with PPD skin test or IGRA blood test; if skin test or IGRA result is positive, order chest radiography (PA and lateral views,

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billing code 71020). A PPD skin test is preferred for children aged < 5 years. Children who are born to a mother in ORR custody should not be tested except after a TB exposure.

- *Children 5–14 years:* Screen with IGRA or PPD skin test; if IGRA or skin test result is positive, order chest radiography (PA only, billing code 71010). An IGRA is preferred for testing persons who have received BCG vaccine—BCG is administered to children in countries outside of the United States, Canada, Australia, New Zealand, and Western Europe.
- *Children ≥ 15 years:*
 - Screen for active TB with chest radiography (PA only, billing code 71010); AND
 - Test for latent TB with IGRA or PPD skin test.
- If a child has a diagnosis of latent TB infection (LTBI), the care provider should consider LTBI treatment for the child if he or she is expected to be in ORR care for long enough to complete one of the recommended regimens. However, if the child is expected to be transferred to sponsors before a regimen can be completed, do not start LTBI treatment. Instead, ensure that ORR's LTBI post-release protocol is followed for the child's discharge.

(c) Immunizations (vaccines will not be reimbursed as providers should use Vaccines for Children [VFC] program vaccines; vaccine administration fees may be reimbursed [billing codes 90460, 90461, 90471–90474]):

- Provide immunizations, unless medically contraindicated, for children with no immunization documentation in accordance with the Advisory Committee on Immunization Practices' (ACIP) catch up schedule: <http://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>. ACIP recommends simultaneous administration of all routine childhood vaccines when appropriate.
- Administer influenza vaccine when seasonally available (generally, September through June).

(d) Pregnancy screening (billing code 81025 for urine test): Perform pregnancy tests prior to administration of vaccines for

- All girls ≥ 10 years, AND
- All girls younger than 10 years who have reached menarche or reported any sexual activity.

Defer live vaccines (i.e., measles, mumps, rubella, and varicella) during pregnancy.

(e) HIV screening (billing code 86703, 87389): Test all children ≥ 13 years.

(f) Lead screening (billing code 83655): Test all children 6 months –6 years old.

(g) Influenza testing (billing code 87804): Test children who have influenza-like illness (fever and cough or sore throat); negative or positive results alone should not guide treatment.