KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Preventive Medical Care	**Policy #**	3.05-P
Policy Owner	Utilization Management	**Original Effective Date**	06/2003
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Line of Business	☒ Medi-Cal ☐ Medicare ☐ Corporate		

I. PURPOSE

To define the responsibilities of Kern Health System (KHS) in providing and arranging preventive healthcare services for members in accordance with nationally recognized standards and evidence-based medicine.

II. POLICY

Medi-Cal managed care health plans (MCPs) are contractually required to cover a wide range of preventive services and screenings in accordance with United States Preventive Services Task Force (USPSTF) grade "A" or "B" recommendations, as well as American Academy of Pediatrics (AAP)/Bright Futures periodicity schedule and anticipatory guidance for members under the age of 21. KHS will provide, as part of the periodic preventive visit, all age-specific assessments and services required by AAP Bright Futures. USPSTF views immunizations as preventive services and recommends that all immunizations be provided as recommended by the Advisory Committee on Immunization Practices (ACIP). Kern Health Systems (KHS) will encourage preventive care services for all members. Preventive care will be identified by KHS network providers. Preventive care for Medi-Cal members will include age-appropriate assessments, Initial Health Appointments (IHA), and Child Health and Disability Program (CHDP) services. IHA and CHDP visits are reimbursed per contract guidelines.

KHS will not apply prior authorization requirements for preventive health services.

A. KHS WILL MAINTAIN AND COMMUNICATE PREVENTIVE CARE PROTOCOLS TO PROVIDERS.

1. Preventive care will be provided in accordance with the following accepted guidelines:
    a. The Guide to Clinical Preventive Services Report (Report on the US Preventive Services Task Force) [1]Grade "A" or" B"
    b. AAP Recommendations for Preventive Pediatric Health Care
    c. CHDP Medical Guidelines
    d. The American College of Obstetricians and Gynecologists (ACOG)

e. American Academy of Pediatrics/Bright Futures
f. Advisory Committee on Immunization Practices (ACIP)-recommended immunizations and Vaccines for Children Vaccine for Children (VFC).

2. The presence of risk factors in individual patients will affect the type and quantity of preventive services that may be appropriate. Certain members may require additional services or core services at more frequent intervals.

3. KHS is required to provide timely provision of recommended immunizations for both children and adults enrolled. KHS will provide childhood immunizations in accordance with the most recent childhood immunization schedule and recommendations published by ACIP for the Centers for Disease Control and Prevention (CDC). KHS's coverage obligation to provide adult immunizations based on the ACIP-recommended immunizations included on the Medi-Cal Fee for Service (FFS) contract drug list as a pharmacy benefit.

4. KHS also allows all members to access local health departments (LHDs), (in-network and out- of- network for immunizations and for KHS to reimburse LHDs for the administration fee for immunizations administered to members, excluding immunizations for which the member is already up to date. KHS is required to provide member's updated immunization status information to LHD clinics. Members may access LHC for immunizations without prior authorization.

5. KHS will execute a Memorandum of Understanding (MOU) with LHDS. With the following provisions:

    a. ADDENDUM G: Two plan boilerplate – exhibit a, attachment 12, local health department coordination

    b. Subcontracts.
    Contractor shall negotiate in good faith and execute a Subcontract for public health services listed in A through D below with the local health department. The Subcontract shall specify: the scope and responsibilities of both parties in the provision of services to Members; billing and reimbursements; reporting responsibilities; and how services are to be coordinated between the local health department and the Contractor, including exchange of medical information, as necessary. The Subcontract shall meet the requirements contained in Exhibit A, Attachment 6, provision 12, regarding Subcontracts.

    c. Preventive care will be provided in accordance with the statutory, regulatory, and contractual requirements outlined in the following sources:

        i. California Code of Regulations (CCR) 17 §6800 et seq.
        ii. California Code of Regulations Title 22 §53851(b)(1)
        iii. Department of Healthcare Services (DHCS) Contract 03-76165 Attachment A – Exhibit 10 (3), (4), and (5)
        iv. Managed Care Policy Branch (MCPB) Letter 92-13: Initial Health

Appointments

v. MCPB Letter 92-16: Adult Preventive Health Screenings and Immunizations
vi. Medi-Cal Managed Care Division (MMCD) Policy Letter 96-12: Pediatric Preventive Services
vii. MMCD Policy Letter 96-13: Immunization Services in Medi-Cal Managed Care
viii. MMCD Policy Letter 99-07: Individual Health Education Behavioral Assessment
ix. MMCD All Plan Letter 07008: Topical Fluoride Varnish
x. MMCD Policy Letter 08-003: Initial Comprehensive Health Assessment
xi. MMCD Policy Letter 13-001: Staying Healthy Assessments/Individual Health Education Behavioral Assessment

III. DEFINITIONS

TERMS	DEFINITIONS
Adult	Individual 21 years of age and older[5].
Blood Lead Screening	"Screening" means testing an asymptomatic child for lead poisoning by analyzing the child's blood for concentration of Lead[3]
CHDP Program	Child Health and Disability Prevention Program. A preventive health program administered by Local Health Departments that provides periodic preventive health services to Medi-Cal children under the regulations of the Federal Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. [4] A portion of the visits provided in accordance with the AAP guidelines will also qualify as CHDP visits.
Child	Individual under 21 years of age. [5]
Initial Health Appointment	History and physical examination that is age and gender specific and includes the evaluation of immunization currency status, risk factors, socioeconomic environment, and health education needs.[6] This assessment must follow the USPSTF A and B recommendations for screening, testing, and counseling services for adults [7] and the AAP and CHDP guidelines for children.
Community Health Worker (CHW) Services	CHW services are preventive health services as defined in Title 42 Code of Federal Regulations (CFR) Section 440.130, (c), as preventive health services delivered by a CHW to prevent disease, disability, and other health conditions or their progression; to prolong life; and to promote physical and mental health

IV. PROCEDURES

A. GENERAL ACCESS TO PREVENTIVE CARE SERVICES

1. KHS will ensure timely provision of immunizations to members in accordance with the most recent schedule and recommendations published by ACIP, regardless of a member's age, sex, or medical condition, including pregnancy.

2. Primary Care Physician (PCPs) are required to ensure that all age and risk appropriate preventive services are provided to assigned members. As ACIP-recommended immunizations are viewed as preventive services, these services must not be subject to prior authorization. In instances where the Medi-Cal Provider Manual outlines immunization criteria that is less restrictive than ACIP criteria, KHS will provide the immunization in accordance with the less restrictive Medi-Cal Provider Manual criteria. Members may schedule an appointment for preventive care (including an IHA) by calling their PCP. When a request is made for CHDP services, an appointment should be offered for the member to be examined within10 days of the request.[8] If the member cannot be seen within the 10-day timeframe because the member refused offered appointments and another appointment date is chosen by the member, such refusal should be documented. If the member encounters difficulty in scheduling an appointment, he/she may call KHS Member Services staff at 1-800-391-2000 for assistance.

3. Providers must document attempts to provide required preventive services, member contacts or attempted member contacts, and any refusal of the services as outlined in Section 3.0 Documentation and its related subsections. Providers must document and appropriately follow-up on results of all required preventive services.

4. Title 16, California Code of Regulations (CCR), Section 1746.4(e) requires pharmacists to report the administration of any vaccine, within 14 days, to the appropriate immunization registry designated by the immunization branch of the State Department of Public Health. KHS will ensure that member-specific immunization information is periodically reported to an immunization registry(ies) established in the KHS service areas as part of the Statewide Immunization Information System. Reports must be made following a member's IHA and after all other health care visits that result in an immunization, in accordance with state and federal laws. DHCS strongly recommends that not only pharmacists, but all KHS network providers, report immunization information within 14 days of administering an immunization.

5. Initial Health Appointments - Access
   An IHA must be provided to each member within the following timeframes: [9]
   a. Members under the age of 18 months: Within 120[10] calendar days following the date of enrollment or within periodicity timelines established by the American Academy of Pediatrics (AAP) for ages two and younger whichever is less. [11]
   b. Members 18 months of age and older: Within 120 calendar days of enrollment.
   c. IHAs need not be performed if both of the following conditions are satisfied [12.]
      i. The member's medical record contains complete information, updated within the previous 12 months, consistent with the KHS assessment requirements for the member's age group and gender.

ii. Based upon review of the prior medical record, the provider reviews and signs off in the medical record that the patient is current.

6. As PCPs receive their assigned patient panels, the Providers' offices should contact members to schedule an IHA to be performed within the time limit. If the provider/staff is unable to contact the member, he/she should contact KHS Member Services for assistance. In these cases, Member Services initiates attempts to contact the member via telephone and/or letter and coordinates with the PCP's office in an effort to secure a timely appointment. Contact attempts and results are documented by both the PCP and Member Services staff. [13]

7. It is strongly encouraged that members between the ages of 12 and 17 he re-assessed on an annual basis. Members over the age of 18 should be re-assessed every 3 to 5 years and more frequently for young adults.[14] Determination of the need for reassessment should be performed at each visit by review of the currency of the member's medical records. If a required assessment is not appropriately documented in the patient's record, the PCP must provide the assessment during the current visit. If another PCP has conducted the assessment within the past 6 months, the provider may, with member consent, obtain the assessment records from the previous PCP.

8. Access to Follow-Up Services: All medically necessary diagnostic, treatment, and follow-up services which are necessary given the findings or risk factors identified in the IHA or during visits for routine, urgent, or emergent health care situations are initiated as soon as possible but no later than 60 calendar days following discovery of a problem requiring follow-up. [15]

B. COVERED AND REQUIRED SERVICES

1. Preventive

   a. Preventive care should be provided in accordance with the current Guide to Clinical Preventive Services Report (Report on the US Preventive Services Task Force)[16], AAP Recommendations for Preventive Pediatric Health Care [17], and/or CHDP Medical Guidelines as appropriate. The frequency of periodic health examinations will not be increased for reasons which are unrelated to the member's medical needs, including a member's desire for additional physical examinations; or reports or related services for the purpose of obtaining or maintaining employment, licenses, insurance, or a school sports clearance. [18]

   b. KHS will require their network providers to document each member's need for ACIP- recommended immunizations as part of all regular health visits, including, but not limited to the following types of encounters:
      i. Illness, care management, or follow-up appointments
      ii. Initial Health Appointments (IHAs)
      iii. Pharmacy services
      iv. Prenatal and postpartum care
      v. Pre-travel visits

vi. Sports, school, or work physicals
vii. Visits to an LHD
viii. Well patient checkups

Covered services include preventive health visits for children at times.
specified by the most recent AAP periodicity schedule. Where the AAP periodicity exam schedule is more frequent than the CHDP schedule, the AAP assessment must include all assessment components required by the CHDP for the lower age nearest to the current age of the child.[19]

c. At each non-emergency PCP encounter with members under the age of 21 years, the PCP must provide education to the member (if an emancipated minor) or the parent/guardian regarding:
   i. The importance of pediatric preventive services and the timely receipt of these services[20]
   ii. The availability of CHDP services if the member has not received the services in accordance with the CHDP periodicity schedule[21.]
   iii. Documentation must enter in the member's medical record indicating receipt of preventive services in accordance with AAP Bright Futures standards. Refusal of services must also be documented that receipt of services were advised to the member (if an emancipated minor), or to the parent(s) or guardian.

d. Initial Health Appointment (IHA) must be completed for all Members and periodically re-administered according to requirements in the DHCS Population Health Management (PHM) Policy Guide and MCP Contract requirements.

e. An IHA:
   i. Must be performed by a Provider within the primary care medical setting.
   ii. Is not necessary if the Member's Primary Care Physician (PCP) determines that the Member's medical record contains complete information that was updated within the previous 12 months.
   iii. Must be provided in a way that is culturally and linguistically appropriate for the Member.
   iv. Must be documented in the Member's medical record.

f. An IHA must include all of the following:
   i. A history of the Member's physical and mental health.
   ii. An identification of risks.
   iii. An assessment of need for preventive screens or services.
   iv. Health education; and
   v. The diagnosis and plan for treatment of any diseases.

g. Assessments must also include those preventive health screens/tests which in the best clinical judgment of the provider are consistent with the plan's protocols for medical care, a discussion of appropriate preventive measures, and arrangements for future follow-up appointments as indicated.[22]

h. For those members under the age of 21, the appropriate CHDP assessment must be performed during the IHA. The IHA must include, or arrange for provision of, all immunizations necessary to ensure that the child is up to date for age, and an age-appropriate health education behavioral assessment. [23]

i. The completed IHA or documentation of member/guardian refusal to complete the form must be included as part of the member's medical record and available during subsequent preventive health visits.[24]

j. Risk Reduction Plan: The PCP must review the completed form with the member and develop a risk reduction plan. This plan must include targeted health education interventions, risk factors addressed, intervention codes, date, and PCP signature or initials.[25] The PCP must review the assessment tool and risk reduction plan at least annually with members who present for a scheduled visit.

2. Immunizations

a. Providers are responsible for assuring that all members are fully immunized. Immunobiologics for Medi-Cal members are available and required for use by KHS Providers through the Vaccine for Children Program (VFC) and providers must participate in the VFC Program. KHS will inform providers of Vaccine for Children Program at orientations and as needed.

b. KHS requires their Network Providers to document each Member's need for ACIP recommended immunizations as part of all regular health visits, including, but not limited to the following types of Encounters:
   i. Illness, care management, or follow-up appointments
   ii. Initial Health Appointments (IHAs)
   iii. Pharmacy services
   iv. Prenatal and postpartum care
   v. Pre-travel visits
   vi. Sports, school, or work physicals
   vii. Visits to an LHD
   viii. Well patient checkups

c. Childhood immunizations shall be provided in accordance with the most recent childhood immunization schedule and recommendations published by ACIP for the Centers for Disease Control and Prevention (CDC). ACIP-recommended immunizations are included in the Immunizations and Vaccines for Children (VFC) sections of the Medi-Cal Provider Manual and are a covered medical benefit. Children should receive necessary immunizations at the time of any health care visit. If a child's immunizations cannot be given at the time of the visit, he/she must be instructed as to how to obtain necessary immunizations, or a scheduled and documented appointment must be made.

d. Adults should be immunized in accordance with the most current California Adult

Immunization recommendations. In addition, providers are responsible for the provision of age and risk appropriate immunizations in accordance with the findings of the IHA, other preventive screenings, and/or the presence of risk factors identified.

e. Prior to the administration of a vaccine set forth in the Vaccine Injury Table, (Attachment C) the provider must provide to the patient or legal representative of the patient a copy of the appropriate vaccine information materials published by the United States government, supplemented with visual presentations or oral explanations, in appropriate cases.[26] Camera ready copies of the Vaccine Information Statement materials are available on the Centers for Disease Control and Prevention's web-site at http://www.cdc.gov/nip/publications/vis.

f. PCPs are responsible for the tracking and documentation of immunizations for KHS plan members. The member's medical record should have a clearly designated area that identifies the member's immunization history and record. This should include documentation of the following:
   i. All attempts to provide immunizations.
   ii. Provision of instructions as to how to obtain necessary immunizations.
   iii. The receipt of vaccines or proof of prior immunizations. For immunizations given, documentation must include manufacturer's name, lot number, the date vaccine is given and administering provider (as verified by PM160 for children). (See Attachment B).
   iv. Proof of any voluntary refusal of vaccines in the form of a signed statement by the member or responsible party. If the member or responsible party refuses to sign this statement, the refusal must be noted in the medical record.
   v. Immunization record
   vi. Date the Vaccine Information Statement (VIS) is provided to the member and its publication date. [27]

3. Pharmacists Administered Immunizations

a. Vaccines are available to Medi-Cal members younger than 19 years of age free of charge through the VFC program. Medi-Cal pharmacy providers who are enrolled as VFC providers may administer VFC-funded vaccines to VFC-eligible Medi-Cal members. The vaccines must be administered in accordance with ACIP.

b. Business and Professions Code (B&P) section 4052(a)(11) authorizes pharmacists to administer immunizations pursuant to a protocol with a prescriber. A pharmacist may also independently initiate and administer vaccines authorized by the U.S. Food and Drug Administration and listed on the routine immunization schedules recommended by ACIP for persons three years of age and older if the pharmacist meets certain requirements, such as training, basic life support certification, continuing education, and recordkeeping requirements.
   i. To meet Medi-Cal requirements for training, the training shall be conducted in the outpatient pharmacy setting by a pharmacist who is

trained and is providing the service in accordance with the Board of Pharmacy protocols.

c. Pharmacist services are added to the Medi-Cal schedule of benefits together with authorization for reimbursement for these services, which includes initiating and administering immunizations.

d. Pharmacist services may be billed to KHS on a medical claim for KHS Members.

e. Under Medi-Cal Rx using National Council for Prescription Drug Programs standards. Starting August 1, 2024, retroactive to January 1, 2023, pharmacies also have the option of submitting a medical claim to the Member's MCP for the Vaccine Administration Fee in lieu of submitting a pharmacy claim to Medi-Cal Rx for this fee. However, the initiation fee (consultation and assessment of need for vaccination) billed under pharmacist services11 as a medical benefit will be billed to MCPs for MCP Members

4. Immunization Record Recording and Reporting

a. Health and Safety Code (H&S) section 120440 requires that all California health care providers submit patient vaccination records to local health departments operating countywide or regional immunization information and reminder systems and the State Department of Public Health, as soon as possible.

b. 16 CCR section 1746.4 (e) requires pharmacists to report the administration of any vaccine, within 14 days, to the appropriate immunization registry designated by the immunization branch of the California Department of Public Health which is represented by the California Immunization Registry (CAIR).

c. Effective January 1, 2023, Assembly Bill 1797 amended H&S section 120440 to require all California healthcare providers who administer vaccines to enter immunization information for each patient in the immunization registry and allows the information to be used to support assessment of health disparities in immunization coverage.

d. DHCS-MCP Contracts require that MCPs ensure that Member-specific immunization information is reported to an immunization registry(ies) established in the MCPs' service areas as part of the Statewide Immunization Information System.
   i. Reports must be made within 14 calendar days, and in accordance with state and federal laws.
   ii. Although Providers are obligated under the state law to report the immunization data to the registry, since MCPs have oversight of their contracting Providers, it is the responsibility of the MCPs to ensure compliance.
   iii. MCPs are not responsible for oversight of Providers who are not in their Network.

5. Blood Lead Screening [28]

    a. Providers must make reasonable attempts to ensure blood lead screening is provided at ages one and two in accordance with CCR Title 17 Section 37000. If blood lead screening is refused by the member, proof of voluntary refusal of the test in the form of a signed statement by the member (if an emancipated minor) or the parent or guardian must be documented in the medical record. If the responsible party refuses to sign this statement, the refusal must be noted in the medical record.

6. Chlamydia Screening [29]

    a. Providers must screen all females through 25 years of age, who have been determined to be sexually active, for Chlamydia. Providers must make reasonable attempts to contact the appropriately identified members and provide screening for Chlamydia.[30] If Chlamydia screening is refused by the member, proof of voluntary refusal of the test in the form of a signed statement by the member (if an emancipated minor) or the parent or guardian must be documented in the medical record. If the responsible party refuses to sign this statement, the refusal must be noted in the medical record.

7. Clarification Regarding Mandated Benefits

    a. The Federal and/or California State legislatures occasionally pass laws requiring health plans to cover specific medical services/treatments. Additional information is listed below regarding specific mandated benefits that qualify as preventive care.

8. Cancer Screening

    a. KHS covers all generally medically accepted cancer screening tests that are requested and provided by a contracted provider or otherwise authorized provider.[31] Covered tests include but are not limited to the following:
        i. Any cervical cancer screening tests approved by the Federal Food and Drug Administration.[32]
        ii. Mammography or Digital Mammography (recommended every 2 years over the age of 40 and annually from ages 50 to 75).

9. Human Papillomavirus (HPV)

    a. KHS covers Gardasil for the prevention of cervical cancers. Effective on and after January 1, 2007, KHS will reimburse providers for this medically necessary preventive vaccine [33.]
        i. KHS recommends the HPV for routine immunizations for females 11 to 26 years of age and may be given as early as 9 years of age.

10. Topical Fluoride Varnish[34]

a. Effective for dates of service on or after June 1, 2006, Healthcare Common Procedure Coding System (HCPCS) code D1203 (topical application of fluoride [prophylaxis not included], child) is a Medi-Cal benefit for children younger than 6 years of age, up to three times in a 12-month period. Physicians, nurses, and medical personnel are legally permitted to apply fluoride varnish when the attending physician delegates the procedure and establishes protocol.

11. Preventive Care Guide

a. KHS provides the Preventive Care Guide to Medi-Cal members as an educational tool in mailings. (See Attachment A).

12. Community Health Workers

a. CHW services are preventive health services as defined in Title 42 Code of Federal Regulations (CFR) Section 440.130, (c), as preventive health services delivered by a CHW to prevent disease, disability, and other health conditions or their progression; to prolong life; and to promote physical and mental health.

b. CHW services are considered medically necessary for members with one or more chronic health conditions, who are at risk for a chronic health condition or environmental health exposure who face barriers in meeting their health or health related social needs and/or who would benefit from preventive services.

c. Services provided by CHWs may include:
    i. Health Education: Promoting a Member's health or addressing barriers to physical and mental health care, such as through providing information or instruction on health topics. Health Education content must be consistent with established or recognized health care standards and may include coaching and goal setting to improve a Member's health or ability to self-manage their health conditions.
    ii. Health Navigation: Providing information, training, referrals, or support to assist Members to access health care, understand the health care delivery system, or engage in their own care.
    iii. Screening and Assessment: Providing screening and assessment services that do not require a license and assisting a Member with connecting to appropriate services to improve their health.
    iv. Individual Support or Advocacy: Assisting a Member in preventing the onset or exacerbation of a health this may include peer support as well if not duplicative of other covered benefits.
d. For more information regarding Community Health Workers please refer to Policy & Procedures (P&P) 11.29 Titled "Community Health Workers."

C. GENERAL DOCUMENTATION

1. All children's preventive services must be documented on a PM-160 Form.[35] For all eligible children, the medical record must contain the following information regarding CHDP services:

    a. Screening services provided and the associated results.
    b. Diagnosis and treatment services and results, including referral information if appropriate.
    c. Outreach and follow-up activities provided to ensure that members receive needed services.

    All preventive care shall be documentation in accordance with Medi-Cal Provider Manual Part 2 Standards as referenced under POLICY.

    CHW Preventive Service documentation requirements and benefit standards may be found DHCS Medi-Cal Provider Manual Part 2 Community Health Worker Preventive Services

2. Encounter reporting

    a. Notification of acceptance/denial of program by parent/guardian. Denial requires a statement signed by the parent/guardian. Refusal to sign statement must be noted in the medical record.[36]

    Additional documentation requirements for a specific preventive service may be outlined in the relevant subsection of Section 2.0 – Covered and Required Services.

3. Reimbursement

    a. Reimbursement for preventive care including Initial Health Assessment (IHA) is reimbursed at contracted rates. For the new Seniors and Persons with Disabilities (SPD) members enrolled from June 1, 2011 – May 31, 2012, additional reimbursement will be made for completing the IHA. A list of the new SPD members will be included with the new member lists that all PCP's receive at the beginning of each month. An additional $50 per completed IHA for SPD members will be paid on a quarterly basis. The payment amount will be determined based on paid claims during the quarter that meet the criteria for IHA.

    b. Initial Health Appointments
    The following table includes the procedure codes that should be used to document an IHA.

Exam	CPT Code
New patient	99381-99387 (Initial Preventive Medicine - age specific)

Established patient	99391-99397 (Periodic Preventive Medicine - age specific)

c. The following table includes the diagnosis codes that may be used to document an IHA.

Description
Health supervision of infant or child
Other healthy infant or child receiving care
Routine infant or child health check
Routine general medical examination at a health care facility
Health examination of defined subpopulations
Health examination in population surveys
Examination for normal comparison or control in clinical research
Other specified general medical examinations
Unspecified general medical examination

d. CHDP Visits, Tests, and Immunizations

i. The diagnosis code for all CHDP exams should be –listed as a Routine Child Health Exam. If the child is also seen for a specific condition, the specific diagnosis should also be listed on the claim. The following table includes the procedure codes that should be used to document a CHDP office visit.

Visit	CPT Code
New patient	99381-99385 (Initial Preventive Medicine - age specific)
Established patient	99391-99395 (Periodic Preventive Medicine - age specific)

e. The following table includes the procedure codes that should be used to document CHDP tests. Modifiers "ZS", "TC", or "26" must be included with lab tests.

Test	CPT Code
Chlamydia (also used for IHA or annual exam)	87110, 87270, 87320, 87491, 87492, 87810
GC Culture	87076
Hemoglobin, Hematocrit	85018, 85013
Hemogram	85025
Ova and parasites	87177
Pure Tone Audiometry	92552
Pure Tone Hearing Test	92551
Snellen Eye Test or equivalent visual acuity test	92081
TB test	86580
Urinalysis	81002, 81003
Urine dipstick	81000
VDRL, RPR, or ART	86592

f. Procedure codes that should be used to document immunizations are outlined in Immunization Service Codes. (See Attachment D). Immunobiologics for Medi-Cal members are available through the Vaccines for Children Program.[37] KHS only reimburses providers for administration of those vaccines available through the program.

4. Provider Requirements

a. IHAs may only be performed by PCPs or mid-level providers that are qualified to perform patient history and physicals.

5. Provider Resources

USPSTF Guide to Clinical Preventive Services	Available on the internet. www.uspreventiveservicestaskforce.org/

6. Monitoring And Delegation Oversight

a. KHS is responsible for ensuring that their delegates entities and subcontractors comply with all applicable state and federal law and regulations, as well as other contract requirements and DHCS guidance, including applicable All Plan Letter (APLs) and Duals Plan Letters. These requirements must be communicated timely by KHS to all delegated entities and subcontractors to ensure timely compliance.

V. ATTACHMENTS

Attachment A: Preventive Care Guide
Attachment B: Immunization Record (PM298)
Attachment C: Vaccine Injury Table (Updated 2022-01)
Attachment D: Immunization Service Codes

VI. REFERENCES

Reference Type	Specific Reference
Regulatory	Title 16 CCR, Section 1746.4 (e)
Other	[1] A and B Recommendations | United States Preventive Services Taskforce
DHCS Contract (Specify Section)	[2]DHS Contract 03-76165 Exhibit A-10 (5)(B)(1)
DHCS Contract (Specify Section)	DHS Contract §6.7.6.7. This language is not included in DHS Contract 03-76165.
Regulatory	[3] Title 17 CCR Section 37025

Regulatory	[4]MMCD Policy Letter 96-12, page 1
Regulatory	[5]MMCD Policy Letter 96-12, page 1. According to AAP guidelines, adults are ages 22 and older. Policy written to comply with MMCD definition.
Regulatory	[6]MCPB Letter 92-13, page 1
Regulatory	[7]Reference to "A" and "B" recommendations added per Workplan Comments 10A (11/13/08).
DHCS Contract (Specify Section)	[8]DHS Contract 03-76165 Exhibit A-10 (4)(B)(3)
DHCS Contract (Specify Section)	[9]DHS Contract 03-76165 Exhibit A-10 (4)(A) and (5)(A)
DHCS Contract (Specify Section)	[10]DHCS Contract Amendment A17. Scope of Work, Attachment 10, 5 A (1)
Regulatory	[11]In Revision 2008-08, the timeframe was changed from 60 days to 120 days based upon MMCD Policy Letter 08-003. However, per Workplan Comments 10A (11/13/08), the Plan was instructed to change the timeframe back to 60 days. In Sep08, MMU was instructed that Plan contract timeframes take precedence over the MMCD Letter
Regulatory	[12]CCR Title 22 Section 53851(b)(1)
DHCS Contract (Specify Section)	[13]DHS Contract 03-76165 Exhibit A-10 (3)(D)
Regulatory	[14]MMCD Policy Letter 99-07, page 3, page 5
DHCS Contract (Specify Section)	[15]DHS Contract 03-76165 Exhibit A-10 (4) and (5)(B)(2)
DHCS Contract (Specify Section)	[16]DHS Contract 03-76165 Exhibit A-10 (5)(B)(1)
Regulatory	[17]MMCD Policy Letter 96-12, page 2
Regulatory	[18]Language taken from HFAM 2006 – 2007 handbook.
DHCS Contract (Specify Section)	[19]DHS Contract 03-76165 Exhibit A-10 (4)(B)(1) and (2)
Regulatory	[20]MMCD Policy Letter 96-12, page 4
DHCS Contract (Specify Section)	[21]DHS Contract 03-76165 Exhibit A-10 (4)(B)(4)
Regulatory	[22]MCPB Letter 92-13, page 1
DHCS Contract (Specify Section)	[23, 29, 30]DHS Contract 03-76165 Exhibit A-10 (4)(3)
DHCS Contract (Specify Section)	[24]DHS Contract 03-76165 Exhibit A-10 (3)(C); MMCD Policy Letter 99-07, page 3
Regulatory	[25]MMCD Policy Letter 99-07, page 3
Regulatory	[26]USC Title 42 §300aa-26(d)

Regulatory	[27]Required per Facility Site Review Tool and MMCD Policy Letter 02-02.
DHCS Contract (Specify Section)	[28]DHS Contract 03-76165 Exhibit A-10 (4)(D)
Other	[31]Effective July 1, 2000
Regulatory	[32]HSC Section 1367.66; SB1219 Romero 2001; Effective 01/01/02
Regulatory	[33]MMCD Policy Letter 07015, October 18, 2007
Regulatory	[34]Added per Workplan Comments 10A (11/13/08)
DHCS Contract (Specify Section)	[35]DHS Contract 03-76165 Exhibit A-10 (4)(B)(5)
DHCS Contract (Specify Section)	[36]DHS Contract 03-76165 Exhibit A-10 (4)(B)(4)
Regulatory	[37]MMCD Policy Letter 96-13, page 5. Vaccines for Children program can be reached at (510) 843-0242 or (510) 540-2065. The address is as follows: 1918 University Avenue, Suite 2C, Berkeley, CA 94704.
All Plan Letter(s) (APL)	ALL PLAN LETTER 24-008 SUPERSEDES ALL PLAN LETTERS 18-004 AND 16-009-Immunization Requirements
Regulatory	Business and Professions Code (B&P) section 4052(a)(11)
Regulatory	14132.968 Welfare and Institutions Code (W&I)
Regulatory	Health and Safety Code (H&S) section 12044014
All Plan Letter(s) (APL)	DHCS APL-24-006 Community Health Worker Services Benefit; dated May 13, 2024-supercedes APL-22-016.
Regulatory	Medi-Cal Community Supports, or In Lieu of Services (ILOS), Policy Guide July 2023
Regulatory	DHCS Medi-Cal Provider Manual Part 2 Community Health Worker Preventive Services

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revised	10-2024	Updated for DHCS APL 24-008, DHCS approved on 10/24/2024.	UM
Revised	07-2024	Removed requirement for Staying Healthy Assessments	UM
Revised	03-2023	Updated per 2024 DHCS contract, Specific Requirements for Provision and Access to services. Policy was submitted to DHCS for APL 23-014 on 9/7/2023, the plan obtained approval from DHCS On 11/7/2023.	UM
Revised	02-2023	MM ADDENDUM G: Two Plan Boilerplate – Exhibit A, Attachment 12, Local Health Department Coordination	UM

		MMCD Boilerplate Contracts (ca.gov).	
Revised	12-2022	Updated per 2024 DHCS contract (R.0058). Exhibit A Attachment III Section 5.2.8 Specific Requirements for Access to Programs and Covered Services.	UM
Revised	10-2022	Updated per 2024 DHCS contract. Exhibit A Attachment III Section 5.3.4 Services for Members less than 21 years of age.	UM
Revised	03-2018	Policy updated to comply with APL 18-004 by Administrative Director of Health Services. [1]	Administrative Director of Health Services
Revised	06-2015	Policy updated for ICD 10 readiness by the Administrative Director of Health Services. ICD 9 Codes removed.	Administrative Director of Health Services
Revised	06-2014	Policy approved by DHCS Health Education specialist May 2014. Revised by Health Education and Disease Management Manager to comply with Policy Letter 13.001 and DHCS MMCD SHA/IHEBA Review Checklist dated February 6, 2014.	Health Education and Disease Management Manager
Revised	06-2011	New language stating that from June 1, 2011 – May 31, 2012, additional reimbursement will be made for completing the IHA for new Seniors and Persons with Disabilities (SPD) members.	-
Revised	02-2009	DHCS Work Plan Deliverable 10A comments dated March 26, 2009.	-
Revised	02-2009	DHS Work Plan Deliverable 10A Comments (11/13/08).	-
Revised	08-2008	DHCS Work plan Deliverable 10.A dated 03/04/08. Added HPV recommendation and Digital Mammogram.	-
Revised	01-2006	Revised per DHS Workplan Comments 10c dated 10/12/05. Revised per DHS Workplan Comments 10b dated 11/17/05.	-
Revised	10-2005	Routine review. Policy reviewed against DHS Contract 03-76165 (Effective 5/1/2004).	-
Effective	06-2003	Per DHS comment letter 03/04/03.	-

VIII. APPROVALS

Committees | Board (if applicable)	**Date Reviewed**	**Date Approved**
Choose an item.		
Choose an item.		

Regulatory Agencies (if applicable)	**Date Reviewed**	**Date Approved**
Department of Health Care Services (DHCS)	6/4/2025 D.0330.66 (R.0058) - ID 23732	
Department of Health Care Services (DHCS)	APL 24-008 on 9-19-2024	10-24-2024
Department of Health Care Services (DHCS)	For APL 23-014 on 9-7-2023	11-7-2023
Choose an item.		

Chief Executive Leadership Approval *		
Title	**Signature**	**Date Approved**
Chief Executive Officer		
Chief Medical Officer		
Chief Financial Officer		
Chief Operating Officer		
*Signatures are kept on file for reference but will not be on the published copy		

KERN HEALTH SYSTEMS

Policy and Procedure Review

KHS Policy & Procedure: 3.05-P Preventive Medical Care

Last approved version: 04-18-2019

Reason for revision: The policy was updated to comply with DHCS APL 24-008, it received approval on 10/24/2024.

Director Approval		
Title	**Signature**	**Date Approved**
Christine Pence Senior Director of Health Services		
Maninder Khalsa Medical Director Utilization Management		
Amanda Gonzalez Director of Utilization Management		
Amisha Pannu Senior Director of Provider Network		
Nate Scott Senior Director of Member Services		

Date posted to public drive: _____

Date posted to website ("P" policies only): _____

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(661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield) • kernfamilyhealthcare.com

Preventive Care Guide

Take care of your health!

Kern Family Health Care wants you to get good health care. These preventive care guidelines help you stay healthy by preventing diseases or by finding them early on. Preventive care services are exams, screenings and immunizations that should be done on a regular basis.

These guidelines give preventive services by age groups. Use this guide to help you know what services should be done and when. Each age group lists the services recommended for that age such as; the Staying Healthy Assessment, Physical Exams, Dental Exams, Self Exams, Clinical Screenings and Immunizations[1]. Not all services are needed by everyone. Your doctor will help you know what services are right for you or your child. Your doctor can also help explain the services listed in these guidelines.

If you need more information, you can call your doctor. You can also call our 24-hour Advice Nurse Line toll free at: (661) 632-1590 (Bakersfield) or 1-800-391-2000 (outside of Bakersfield).

[1] The immunization schedule listed may have changed since this was printed. Please ask your doctor which immunizations are right for you or your child.

Si necesita esta información en Español, por favor llámenos.

Birth to 2 years...

KFHC recommends...	How often should this be done?
Staying Healthy Assessment	*Complete one form for your child between 0 to 3 years of age.*
Physical Exams	*Your baby should have a physical exam:* • Once as a newborn. • Once at 2-4 days of age. • Ten visits between 1 to 30 months of age. • Once a year after their second birthday.
Height, length, weight, BMI and head circumference.....	This should be done at every doctors visit.
Clinical Screenings	
Hemoglobin & Hematocrit.....	This should be done once at 9 to 12 months of age.
Lead Test.....	This should be done • Once at 10-12 months of age. • Once at 24 months of age.
TB Skin Test (PPD).....	Children at high-risk are usually tested at 12 months of age. Ask your doctor if your child should be tested.
Autism.....	This should be done once at 18 months and once at 24 months.
Cholesterol Screening.....	Children at high-risk are usually tested at 24 months of age. Ask your doctor if your child should be tested.
Immunizations	
Hepatitis B.....	Three doses should be given to your baby. Infants may get their 1st dose soon after birth in the hospital. The 2nd dose at 2 months and 3rd dose at 6 to 18 months.
DTaP.....	Four doses should be given to your baby. The 1st dose at 2 months, 2nd dose at 4 months, 3rd dose at 6 months and 4th dose between 15 to 18 months.
Hib.....	Four doses should be given to your baby. The 1st dose at 2 months, 2nd dose at 4 months, 3rd dose at 6 months and 4th dose between 12 to 15 months.
Polio.....	Three doses should be given to your baby. The 1st dose at 2 months, 2nd dose at 4 months and 3rd dose between 6 to 18 months.
MMR.....	Your baby should get their 1st dose between 12 to 15 months.
Varicella (chickenpox).....	Your baby should be immunized once between 12 to 15 months.
Pneumococcal (PCV).....	Four doses should be given to your baby. The 1st dose at 2 months, 2nd dose at 4 months, 3rd dose at 6 months and 4th dose between 12 to 15 months.
PPSV.....	One dose is advised in addition to PCV for high-risk groups. The vaccine can be given starting at 24 months of age. Ask your doctor if your child needs this vaccine.
Hepatitis A.....	Two doses should be given to your child. The 1st dose at 1 year of age (12 to 23 months). The 2nd dose should be given 6 months apart.
Flu.....	One dose every fall for babies 6 to 23 months of age. Ask your doctor if your child needs this vaccine.
Rotavirus.....	Two or three doses should be given to your baby. The 1st dose at 2 months and a 2nd dose at 4 months. Some babies may need a 3rd dose at 6 months.
Meningococcal.....	One dose may be given at 2 years of age if your child is at high-risk. Ask your doctor if your child needs this vaccine.

DTaP = diphtheria, tetanus, pertussis (whooping cough) • Hib = haemophilus influenzae type b conjugate • MMR = measles, mumps, rubella
PCV = pneumococcal conjugate vaccine • PPSV = Pneumococcal polysaccharide vaccine

3 to 6 years...

KFHC recommends...	How often should this be done?
Staying Healthy Assessment	*Complete one form for your child between 4 to 8 years of age.*
Physical Exam	*Your child should have one physical exam every year.*
Height, weight, BMI.....	This should be done at every doctors visit.
Dental Exam	*First dental exam due by age 3. One visit every year after.*
Clinical Screenings	
Blood Pressure.....	At every doctor's visit.
Urine Test.....	At age 5 or annually if child is high-risk.
Vision Test.....	At every physical exam.
Hearing Test.....	At every physical exam.
Lead Test.....	Once between ages 3 to 6 if no test was done during first 24 months of age.
TB Skin Test (PPD).....	Once between the ages of 4 to 5.
Cholesterol Screening.....	At every physical exam if child is high-risk due to obesity, diabetes or positive family history.
Hemoglobin & Hematocrit.....	At every physical exam if child is high-risk due to obesity, diabetes or positive family history.
Immunizations	
Hepatitis B.....	Your child may begin a 3 dose series if it was missed.
DTaP.....	Your child should have their 5th dose between the ages of 4 to 6.
Polio.....	Your child should have their 4th dose between the ages of 4 to 6.
MMR.....	Your child should have their 2nd dose between the ages of 4 to 6.
Varicella (chickenpox).....	Your child should have their 2nd dose between the ages of 4 to 6.
Pneumococcal (PCV).....	May be given to children between 24-59 months of age if needed. Ask your doctor if your child needs this vaccine.
PPSV.....	May be given in addition to PCV for some high-risk groups. Ask your doctor if your child needs this vaccine.
Hepatitis A.....	Your child may begin a 2 dose series if not already given. The doses must be 6 months apart.
Flu.....	This vaccine may be given yearly up to age 5 or for high-risk groups. Ask your doctor if your child needs this vaccine.

DTaP = diphtheria, tetanus, pertussis (whooping cough) • MMR = measles, mumps, rubella
PCV = pneumococcal conjugate vaccine • PPSV = Pneumococcal polysaccharide vaccine

7 to 11 years...

(661) 632-1590 (Bakersfield) or
1-800-391-2000 (outside of Bakersfield)
9700 STOCKDALE HIGHWAY
BAKERSFIELD, CA 93311

KFHC recommends...	How often should this be done?
Staying Healthy Assessment	*Complete one form for your child between 9 to 11 years of age.*
Physical Exam	*Your child should have one physical exam every year.*
Height, weight, BMI	This should be done at every doctors visit.
Dental Exam	*Your child should have one visit every year.*
Clinical Screenings	
Blood Pressure	At every doctor's visit.
Cholesterol Screening	Every visit if child is high-risk due to obesity, diabetes or positive family history.
Urine Test	At every physical exam.
Vision Test	At every physical exam.
Hearing Test	At every physical exam.
Hemoglobin and Hematocrit	At every physical exam.
TB Skin Test (PPD)	Children at high risk should be routinely tested. Ask your doctor if your child should be tested.
Immunizations	
Hepatitis B	Your child may begin 3 dose series if it was missed.
Tdap	Your child should get one dose of this vaccine five years after the last DTaP. Dose may be given as early as 11 years of age.
MMR	Your child may begin 2 dose series if it was missed.
Varicella (chickenpox)	Your child may be given this vaccine if it was missed and if they have not had chickenpox. Ask your doctor if your child needs this vaccine.
Pneumococcal (PPSV)	This vaccine is recommended for some high risk-groups. Ask your doctor if your child needs this vaccine.
Hepatitis A	Your child may begin a 2 dose series if not already given. The doses must be six months apart.
Flu	This vaccine may be given yearly if your child is at high-risk. Ask your doctor if your child needs this vaccine.
HPV (females only)	Your child may begin a 3 dose series at the age of 11. The 2nd dose should be given 2 months after the 1st dose. The 3rd dose should be given 6 months after the 1st dose. Ask your doctor if your child needs this vaccine at the age of 9.
Meningococcal	Your child may receive 1 dose of this vaccine at age 11.

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Tdap = tetanus, diphtheria, pertussis (whooping cough) • MMR = measles, mumps, rubella • PPSV = Pneumococcal polysaccharide vaccine
HPV = human papillomavirus

12 to 20 years...

KFHC recommends...	How often should this be done?
Staying Healthy Assessment	*Complete one form every year between the ages 12 to 17. Complete one form every five years after the age of 18.*
Physical Exam	*Once a year.*
Height, weight, BMI	This should be done at every doctors visit.
Dental Exam	*Once a year.*
Clinical Screenings	
Blood Pressure	Every doctor's visit.
Cholesterol Screening	Every visit if you are at high-risk due to obesity, diabetes or positive family history.
Urine Test	At every physical exam.
Vision Test	Every 1 to 3 years.
Hearing Test	Every 1 to 3 years.
Hemoglobin and Hematocrit	Only for those individuals identified as high-risk. Check with your doctor if needed.
TB Skin Test (PPD)	Only for those individuals identified as high-risk. Check with your doctor if needed.
Women	
Pelvic Exam & Pap Smear	Check with your doctor if needed.
Chlamydia Screening	Every year if sexually active.
Men	
Clinical Testicular Exam	This will be done every year if indicated by health history or physical exam.
Immunizations	
Hepatitis B	You may be given a 3 dose series if it was not given to you before.
Tdap/Td	You will need 1 Tdap booster shot if it was not given at age 11 or 12 years. Routine Td booster shots are recommended every 10 years.
MMR	You may be given a 2 dose series if it was not given to you before.
Varicella (chickenpox)	May be given if missed, and if you have not had chickenpox. Two doses should be given four weeks apart if you are at risk. Ask your doctor if needed.
Pneumococcal (PPSV)	This vaccine is recommended for some high-risk groups. Ask your doctor if needed.
Hepatitis A	You may be given a 2 dose series if it was not given to you before. The doses must be six months apart.
Flu	This vaccine may be given yearly if you are at risk. Ask your doctor if needed.
HPV (females only)	You may be given a 3 dose series at the age of 12 if it was not given to you before. The 2nd dose should be given 2 months after the 1st dose. The 3rd dose should be given 6 months after the 1st dose.
Meningococcal	You may receive 1 dose of this vaccine if it was not given at age 11.

Td = tetanus, diphtheria • Tdap = tetanus, diphtheria, pertussis (whooping cough) • MMR = measles, mumps, rubella
PPSV = Pneumococcal polysaccharide vaccine • HPV = human papillomavirus

21 to 39 years...

KFHC recommends...	How often should this be done?
Staying Healthy Assessment	*Complete one form every 5 years.*
Physical Exam	*Every 1 to 3 years.*
Height, weight, BMI	This should be done at every doctors visit.
Dental Exam	*Once a year.*
Self-Exams	
Women Breast Self Exam	Every month.
Men Testicular Self Exam	Every month.
Clinical Screenings	
Blood Pressure	Every doctor's visit.
Cholesterol Screening	Every year for those individuals identified as being high-risk. Men: once at 35 years of age.
Urine Test	Every 1 to 3 years.
Hemoglobin and Hematocrit	Only for those individuals identified as high-risk. Check with your doctor if needed.
Hearing Test	Every 1 to 3 years.
Vision Test	Every 1 to 3 years.
TB Skin Test (PPD)	Only for those individuals identified as high-risk. Check with your doctor if needed.
Women	
Pelvic Exam & Pap Smear	Every 2 to 3 years unless identified as high risk. Check with your doctor when needed.
Chlamydia Screenings	Every year if sexually active until age 25. Every year for those individuals Identified as high risk. Check with your doctor if needed.
Men	
Clinical Testicular Exam	This will be done every year if indicated by health history or physical exam.
Immunizations	*Adult immunizations to be given if routine immunizations are not up to date.*
Tdap/Td	You may need 1 Tdap booster shot. Routine Td booster shots are recommended every 10 years.
Flu	This vaccine may be given yearly if you are at risk. Ask your doctor if needed.
Pneumococcal	You may be given 1 dose if you are at high-risk. Ask your doctor if needed.
Hepatitis B	You may be given 3 doses if you are at high-risk. It is also recommended for travelers. Ask your doctor if needed.
MMR	May be given if missed during childhood. One dose may be given if you have not had measles, mumps or rubella. Two doses should be given if you are at risk due to your job. Ask your doctor if needed.
Varicella (Chickenpox)	May be given if missed, and if you have not had chickenpox. Two doses should be given four weeks apart if you are at risk. Ask your doctor if needed.
Meningococcal	You may be given 1 dose if you are at high risk. Ask your doctor if needed.

Td = tetanus, diphtheria • Tdap = tetanus, diphtheria, pertussis (whooping cough) • MMR = measles, mumps, rubella

40 to 64 years...

KFHC recommends...	How often should this be done?
Staying Healthy Assessment	*Complete one form every 5 years.*
Physical Exam	*One visit every 1 to 2 years.*
Height, weight, BMI	This should be done at every doctors visit.
Dental Exam	*Once a year.*
Self-Exams	
Women Breast Self Exam	Every month.
Men Testicular Self Exam	Every month.
Clinical Screenings	
Complete Skin Exam	At every physical exam.
Rectal Exam with Stool for Occult Blood	Every 3 to 5 years.
Sigmoidoscopy	Every 3 to 5 years for persons age 50 and over.
Blood Pressure	Every doctor's visit.
Cholesterol Screening	Every year for those individuals identified as being high-risk. Women: once at 45 years of age.
Urine Test	Every 2 years.
Hemoglobin and Hematocrit	Every 2 years.
Glucose Screening	Every 3 years beginning age 45.
Hearing Test	Every 1 to 3 years.
Vision Test	Every 1 to 3 years.
TB Skin Test (PPD)	Only for those individuals identified as high-risk. Check with your doctor if needed.
Women	
Pelvic Exam & Pap Smear	Every 3 years unless identified as high risk. Check with your doctor when needed.
Clinical Breast Exam	Every year.
Mammogram	Every 2 years at ages 40-49. Every year for individuals identified as high-risk and at ages 50 and older.
Osteoporosis Risk Assessment	Once every 2 years as part of physical exam.
Men	
Clinical Testicular Exam	Every year.
Prostate-Specific Antigen (PSA)	After age 50 as recommended by doctor.
Immunizations	*Adult immunizations to be given if routine immunizations are not up to date.*
Tdap/Td	You may need 1 Tdap booster shot. Routine Td booster shots are recommended every 10 years.
Flu	Everyone age 50 and older should have 1 dose yearly.
Pneumococcal	You may be given 1 dose if you are at high-risk. Ask your doctor if needed.
Hepatitis B	You may be given 3 doses if you are at high-risk. It is also recommended for travelers. Ask your doctor if needed.
Varicella (chickenpox)	May be given if missed, and if you have not had chickenpox. Two doses should be given four weeks apart if you are at risk. Ask your doctor if needed.
Meningococcal	You may be given 1 dose if you are at high-risk. Ask your doctor if needed.
Zoster	You may be given 1 dose if you are at high-risk. Ask your doctor if needed.

Td = tetanus, diphtheria • Tdap = tetanus, diphtheria, pertussis (whooping cough)

over 64 years...

KFHC recommends...	How often should this be done?
Staying Healthy Assessment	*Complete one form every 5 years.*
Physical Exam	*One visit every 1 to 2 years.*
Height, weight, BMI	This should be done at every doctors visit.
Dental Exam	*Once a year.*
Self-Exams	
Women Breast Self Exam	Every month.
Men Testicular Self Exam	Every month.
Clinical Screenings	
Complete Skin Exam	At every physical exam.
Rectal Exam with Stool for Occult Blood	Every year.
Sigmoidoscopy	Every 3 to 5 years.
Blood Pressure	At least every 2 years.
Cholesterol Screening	Every 1 to 5 years.
Urine Test	Every 1 to 3 years.
Hemoglobin & Hematocrit	Every 2 years.
Glucose Screening	Every 3 years beginning age 45.
Hearing Test	Every 1 to 3 years.
Vision/Glaucoma Screening	Every 2 to 3 years.
TB Skin Test (PPD)	Only for those individuals identified as high-risk. Check with your doctor if needed.
Women	
Pelvic Exam & Pap Smear	Every 3 years unless identified as high risk. Check with your doctor when needed.
Clinical Breast Exam	Every year.
Mammogram	Every year.
Osteoporosis Risk Assessment	Once every 2 years as part of physical exam.
Men	
Clinical Testicular Exam	Every year.
Prostate-Specific Antigen (PSA)	As recommended by doctor.
Immunizations	*Adult immunizations to be given if routine immunizations are not up to date.*
Td	You will need 1 booster shot every 10 years.
Flu	You should have 1 dose every year.
Pneumococcal	You should have 1 dose after age 65.
Hepatitis B	You may be given 3 doses if you are at high-risk. It is also recommended for travelers. Ask your doctor if needed.
Varicella (chickenpox)	May be given if missed, and if you have not had chickenpox. Two doses should be given four weeks apart if you are at risk. Ask your doctor if needed.
Meningococcal	You may be given 1 dose if you are at high-risk. Ask your doctor if needed.
Zoster	You may be given 1 dose if you are at high-risk. Ask your doctor if needed.

Td = tetanus, diphtheria

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Guía Preventiva de Salud

¡Cuide su salud!

Kern Family Health Care quiere que usted tenga el mejor cuidado de salud. Esta guía preventiva le ayudara a mantenerse saludable mediante la prevención de enfermedades o su descubrimiento en una etapa temprana. Los servicios de cuidados preventivos son exámenes médicos, análisis y vacunas que se deben realizar de manera regular.

Esta guía describe servicios preventivos por grupo de edad. Use esta guía para que le ayude a conocer qué servicios se deben realizar y cuándo. Cada grupo de edad enumera los servicios que se recomiendan para esa edad, tales como el cuestionario Manténgase o Mantenga a su Niño Saludable, Exámenes Físicos, Exámenes Dentales, Auto Exámenes, Análisis Clínicos y Vacunas[1]. No todos los servicios son necesarios para todos. Su médico le ayudará a conocer que servicios son apropiados para usted o para su niño. Su médico también le podrá explicar los servicios enumerados en esta guía preventiva.

Si usted necesita más información, puede llamar a su médico. Usted también puede llamar gratis a nuestra Línea de Enfermeras Consultantes disponibles las 24 horas al (661) 632-1590 (Bakersfield) o 1-800-391-2000 (fuera de Bakersfield).

[1] El programa de vacunación podría haber cambiado desde esta publicación. Por favor pregúntele a su médico qué vacunas son apropiadas para usted o para su niño.

If you need this information in English, please call us.

Nacimiento hasta los 2 años...

KFHC le recomienda...	¿Con qué frecuencia debería hacerse esto?
Cuestionario "Mantenga a Su Niño Saludable"	*Llene un cuestionario para su niño entre 0 y 3 años de edad.*
Exámenes Físicos	*Su bebé debería ser sometido a un examen físico:* • Una vez como recién nacido. • Una vez entre los 2 y 4 días de edad. • Diez visitas entre 1 y 30 meses de edad. • Una vez por año después de su segundo cumpleaños.
Estatura, Peso, BMI y circunferencia de la de la cabeza	Esto debería hacerse en cada visita al médico.
Análisis Clínicos	
Hemoglobina y Hematocritos	Esto debería hacerse una vez entre los 9 y 12 meses de edad.
Prueba de Plomo	Esto debería hacerse: • Una vez entre los 10 y 12 meses de edad. • Una vez a los 24 meses de edad.
Prueba Cutánea de Tuberculosis	Los niños en alto riesgo son sometidos a la prueba a los 12 meses de edad. Pregunte a su médico si su niño debe ser sometido a la prueba
Prueba de Autismo	Esto debería hacerse una vez a los 18 meses de edad y una vez a los 24 meses de edad.
Prueba de Colesterol	Los niños en alto riesgo son sometidos a la prueba a los 24 meses de edad. Pregunte a su médico si su niño debe ser sometido a la prueba.
Vacunas	
Hepatitis B	A su bebé se le deben aplicar tres dosis. Los bebés pueden recibir su 1ra dosis inmediatamente después de nacer en el hospital. La 2da dosis a los 2 meses, y 3ra dosis entre los 6 y 18 meses de edad.
DTaP	A su bebé se le deben aplicar cuatro dosis. La 1ra dosis a los 2 meses, 2da dosis a los 4 meses, 3ra dosis a los 6 meses, y 4ta dosis entre los 15 y 18 meses de edad.
Hib	A su bebé se le deben aplicar cuatro dosis. La 1ra dosis a los 2 meses, 2da dosis a los 4 meses, 3ra dosis a los 6 meses, y 4ta dosis entre los 12 y 15 meses de edad.
Polio	A su bebé se le deben aplicar tres dosis. La 1ra dosis a los 2 meses, 2da dosis a los 4 meses y 3ra dosis entre los 6 y 18 meses de edad.
MMR	A su bebé se le debe aplicar la 1ra dosis entre los 12 y 15 meses.
Varicela	Su bebé debe ser vacunado una vez entre los 12 y 15 meses.
Neumococo (PCV)	A su bebé se le deben aplicar cuatro dosis. La 1ra dosis a los 2 meses, 2da dosis a los 4 meses, 3ra dosis a los 6 meses, y 4ta dosis entre los 12 y 15 meses de edad.
PPSV	Se recomienda una sola dosis además del PCV para grupos de alto riesgo. La vacuna puede ser aplicada a partir de los 24 meses de edad. Pregunte a su médico si su niño necesita esta vacuna.
Hepatitis A	A su bebé se le deben aplicar dos dosis. La 1ra dosis a 1 año de edad (12 a 23 meses). La 2da dosis se debe aplicar con seis meses de diferencia.
Gripe	Una dosis cada otoño para los bebés de 6 a 23 meses de edad. Pregunte a su médico si su niño necesita esta vacuna.
Rotavirus	Dos o tres dosis se le deben aplicar a su bebé. La primera dosis a los 2 meses y una segunda dosis a los 4 meses de edad. Algunos bebés pueden necesitar una tercera dosis a los 6 meses de edad.
Meningocócica	Una dosis se puede aplicar a los 2 años de edad si su bebé es de alto riesgo. Pregúntele a su médico si su niño necesita ésta vacuna.

DTaP = difteria, tétano y tos ferina • Hib = Vacuna conjugada contra el Haemophilus influenzae tipo B
MMR = sarampión, paperas y rubéola • PCV = neumocócica conjugada • PPSV = vacuna polisacárida contra el neumococo

de 3 a 6 años...

KFHC le recomienda...	¿Con qué frecuencia debería hacerse esto?
Cuestionario "Mantenga a Su Niño Saludable"	*Llene un cuestionario para su niño entre los 4 a los 8 años de edad.*
Examen Físico	*Su niño debería ser sometido a un examen físico todos los años.*
Estatura, Peso, MI……..	Esto debería hacerse en cada visita al médico.
Examen Dental	*El primer examen dental se debe realizar a los 3 años de edad. Una visita todos los años a partir de esa edad.*
Análisis Clínicos	
Presión Sanguínea……....	En cada visita al médico.
Análisis de Orina……....	A los 5 años de edad o anualmente si su niño es de alto riesgo.
Prueba de Visión……..	En cada examen físico.
Prueba de Audición……	En cada examen físico.
Prueba de Plomo……	Una vez entre las edades de 3 a 6 años si no se ha hecho una prueba durante los primeros 24 meses de edad.
Prueba Cutánea de Tuberculosis……..	Una vez entre los 4 y 5 años de edad.
Prueba de Colesterol……..	En cada examen físico si el niño está en alto riesgo debido a obesidad, diabetes o historia familiar positiva.
Hemoglobina y Hematocritos……	En cada examen físico si su niño es de alto riesgo debido a obesidad, diabetes o historia familiar positiva.
Vacunas	
Hepatitis B……	Se puede comenzar una serie de tres dosis si la vacunación no se realizó.
DTaP……	Su niño debería recibir una 5ta dosis entre las edades de 4 a 6 años.
Polio……..	Su niño debería recibir una 4ta dosis entre las edades de 4 a 6 años.
MMR……..	Su niño debería recibir una 2da dosis entre las edades de 4 a 6 años.
Varicela……	Su niño debería recibir una 2da dosis entre las edades de 4 a 6 años.
Neumococo (PCV)……	Puede ser aplicada a niños de entre 2 años y menos de 5 años de edad si fuera indicado. Pregunte a su médico si es necesaria.
PPSV……....	Esta vacuna se recomienda además de PCV para algunos grupos en alto riesgo. Pregunte a su médico si es necesaria.
Hepatitis A……	Su niño puede comenzar una serie de 2 dosis si aún no se le ha aplicado. Las dosis se deben dar con seis meses de diferencia.
Gripe……	Esta vacuna se puede aplicar una vez al año hasta los 5 años de edad o para los grupos de alto riesgo. Pregunte a su médico si su niño necesita esta vacuna.

DTaP = difteria, tétano y tos ferina • MMR = sarampión, paperas y rubéola
PCV = neumocócica conjugada • PPSV = vacuna polisacárida contra el neumococo

(661) 632-1590 (Bakersfield) o
1-800-391-2000 (fuera de Bakersfield)
9700 STOCKDALE HIGHWAY
BAKERSFIELD, CA 93311

de 7a 11 años...

KFHC le recomienda...	¿Con qué frecuencia debería hacerse esto?
Cuestionario "Mantenga a Su Niño Saludable"	*Llene un cuestionario para su niño entre los 9 y 11 años de edad.*
Examen Físico	*Su niño debería ser sometido a un examen físico todos los años.*
Estatura, Peso, BMI	Esto debería hacerse en cada visita al médico.
Examen Dental	*Su niño debería asistir a una visita todos los años*
Análisis Clínicos	
Presión Sanguínea	En cada visita al médico.
Prueba de Colesterol	En cada visita si el niño está en alto riesgo debido a obesidad, diabetes o historia familiar positiva.
Análisis de Orina	En cada examen físico.
Prueba de Visión	En cada examen físico.
Prueba de Audición	En cada examen físico.
Hemoglobina y Hematocritos	En cada examen físico.
Prueba Cutánea de Tuberculosis	Los niños con alto riesgo deberían ser sometidos a la prueba como rutina. Pregunte a su médico si su niño debe ser sometido a la prueba.
Vacunas	
Hepatitis B	Su niño puede comenzar con una serie de tres dosis si aun no se le aplicó.
Tdap	Su niño debe recibir una dosis de esta vacuna 5 años después de la última DTaP. La dosis se puede aplicar tan pronto como a los 11 años de edad.
MMR	Su niño puede comenzar con una serie de dos dosis si aun no se le aplicó.
Varicela	Se puede aplicar si no se lo ha hecho antes, y si su niño no ha tenido Varicela. Pregunte a su médico si su niño necesita esta vacuna.
Neumococo (PPSV)	Esta vacuna se recomienda para algunos grupos en alto riesgo. Pregunte a su médico si su niño necesita esta vacuna.
Hepatitis A	Su niño puede comenzar una serie de dos dosis si aún no se la ha aplicado. Las dosis deben separarse 6 meses entre una y otra.
Gripe	Esta vacuna se puede aplicar anualmente si usted esta en alto riesgo. Pregunte a su médico si es necesaria.
VPH (HPV) – solo para mujeres	Su niña puede comenzar una serie de tres dosis a los 11 años de edad. La 2da dosis se debe aplicar a los 2 meses después de la 1ra dosis. La 3ra dosis se debe aplicar 6 meses después de la 1ra dosis. Pregúntele a su médico si su niña necesita esta vacuna a los 9 años de edad.
Meningocócica	Su niño puede recibir 1 dosis de esta vacuna a los 11 años de edad.

Kern Family Health Care
La Cara Amable
De Kern Health Systems

Tdap = difteria, tétano y tos ferina (tos convulsiva) • MMR = sarampión, paperas y rubéola
PPSV = vacuna polisacárida contra el neumococo • HPV = virus papiloma humano

de 12 a 20 años...

KFHC le recomienda...	¿Con qué frecuencia debería hacerse esto?
Cuestionario "Mantente Saludable"	*Llene un cuestionario cada año entre los 12 y 17 años de edad. Llene un cuestionario cada cinco años después de los 18 años de edad.*
Examen Físico	*Una vez por año.*
Estatura, Peso, BMI	Esto debería hacerse en cada visita al médico.
Examen Dental	*Una vez por año.*
Análisis Clínicos	
Presión Sanguínea	En cada visita al médico.
Prueba de Colesterol	En cada visita si usted está en alto riesgo debido a obesidad, diabetes o historial familiar positiva.
Análisis de Orina	En cada examen físico.
Prueba de Visión	De 1 a 3 años.
Prueba de Audición	De 1 a 3 años.
Hemoglobina y Hematocritos	Solamente para aquellas personas identificadas como de alto riesgo. Pregunte a su médico si es necesaria.
Prueba Cutánea de Tuberculosis	Solamente para aquellas personas identificadas como de alto riesgo. Pregunte a su médico si es necesaria.
Mujeres	
Examen de la Pelvis y Papanicolaou	Pregunte a su médico si es necesario.
Prueba de Clamidia	Todos los años si es sexualmente activa.
Hombres	
Examen Clínico de los Testículos	Esto se hará todos los años si fuera indicado por el historial clínico o examen físico.
Vacunas	
Hepatitis B	Se puede comenzar una serie de tres dosis si la vacunación no se realizó.
Tdap/Td	Necesitará una inyección de refuerzo Tdap si no se le dio a los 11 o 12 años. Se recomiendan vacunas rutinarias de refuerzo de Td cada 10 años.
MMR	Se puede comenzar una serie de dos dosis si la vacunación no se realizó.
Varicela	Se puede aplicar si no se lo ha hecho antes, y si la persona no ha tenido Varicela. Se deben aplicar dos dosis separadas por 4 semanas una de otra si usted está en alto riesgo. Pregunte a su médico si es necesaria.
Neumococo (PPSV)	Esta vacuna se recomienda para algunos grupos en alto riesgo. Pregunte a su médico si es necesaria.
Hepatitis A	Se puede comenzar una serie de dos dosis si aún no se la ha aplicado. Las dosis deben separarse 6 meses entre una y otra.
Gripe	Esta vacuna se puede aplicar anualmente si usted está en alto riesgo. Pregunte a su médico si es necesaria
VPH (HPV) – solo para mujeres	Se puede comenzar una serie de tres dosis a los 12 años si aún no se le ha aplicado. La 2da dosis se debe aplicar a los 2 meses después de la 1ra dosis. La 3ra dosis se debe aplicar 6 meses después de la 1ra dosis.
Meningocócica	Puede recibir 1 dosis de esta vacuna si no se le dio a los 11 años de edad.

Td = tétano y difteria • Tdap = difteria, tétano y tos ferina (tos convulsiva) • MMR = sarampión, paperas y rubéola
PPSV = vacuna polisacárida contra el neumococo • VPH = virus papiloma humano

de 21 a 39 años...

KFHC le recomienda...	¿Con qué frecuencia debería hacerse esto?
Cuestionario "Mantente Saludable"	*Llene un cuestionario cada 5 años.*
Examen Físico	*Cada 1 a 3 años.*
Estatura, Peso, BMI	Esto debería hacerse en cada visita al médico.
Examen Dental	*Una vez por año.*
Auto exámenes	
Mujeres Auto examen de Senos	Todos los meses.
Hombres Auto examen de Testículos	Todos los meses.
Análisis Clínicos	
Presión Sanguínea	En cada visita al médico.
Prueba de Colesterol	Cada año para aquellas personas identificadas como de alto riesgo. Hombres: Una vez a los 35 años de edad.
Analisis de Orina	De 1 a 3 años.
Hemoglobina y Hematocritos	Solamente para aquellas personas identificadas como de alto riesgo. Pregunte a su médico si es necesaria.
Prueba de Audición	De 1 a 3 años.
Prueba de Visión	De 1 a 3 años.
Prueba Cutánea de Tuberculosis	Solamente para aquellas personas identificadas como de alto riesgo. Pregunte a su médico si es necesaria.
Mujeres	
Examen de la Pelvis y Papanicolaou	Cada 2 a 3 años a menos que sea identificada como de alto riesgo. Pregunte a su médico si es necesario.
Prueba de Clamidia	Todos los años si es sexualmente activa hasta los 25 años de edad. Cada año para aquellas personas identificadas como de alto riesgo. Pregunte a su médico si es necesaria.
Hombres	
Examen Clínico de Testículos	Esto se hará todos los años si fuera indicado por el historial clínico o examen físico.
Vacunas	*Las vacunas se deben aplicar a los adultos si las vacunas de rutina no están al día.*
Tdap/Td	Puede que necesite una inyección de refuerzo Tdap. Se recomiendan vacunas rutinarias de refuerzo de Td cada 10 años.
Gripe	Esta vacuna se puede aplicar anualmente si usted está en alto riesgo. Pregunte a su médico si es necesaria.
Neumococo	Una dosis para aquellos que están en alto riesgo. Pregunte a su médico si es necesaria.
Hepatitis B	Se recomiendan tres dosis para adultos que están en alto riesgo. Se recomienda también para los viajeros. Pregunte a su médico si es necesaria.
MMR	Se puede aplicar si la vacunación no se realizó durante la niñez. Se puede aplicar una dosis si la persona no tuvo sarampión, paperas o rubéola. Se deben aplicar dos dosis a las personas que por su ocupación estén expuestas. Pregunte a su médico si es necesaria.
Varicela	Se puede aplicar si no se lo ha hecho antes, y si la persona no ha tenido Varicela. Se deben aplicar dos dosis separadas por 4 semanas una de otra si usted está en alto riesgo. Pregunte a su médico si es necesaria.
Meningocócica	Una dosis para adultos que están en alto riesgo. Pregunte a su médico si es necesaria.

Td = tétano y difteria • Tdap = difteria, tétano y tos ferina (tos convulsiva)MMR = sarampión, paperas y rubéola

de 10 a 64 años...

KFHC le recomienda...	¿Con qué frecuencia debería hacerse esto?
Cuestionario "Mantente Saludable"	*Llene un cuestionario cada 5 años.*
Examen Físico	*Una vez cada 1 a 2 años.*
Estatura, Peso, BMI	Esto debería hacerse en cada visita al médico.
Examen Dental	*Una vez al año.*
Auto exámenes	
Mujeres Auto examen de Senos	Todos los meses.
Hombres Auto examen de Testículos	Todos los meses.
Análisis Clínicos	
Examen Completo de la Piel	En cada examen físico.
Examen Rectal con Análisis de Material Fecal para Detectar Sangre Oculta	De 3 a 5 años.
Sigmoidoscopía	De 3 a 5 años para personas de 50 o más años de edad.
Presión Sanguínea	En cada visita al médico.
Prueba de Colesterol	Cada año para aquellas personas identificadas como de alto riesgo. Mujeres: Una vez a los 45 años de edad.
Análisis de Orina	Cada 2 años.
Hemoglobina y Hematocritos	Cada 2 años.
Análisis de Glucosa	De 3 años comenzando a los 45 años de edad.
Prueba de Audición	De 1 a 3 años.
Prueba de Visión	De 1 a 3 años.
Prueba Cutánea de Tuberculosis	Solamente para aquellas personas identificadas como de alto riesgo. Pregunte a su médico si es necesaria.
Mujeres	
Examen de la Pelvis y Papanicolaou	Cada 3 años a menos que sea identificada como de alto riesgo. Pregunte a su mádico si es necesario.
Examen Clínico de Senos	Todos los años.
Mamografía	Cada dos años entre las edades 40 a 49. Cada año para aquellas personas identificadas como de alto riesgo y a los 50 años y mayores.
Evaluación de Riesgo de Osteoporosis	Una vez cada 2 años como parte de un examen físico.
Hombres	
Examen Clínico de Testículos	Todos los años.
Antígeno Prostático Específico (PSA)	Después de los 50 años de edad según recomendaciones del médico.
Vacunas	*Las vacunas se deben aplicar a los adultos si las vacunas de rutina no están al día.*
Tdap/Td	Puede que necesite una inyección de refuerzo Tdap. Se recomiendan vacunas rutinarias de refuerzo de Td cada 10 años.
Gripe	Todas las personas de 50 o más años de edad deberían aplicarse una dosis anual.
Neumococos	Una dosis para adultos que están en alto riesgo. Pregunte a su médico si es necesaria.
Hepatitis B	Se recomiendan tres dosis para adultos que están en alto riesgo. Se recomienda también para los viajeros. Pregunte a su médico si es necesaria.
Varicela	Se puede aplicar si no se lo ha hecho antes, y si la persona no ha tenido Varicela. Se deben aplicar dos dosis separadas por 4 semanas una de otra si usted está en alto riesgo. Pregunte a su médico si es necesaria.
Meningocócica	Una dosis para adultos que están en alto riesgo. Pregunte a su médico si es necesaria.
Zóster	Una dosis para adultos que están en alto riesgo. Pregunte a su médico si es necesaria.

Td = tétano y difteria • Tdap = difteria, tétano y tos ferina (tos convulsiva)

mayores de 64 años...

KFHC le recomienda...	¿Con qué frecuencia debería hacerse esto?
Cuestionario "Mantente Saludable"	*Llene un cuestionario cada 5 años.*
Exámenes Físicos	*Una vez cada 1 a 2 años.*
Estatura, Peso, BMI	Esto debería hacerse en cada visita al médico.
Exámen Dental	*Una vez al año.*
Auto exámenes	
Mujeres Auto examen de Senos	Todos los meses.
Hombres Auto examen de Testículos	Todos los meses.
Análisis Clínicos	
Examen Completo de la Piel	En cada examen físico.
Examen Rectal con Análisis de Materia Fecal para Detectar Sangre Oculta	Todos los años.
Sigmoidoscopía	De 3 a 5 años.
Presión Sanguínea	Como mínimo cada 2 años.
Prueba de Colesterol	De 1 a 5 años.
Análisis de Orina	De 1 a 3 años.
Hemoglobina y Hematocritos	Cada 2 años.
Análisis de Glucosa	Cada 3 años comenzando a los 45 años de edad.
Prueba de Audición	De 1 a 3 años.
Examen Ocular/Detección de Glaucoma	De 2 a 3 años.
Prueba Cutánea de Tuberculosis	Solamente para aquellas personas identificadas como de alto riesgo. Pregunte a su médico si es necesaria.
Mujeres	
Examen de la Pelvis y Papanicolaou	Cada 3 años a menos que sea identificada como de alto riesgo. Pregunte a su mádico si es necesario.
Examen Clínico de Senos	Todos los años.
Mamografía	Todos los años.
Evaluación de Riesgo de Osteoporosis	Una vez cada 2 años como parte de un examen físico.
Hombres	
Examen Clínico de Testículos	Todos los años.
Antígeno Prostático Específico (PSA)	Según indicaciones del médico.
Vacunas	*Las vacunas se deben aplicar a los adultos si las vacunas de rutina no están al día.*
Td	Necesitara una dosis de refuerzo cada 10 años.
Gripe	Una dosis todos los años.
Neumococo	Una dosis después de los 65 años de edad.
Hepatitis B	Se recomiendan tres dosis para adultos que están en alto riesgo. Se recomienda también para los viajeros. Pregunte a su médico si es necesaria.
Varicela	Se puede aplicar si no se lo ha hecho antes, y si la persona no ha tenido Varicela. Se deben aplicar dos dosis separadas por 4 semanas una de otra si usted está en alto riesgo. Pregunte a su médico si es necesaria.
Meningocócica	Una dosis para adultos que están en alto riesgo. Pregunte a su médico si es necesaria.
Zóster	Una dosis para adultos que están en alto riesgo. Pregunte a su médico si es necesaria.

Td = tétano y difteria

[redacted]

DO NOT STAPLE IN BAR AREA

CLAIM CONTROL NUMBER •

STATE USE ONLY

Attachment C

PLEASE PRINT

PATIENT NAME (LAST) (FIRST) (INITIAL) | MEDICAL RECORD NO. | L.A. Code

BIRTHDATE Mo. Day Year | AGE | SEX M/F | PATIENT'S COUNTY OF RESIDENCE | CO. CODE | TELEPHONE NUMBER ( ) | NEXT CHDP EXAM Mo. Day Year

RESPONSIBLE PERSON (NAME) (STREET) (APT/SPACE #) (CITY) (ZIP)

Ethnic Code: 1-American Indian, 2-Asian, 3-Black, 4-Filipino, 5-Mex. Amer./Hispanic, 6-White, 7-Other, 8-Pacific Islander

CHDP ASSESSMENT

Indicate outcome for each screening procedure

	NO PROBLEM SUSPECTED ✓A	REFUSED, CONTRA-INDICATED, NOT NEEDED ✓B	PROBLEM SUSPECTED Enter Follow Up Code in Appropriate Column: NEW C	KNOWN D	FEES
01 HISTORY and PHYSICAL EXAM					01
02 DENTAL ASSESSMENT/REFERRAL					
03 NUTRITIONAL ASSESSMENT					
04 ANTICIPATORY GUIDANCE HEALTH EDUCATION					
05 DEVELOPMENTAL ASSESSMENT					
06 SNELLEN OR EQUIVALENT					06
07 AUDIOMETRIC					07
08 HEMOGLOBIN OR HEMATOCRIT					08
09 URINE DIPSTICK					09
10 COMPLETE URINALYSIS					10
12 TB MANTOUX					12

DATE OF SERVICE Mo. Day Year

FOLLOW UP CODES

1. NO DX/RX INDICATED OR NOW UNDER CARE.
2. QUESTIONABLE RESULT, RECHECK SCHEDULED.
3. DX MADE AND RX STARTED
4. DX PENDING/RETURN VISIT SCHEDULED.
5. REFERRED TO ANOTHER EXAMINER FOR DX/RX.
6. REFERRAL REFUSED

REFERRED TO: | TELEPHONE NUMBER

REFERRED TO: | TELEPHONE NUMBER

COMMENTS/PROBLEMS

IF A PROBLEM IS DIAGNOSED THIS VISIT, PLEASE ENTER YOUR DIAGNOSIS IN THIS AREA

CODE	OTHER TESTS	CODE	OTHER TESTS

PLEASE REFER TO THE CHDP LIST OF TEST CODES

HEIGHT IN INCHES 0 4 | WEIGHT LBS OZS | BLOOD PRESSURE

HEMOGLOBIN | HEMATOCRIT .0% | BIRTH WEIGHT LBS OZS

INFORMATION ONLY REPORTING

ROUTINE REFERRAL(S) (✓) ☐ BLOOD LEAD ☐ DENTAL

PATIENT IS A FOSTER CHILD (✓) ☐

ICD 9 CODES 1 2 3

IMMUNIZATIONS

PLEASE REFER TO THE CHDP LIST OF IMMUNIZATION CODES

	GIVEN TODAY: NOW UP TO DATE FOR AGE A	GIVEN TODAY: STILL NOT UP TO DATE FOR AGE B	NOT GIVEN TODAY: ALREADY UP TO DATE FOR AGE C	NOT GIVEN TODAY: REFUSED OR CONTRA-INDICATED D

THE QUESTIONS BELOW MUST BE ANSWERED

1. Patient is Exposed to Passive (Second Hand) Tobacco Smoke. Yes ☐ No ☐
2. Tobacco Used by Patient Yes ☐ No ☐
3. Counseled About/Referred For Tobacco Use Prevention/ Cessation. Yes ☐ No ☐

PATIENT VISIT (✓): 1 New Patient or Extended Visit ☐ | 2 Routine Visit ☐

TYPE OF SCREEN (✓): 1 Initial ☐ | 2 Periodic ☐

TOTAL FEES

PROVIDER OF SERVICE: Name, Address, Telephone Number (Please Include Area Code)

KERN FAMILY HEALTH CARE
9700 STOCKDALE HIGHWAY

BAKERSFIELD CA 93311

RENDERING PROVIDER (PRINT NAME):

HEALTH PLAN CODE / PROVIDER NUMBER: 3 0 3

1 Enrolled in WIC ☐ 2 Referred to WIC ☐

NOTE: WIC requires Ht., Wt. and Hemoglobin/Hematocrit

1 PARTIAL SCREEN ☐ 2 SCREENING PROCEDURE RECHECK ☐

ACCOMPANIES PRIOR PM 160 DATED

PATIENT ELIGIBILITY | COUNTY | AID | IDENTIFICATION NUMBER

[redacted]

SIGNATURE OF PROVIDER DATE

CONFIDENTIAL SCREENING/BILLING REPORT

STATE OF CALIFORNIA-CHILD HEALTH AND DISABILITY PREVENTION PROGRAM

COPY 1 - MAIL TO MEDI-CAL CHDP → Medi-Cal/CHDP, P.O. Box 15300, Sacramento, CA 95851-1300

PM 160 INFORMATION ONLY (7/03)

Attachment D

VACCINE	DATE GIVEN	DOCT OFFICE OR CLINIC	DATE NEXT DOSE DUE
VARICELLA (chickenpox)			
Had disease			
HEPATITIS A 1			
HEPATITIS A 2			
PNEUMOCOCCAL Conjugate 1			
PNEUMOCOCCAL Conjugate 2			
PNEUMOCOCCAL Conjugate 3			
PNEUMOCOCCAL Conjugate 4			

TB SKIN TESTS Pruebas de la Tuber-culosis	Type*	Date given	Given by	Date read	Read by	mm indur	Impression
	☐ PPD-Mantoux ☐ Other ____	/ /		/ /			☐ Pos ☐ Neg
	☐ PPD-Mantoux ☐ Other ____	/ /		/ /			☐ Pos ☐ Neg

* If required for school entry, must be Mantoux unless exception granted by local health department.

CHEST X-RAY (Necessary if in test positive.)

Film date: ____/____/____ Impression: ☐ normal ☐ abnormal

Person is free of communicable tuberculosis: ☐ yes ☐ no

Signature/Agency: _____

Parents: Your child must meet California's immunization requirements to be enrolled in school. Keep this Record as proof of immunization. **Padres:** Su niño debe cumplir con los requisitos de vacunas para asistir a la escuela. Mantenga este Comprobante: lo necesitará.

IMMUNIZATION RECORD

Comprobante de Inmunización

Name
nombre

Birthdate
fecha de nacimiento

Allergies
alergias

Vaccine Reactions
reacciones a cualquier vacuna

RETAIN THIS DOCUMENT — *CONSERVE ESTE DOCUMENTO*

Name Sex Birthdate

PROVIDERS: If using combination vaccines, remember to record dose in all appropriate spaces.

VACCINE *vacuna*		DATE GIVEN *fecha de vacunación*	DOCTOR OFFICE OR CLINIC *médico o clinica*		DATE NEXT DOSE DUE *próxima vacuna*
POLIO	1		☐ IPV ☐ OPV		
	2		☐ IPV ☐ OPV		
	3		☐ IPV ☐ OPV		
	4		☐ IPV ☐ OPV		
DTaP Td DT	1		☐ DTaP ☐ DT/Td		
	2		☐ DTaP ☐ DT/Td		
	3		☐ DTaP ☐ DT/Td		
	4		☐ DTaP ☐ DT/Td		
	5		☐ DTaP ☐ DT/Td		
			☐ Td		
HIB	1				
	2				
	3				
	4				
MMR	1				
	2				
HEPATITIS B	1				
	2				
	3				

DTaP= diphtheria, tetanus, pertussis (whooping cough) *difteria, tétano y tos ferina*
MMR = measles, mumps, rubella *sarampión, paperas y sarampión aleman*
HIB = Hib meningitis (Haemophilus influenzae type B) *meningitis Hib*
IPV = inactivated polio
OPV = oral polio

PM 298 (3/00) IMM-75

OSP 00 39295

Conway, Homer & Chin-Caplan, P.C.
Attorneys at law

Conway, Homer & Chin-Caplan ▪ 16 Shawmut Street ▪ Boston ▪ MA ▪ 02116

Attachment E

National Vaccine Injury Compensation Program
Vaccine Injury Table

(Effective Date: October 22, 1998)

Vaccine	Illness, disability, injury or condition covered	Time period for first symptom or manifestation of onset or of significant aggravation after vaccine administration
I. Vaccines containing tetanus toxoid (e.g., DTaP, DTP, DT; Td, or TT)	A. Anaphylaxis or anaphylactic shock	4 hours
	B. Brachial Neuritis	2-28 days
	C. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury or condition arose within the time period prescribed	Not applicable
II. Vaccines containing whole-cell pertussis bacteria, extracted or partial cell pertussis bacteria, or specific pertussis antigen(s) (e.g., DTaP, DTP, P, DTP-HiB)	A. Anaphylaxis or anaphylactic shock	4 hours
	B. Encephalopathy (or encephalitis)	72 hours
	C. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury or condition arose within the time period prescribed	Not applicable
III. Measles, mumps, and rubella vaccine or any of its components (e.g., MMR, MR, M, R)	A. Anaphylaxis or anaphylactic shock	4 hours
	B. Encephalopathy (or encephalitis)	5-15 days (not less than 5 days and not more than 15 days) for measles, mumps, rubella, or any vaccine containing any of the foregoing as a component.
	C. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury or condition arose within the time period prescribed	Not applicable
IV. Vaccines containing rubella virus (e.g., MMR, MR, R)	A. Chronic arthritis	7-42 days
	B. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury, or condition arose within the time period prescribed	Not applicable

V. Vaccines containing measles virus (e.g., MMR, MR, M)	A. Thrombocytopenic purpura	7-30 days
	B. Vaccine-Strain Measles Viral Infection in an immunodeficient recipient	6 months
	C. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury or condition arose within the time period prescribed	Not applicable
VI. Vaccines containing polio live virus (OPV)	A. Paralytic Polio -- in a non-immunodeficient recipient -- in an immunodeficient recipient -- in a vaccine-associated community case	 30 days 6 months Not applicable
	B. Vaccine-Strain Polio Viral Infection -- in a non-immunodeficient recipient -- in an immunodeficient recipient -- in a vaccine-associated community case	 30 days 6 months Not applicable
	C. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury or condition arose within the time period prescribed	Not applicable
VII. Vaccines containing polio inactivated virus (e.g., IPV)	A. Anaphylaxis or anaphylactic shock	4 hours
	B. Any acute complication sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury or condition arose within the time period prescribed	Not applicable
VIII. Hepatitis B. vaccines	A. Anaphylaxis or anaphylactic shock	4 hours
	B. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury or condition arose within the time period prescribed	Not applicable
IX. Hemophilus influenzae type b polysaccharide vaccines (unconjugated, PRP vaccines)	A. Early-onset Hib disease	7 days
	B. Any acute complication or sequela (including death) of an illness, disability, injury, or condition referred to above which illness, disability, injury or condition arose within the time period prescribed	Not applicable
X. Hemophilus influenzae type b polysaccharide conjugate vaccines	No condition specified	Not applicable
XI. Varicella vaccine	No condition specified	Not applicable

XII. Any new vaccine recommended by the Centers for Disease Control and Prevention for routine administration to children, after publication by the Secretary of a notice of coverage	No condition specified	Not applicable

Qualifications and Aids to Interpretation

(1) Anaphylaxis and anaphylactic shock

Anaphylaxis and anaphylactic shock mean an acute, severe, and potentially lethal systemic allergic reaction. Most cases resolve without sequelae. Signs and symptoms begin minutes to a few hours after exposure. Death, if it occurs, usually results from airway obstruction caused by laryngeal edema or bronchospasm and may be associated with cardiovascular collapse. Other significant clinical signs and symptoms may include the following: Cyanosis, hypotension, bradycardia, tachycardia, arrhythmia, edema of the pharynx and/or trachea and/or larynx with stridor and dyspnea. Autopsy findings may include acute emphysema which results from lower respiratory tract obstruction, edema of the hypopharynx, epiglottis, larynx, or trachea and minimal findings of eosinophilia in the liver, spleen and lungs. When death occurs within minutes of exposure and without signs of respiratory distress, there may not be significant pathologic findings.

(2) Encephalopathy

For purposes of the Vaccine Injury Table, a vaccine recipient shall be considered to have suffered an encephalopathy only if such recipient manifests, within the applicable period, an injury meeting the description below of an acute encephalopathy, and then a chronic encephalopathy persists in such person for more than 6 months beyond the date of vaccination.

(I) An acute encephalopathy is one that is sufficiently severe so as to require hospitalization (whether or not hospitalization occurred).

(A) **For children less than 18 months of age** who present without an associated seizure event, an acute encephalopathy is indicated by a "significantly decreased level of consciousness" (see "D" below) lasting for at least 24 hours. Those children less than 18 months of age who present following a seizure shall be viewed as having an acute encephalopathy if their significantly decreased level of consciousness persists beyond 24 hours and cannot be attributed to a postictal state (seizure) or medication.

(B) **For adults and children 18 months of age or older,** an acute encephalopathy is one that persists for at least 24 hours and characterized by at least two of the following:

(1) A significant change in mental status that is not medication related; specifically a confusional state, or a delirium, or a psychosis;

(2) A significantly decreased level of consciousness, which is independent of a seizure and cannot be attributed to the effects of medication; and

(3) A seizure associated with loss of consciousness.

(C) Increased intracranial pressure may be a clinical feature of acute encephalopathy in any age group.

(D) A "significantly decreased level of consciousness" is indicated by the presence of at least one of the following clinical signs for at least 24 hours or greater (see paragraphs (2)(I)(A) and (2)(I)(B) of this section for applicable timeframes):

(1) Decreased or absent response to environment (responds, if at all, only to loud voice or painful stimuli);

(2) Decreased or absent eye contact (does not fix gaze upon family members or other individuals); or

(3) Inconsistent or absent responses to external stimuli (does not recognize familiar people or things).

(E) The following clinical features alone, or in combination, do not demonstrate an acute encephalopathy or a significant change in either mental status or level of consciousness as described above: Sleepiness, irritability (fussiness), high-pitched and unusual screaming, persistent inconsolable crying, and bulging fontanelle. Seizures in themselves are not sufficient to constitute a diagnosis of encephalopathy. In the absence of other evidence of an acute encephalopathy, seizures shall not be viewed as the first symptom or manifestation of the onset of an acute encephalopathy.

(ii) **Chronic encephalopathy** occurs when a change in mental or neurologic status, first manifested during the applicable time period, persists for a period of at least 6 months from the date of vaccination. Individuals who return to a normal neurologic state after the acute encephalopathy shall not be presumed to have suffered residual neurologic damage from that event; any subsequent chronic encephalopathy shall not be presumed to be a sequela of the acute encephalopathy. If a preponderance of the evidence indicates that a child's chronic encephalopathy is secondary to genetic, prenatal or perinatal factors, that chronic encephalopathy shall not be considered to be a condition set forth in the Table.

(iii) An encephalopathy shall not be considered to be a condition set forth in the Table if in a proceeding on a petition, it is shown by a preponderance of the evidence that the encephalopathy was caused by an infection, a toxin, a metabolic disturbance, a structural lesion, a genetic disorder or trauma (without regard to whether the cause of the infection, toxin, trauma, metabolic disturbance, structural lesion or genetic disorder is known). If at the time a decision is made on a petition filed under section 2111(b) of the Act for a vaccine-related injury or death, it is not possible to determine the cause by a preponderance of the evidence of an encephalopathy, the encephalopathy shall be considered to be a condition set forth in the Table.

(iv) In determining whether or not an encephalopathy is a condition set forth in the Table, the Court shall consider the entire medical record.

(3) Residual Seizure Disorder

A petitioner may be considered to have suffered a residual seizure disorder for purposes of the Vaccine Injury Table, if the first seizure or convulsion occurred 5-15 days (not less than 5 days and not more than 15 days) after administration of the vaccine and 2 or more additional distinct seizure or convulsion episodes occurred within 1 year after the administration of the vaccine which were unaccompanied by fever (defined as a rectal temperature equal to or greater than 101.0 degrees Fahrenheit or an oral temperature equal to or greater than 100.0 degrees Fahrenheit). A distinct seizure or convulsion episode is ordinarily defined as including all seizure or convulsive activity occurring within a 24-hour period, unless competent and qualified expert neurological testimony is presented to the contrary in a particular case.

For purposes of the Vaccine Injury Table, a petitioner shall not be considered to have suffered a residual seizure disorder, if the petitioner suffered a seizure or convulsion unaccompanied by fever (as defined above) before the fifth day after the administration of the vaccine involved.

(4) Seizure and convulsion

For purposes of paragraphs (2) and (3) of this section, the terms, "seizure" and "convulsion" include myoclonic, generalized tonic-clonic (grand mal), and simple and complex partial seizures. Absence (petit mal) seizures shall not be considered to be a condition set forth in the Table. Jerking movements or staring episodes alone are not necessarily an indication of seizure activity.

(5) Sequela

The term "sequela" means a condition or event which was actually caused by a condition listed in the Vaccine Injury Table.

(6) Chronic Arthritis

For purposes of the Vaccine Injury Table, chronic arthritis may be found in a person with no history in the 3 years prior to vaccination of arthropathy (joint disease) on the basis of:

(A) Medical documentation, recorded within 30 days after the onset, of objective signs of acute arthritis (joint swelling) that occurred between 7 and 42 days after a rubella vaccination;

(B) Medical documentation (recorded within 3 years after the onset of acute arthritis) of the persistence of objective signs of intermittent or continuous arthritis for more than 6 months following vaccination:

(C) Medical documentation of an antibody response to the rubella virus.

For purposes of the Vaccine Injury Table, the following shall not be considered as chronic arthritis: Musculoskeletal disorders such as diffuse connective tissue diseases (including but not limited to rheumatoid arthritis, juvenile rheumatoid arthritis, systemic lupus erythematosus, systemic sclerosis, mixed connective tissue disease, polymyositis/dermatomyositis, fibromyalgia, necrotizing vasculitis and vasculopathies and Sjogren's Syndrome), degenerative joint disease, infectious agents other than rubella (whether by direct invasion or as an immune reaction), metabolic and endocrine diseases, trauma, neoplasms, neuropathic disorders, bone and cartilage disorders and arthritis associated with ankylosing spondylitis, psoriasis, inflammatory bowel disease, Reiter's syndrome, or blood disorders.

Arthralgia (joint pain) or stiffness without joint swelling shall not be viewed as chronic arthritis for purposes of the Vaccine Injury Table.

(7) Brachial neuritis

Brachial neuritis is defined as dysfunction limited to the upper extremity nerve plexus (i.e., its trunks, divisions, or cords) without involvement of other peripheral (e.g., nerve roots or a single peripheral nerve) or central (e.g., spinal cord) nervous system structures. A deep, steady, often severe aching pain in the shoulder and upper arm usually heralds onset of the condition. The pain is followed in days or weeks by weakness and atrophy in upper extremity muscle groups. Sensory loss may accompany the motor deficits, but is generally a less notable clinical feature. The neuritis, or plexopathy, may be present on the same side as or the opposite side of the injection; it is sometimes bilateral, affecting both upper extremities. Weakness is required before the diagnosis can be made. Motor, sensory, and reflex findings on physical examination and the results of nerve conduction and electromyographic studies must be consistent in confirming that dysfunction is attributable to the brachial plexus. The condition should thereby be distinguishable from conditions that may give rise to dysfunction of nerve roots (i.e., radiculopathies) and peripheral nerves (i.e., including multiple mononeuropathies), as well as other peripheral and central nervous system structures (e.g., cranial neuropathies and myelopathies).

(8) Thrombocytopenic purpura

Thrombocytopenic purpura is defined by a serum platelet count less than 50,000/mm^3. Thrombocytopenic purpura does not include cases of thrombocytopenia associated with other causes such as hypersplenism, autoimmune disorders (including alloantibodies from previous transfusions) myelodysplasias, lymphoproliferative disorders, congenital thrombocytopenia or hemolytic uremic syndrome. This does not include cases of immune (formerly called idiopathic) thrombocytopenic purpura (ITP) that are mediated, for example, by viral or fungal infections, toxins or drugs. Thrombocytopenic purpura does not include cases of thrombocytopenia associated with disseminated intravascular coagulation, as observed with bacterial and viral infections. Viral infections include, for example, those infections secondary to Epstein Barr virus, cytomegalovirus, hepatitis A and B, rhinovirus, human immunodeficiency virus (HIV), adenovirus, and dengue virus. An antecedent viral infection may be demonstrated by clinical signs and symptoms and need not be confirmed by culture or serologic testing. Bone marrow examination, if performed, must reveal a normal or an increased number of megakaryocytes in an otherwise normal marrow.

(9) Vaccine-strain measles viral infection

Vaccine-strain measles viral infection is defined as a disease caused by the vaccine-strain that should be determined by vaccine-specific monoclonal antibody or polymerase chain reaction tests.

(10) Vaccine-strain polio viral infection

Vaccine-strain polio viral infection is defined as a disease caused by poliovirus that is isolated from the affected tissue and should be determined to be the vaccine-strain by oligonucleotide or polymerase chain reaction. Isolation of poliovirus from the stool is not sufficient to establish a tissue specific infection or disease caused by vaccine-strain poliovirus.

(11) Early-onset Hib disease

Early-onset Hib disease is defined as invasive bacterial illness associated with the presence of Hib organism on culture of normally sterile body fluids or tissue, or clinical findings consistent with the diagnosis of epiglottitis. Hib pneumonia qualifies as invasive Hib disease when radiographic findings consistent with the diagnosis of pneumonitis are accompanied by a blood culture positive for the Hib organism. Otitis media, in the absence of the above findings, does not qualify as invasive bacterial disease. A child is considered to have suffered this injury only if the vaccine was the first Hib immunization received by the child.

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For additional information call our public information line at 1-800-338-2382.

Last updated 09/10/99

Attachment C

Vaccine Injury Table

Applies Only to Petitions for Compensation Filed under the National Vaccine Injury Compensation Program on or after January 3, 2022

(a) In accordance with section 312(b) of the National Childhood Vaccine Injury Act of 1986, title III of Public Law 99-660, 100 Stat. 3779 (42 U.S.C. 300aa-1 note) and section 2114(c) of the Public Health Service Act, as amended (PHS Act) (42 U.S.C. 300aa-14(c)), the following is a table of vaccines, the injuries, disabilities, illnesses, conditions, and deaths resulting from the administration of such vaccines, and the time period in which the first symptom or manifestation of onset or of the significant aggravation of such injuries, disabilities, illnesses, conditions, and deaths is to occur after vaccine administration for purposes of receiving compensation under the Program. Paragraph (b) of this section sets forth additional provisions that are not separately listed in this Table but that constitute part of it. Paragraph (c) of this section sets forth the qualifications and aids to interpretation for the terms used in the Table. Conditions and injuries that do not meet the terms of the qualifications and aids to interpretation are not within the Table. Paragraph (d) of this section sets forth a glossary of terms used in paragraph (c).

Vaccine	Illness, disability, injury or condition covered	Time period for first symptom or manifestation of onset or of significant aggravation after vaccine administration
I. Vaccines containing tetanus toxoid (*e.g.,* DTaP, DTP, DT, Td, or TT)	A. Anaphylaxis	≤4 hours.
	B. Brachial Neuritis	2-28 days (not less than 2 days and not more than 28 days).
	C. Shoulder Injury Related to Vaccine Administration	≤48 hours.
	D. Vasovagal syncope	≤1 hour.
II. Vaccines containing whole cell pertussis bacteria, extracted or partial cell pertussis bacteria, or specific pertussis antigen(s) (*e.g.,* DTP, DTaP, P, DTP-Hib)	A. Anaphylaxis	≤4 hours.
	B. Encephalopathy or encephalitis	≤72 hours.
	C. Shoulder Injury Related to Vaccine Administration	≤48 hours.
	D. Vasovagal syncope	≤1 hour.

Vaccine	Illness, disability, injury or condition covered	Time period for first symptom or manifestation of onset or of significant aggravation after vaccine administration
III. Vaccines containing measles, mumps, and rubella virus or any of its components (*e.g.,* MMR, MM, MMRV)	A. Anaphylaxis	≤4 hours.
	B. Encephalopathy or encephalitis	5-15 days (not less than 5 days and not more than 15 days).
	C. Shoulder Injury Related to Vaccine Administration	≤48 hours.
	D. Vasovagal syncope	≤1 hour.
IV. Vaccines containing rubella virus (*e.g.,* MMR, MMRV)	A. Chronic arthritis	7-42 days (not less than 7 days and not more than 42 days).
V. Vaccines containing measles virus (*e.g.,* MMR, MM, MMRV)	A. Thrombocytopenic purpura	7-30 days (not less than 7 days and not more than 30 days).
	B. Vaccine-Strain Measles Viral Disease in an immunodeficient recipient	
	- Vaccine-strain virus identified	Not applicable.
	- If strain determination is not done or if laboratory testing is inconclusive	≤12 months.
VI. Vaccines containing polio live virus (OPV)	A. Paralytic Polio	
	- in a non-immunodeficient recipient	≤30 days.
	- in an immunodeficient recipient	≤6 months.
	- in a vaccine associated community case	Not applicable.
	B. Vaccine-Strain Polio Viral Infection	

Vaccine	Illness, disability, injury or condition covered	Time period for first symptom or manifestation of onset or of significant aggravation after vaccine administration
	- in a non-immunodeficient recipient	≤30 days.
	- in an immunodeficient recipient	≤6 months.
	- in a vaccine associated community case	Not applicable.
VII. Vaccines containing polio inactivated virus (*e.g.,* IPV)	A. Anaphylaxis	≤4 hours.
	B. Shoulder Injury Related to Vaccine Administration	≤48 hours.
	C. Vasovagal syncope	≤1 hour.
VIII. Hepatitis B vaccines	A. Anaphylaxis	≤4 hours.
	B. Shoulder Injury Related to Vaccine Administration	≤48 hours.
	C. Vasovagal syncope	≤1 hour.
IX. Haemophilus influenzae type b (Hib) vaccines	A. Shoulder Injury Related to Vaccine Administration	≤48 hours.
	B. Vasovagal syncope	≤1 hour.
X. Varicella vaccines	A. Anaphylaxis	≤4 hours.
	B. Disseminated varicella vaccine-strain viral disease	
	-Vaccine-strain virus identified	Not applicable.
	- If strain determination is not done or if laboratory testing is inconclusive	7-42 days (not less than 7 days and not more than 42 days).
	C. Varicella vaccine-strain viral reactivation	Not applicable.

Vaccine	Illness, disability, injury or condition covered	Time period for first symptom or manifestation of onset or of significant aggravation after vaccine administration
	D. Shoulder Injury Related to Vaccine Administration	≤48 hours.
	E. Vasovagal syncope	≤1 hour.
XI. Rotavirus vaccines	A. Intussusception	1-21 days (not less than 1 day and not more than 21 days).
XII. Pneumococcal conjugate vaccines	A. Shoulder Injury Related to Vaccine Administration	≤48 hours.
	B. Vasovagal syncope	≤1 hour.
XIII. Hepatitis A vaccines	A. Shoulder Injury Related to Vaccine Administration	≤48 hours.
	B. Vasovagal syncope	≤1 hour.
XIV. Seasonal influenza vaccines	A. Anaphylaxis	≤4 hours.
	B. Shoulder Injury Related to Vaccine Administration	≤48 hours.
	C. Vasovagal syncope	≤1 hour.
	D. Guillain-Barré Syndrome	3-42 days (not less than 3 days and not more than 42 days).
XV. Meningococcal vaccines	A. Anaphylaxis	≤4 hours.
	B. Shoulder Injury Related to Vaccine Administration	≤48 hours.
	C. Vasovagal syncope	≤1 hour.
XVI. Human papillomavirus (HPV) vaccines	A. Anaphylaxis	≤4 hours.
	B. Shoulder Injury Related to Vaccine Administration	≤48 hours.
	C. Vasovagal syncope	≤1 hour.
XVII. Any new vaccine recommended by the Centers for Disease Control and Prevention for routine administration	A. Shoulder Injury Related to Vaccine Administration	≤48 hours.

Vaccine	Illness, disability, injury or condition covered	Time period for first symptom or manifestation of onset or of significant aggravation after vaccine administration
to children and/or pregnant women, after publication by the Secretary of a notice of coverage	B. Vasovagal syncope	≤1 hour.

(b) ***Provisions that apply to all conditions listed.***

(1) Any acute complication or sequela, including death, of the illness, disability, injury, or condition listed in paragraph (a) of this section (and defined in paragraphs (c) and (d) of this section) qualifies as a Table injury under paragraph (a) except when the definition in paragraph (c) requires exclusion.

(2) In determining whether or not an injury is a condition set forth in paragraph (a) of this section, the Court shall consider the entire medical record.

(3) An idiopathic condition that meets the definition of an illness, disability, injury, or condition set forth in paragraph (c) of this section shall be considered to be a condition set forth in paragraph (a) of this section.

(c) ***Qualifications and aids to interpretation.*** The following qualifications and aids to interpretation shall apply to, define and describe the scope of, and be read in conjunction with paragraphs (a), (b), and (d) of this section:

(1) ***Anaphylaxis.*** Anaphylaxis is an acute, severe, and potentially lethal systemic reaction that occurs as a single discrete event with simultaneous involvement of two or more organ systems. Most cases resolve without sequela. Signs and symptoms begin minutes to a few hours after exposure. Death, if it occurs, usually results from airway obstruction caused by laryngeal edema or bronchospasm and may be associated with cardiovascular collapse. Other significant clinical signs and symptoms may include the following: Cyanosis, hypotension, bradycardia, tachycardia, arrhythmia, edema of the pharynx and/or trachea and/or larynx with stridor and dyspnea. There are no specific pathological findings to confirm a diagnosis of anaphylaxis.

(2) ***Encephalopathy.*** A vaccine recipient shall be considered to have suffered an encephalopathy if an injury meeting the description below of an acute encephalopathy occurs within the applicable time period and results in a chronic encephalopathy, as described in paragraph (d) of this section.

(i) ***Acute encephalopathy.***

(A) For children less than 18 months of age who present:

(1) Without a seizure, an acute encephalopathy is indicated by a significantly decreased level of consciousness that lasts at least 24 hours.

(2) Following a seizure, an acute encephalopathy is demonstrated by a significantly decreased level of consciousness that lasts at least 24 hours and cannot be attributed to a postictal state - from a seizure or a medication.

(B) For adults and children 18 months of age or older, an acute encephalopathy is one that persists at least 24 hours and is characterized by at least two of the following:

(1) A significant change in mental status that is not medication related (such as a confusional state, delirium, or psychosis);

(2) A significantly decreased level of consciousness which is independent of a seizure and cannot be attributed to the effects of medication; and

(3) A seizure associated with loss of consciousness.

(C) The following clinical features in themselves do not demonstrate an acute encephalopathy or a significant change in either mental status or level of consciousness: Sleepiness, irritability (fussiness), high-pitched and unusual screaming, poor feeding, persistent inconsolable crying, bulging fontanelle, or symptoms of dementia.

(D) Seizures in themselves are not sufficient to constitute a diagnosis of encephalopathy and in the absence of other evidence of an acute encephalopathy seizures shall not be viewed as the first symptom or manifestation of an acute encephalopathy.

(ii) ***Exclusionary criteria for encephalopathy.*** Regardless of whether or not the specific cause of the underlying condition, systemic disease, or acute event (including an infectious organism) is known, an encephalopathy shall not be considered to be a condition set forth in the Table if it is shown that the encephalopathy was caused by:

(A) An underlying condition or systemic disease shown to be unrelated to the vaccine (such as malignancy, structural lesion, psychiatric illness, dementia, genetic disorder, prenatal or perinatal central nervous system (CNS) injury); or

(B) An acute event shown to be unrelated to the vaccine such as a head trauma, stroke, transient ischemic attack, complicated migraine, drug use (illicit or prescribed) or an infectious disease.

(3) ***Encephalitis.*** A vaccine recipient shall be considered to have suffered encephalitis if an injury meeting the description below of acute encephalitis occurs within the applicable time period and results in a chronic encephalopathy, as described in paragraph (d) of this section.

(i) ***Acute encephalitis.*** Encephalitis is indicated by evidence of neurologic dysfunction, as described in paragraph (c)(3)(i)(A) of this section, plus evidence of an inflammatory process in the brain, as described in paragraph (c)(3)(i)(B) of this section.

(A) Evidence of neurologic dysfunction consists of either:

(1) One of the following neurologic findings referable to the CNS: Focal cortical signs (such as aphasia, alexia, agraphia, cortical blindness); cranial nerve abnormalities; visual field defects; abnormal presence of primitive reflexes (such as Babinski's sign or sucking reflex); or cerebellar dysfunction (such as ataxia, dysmetria, or nystagmus); or

(2) An acute encephalopathy as set forth in paragraph (c)(2)(i) of this section.

(B) Evidence of an inflammatory process in the brain (central nervous system or CNS inflammation) must include cerebrospinal fluid (CSF) pleocytosis (>5 white blood cells (WBC)/mm^3 in children >2 months of age and adults; >15 WBC/mm3 in children <2 months of age); or at least two of the following:

(1) Fever (temperature ≥ 100.4 degrees Fahrenheit);

(2) Electroencephalogram findings consistent with encephalitis, such as diffuse or multifocal nonspecific background slowing and periodic discharges; or

(3) Neuroimaging findings consistent with encephalitis, which include, but are not limited to brain/spine magnetic resonance imaging (MRI) displaying diffuse or multifocal areas of hyperintense signal on T2-weighted, diffusion-weighted image, or fluid-attenuation inversion recovery sequences.

(ii) ***Exclusionary criteria for encephalitis.*** Regardless of whether or not the specific cause of the underlying condition, systemic disease, or acute event (including an infectious organism) is known, encephalitis shall not be considered to be a condition set forth in the Table if it is shown that the encephalitis was caused by:

(A) An underlying malignancy that led to a paraneoplastic encephalitis;

(B) An infectious disease associated with encephalitis, including a bacterial, parasitic, fungal or viral illness (such as herpes viruses, adenovirus, enterovirus, West Nile Virus, or human immunodeficiency virus), which may be demonstrated by clinical signs and symptoms and need not be confirmed by culture or serologic testing; or

(C) Acute disseminated encephalomyelitis (ADEM). Although early ADEM may have laboratory and clinical characteristics similar to acute encephalitis, findings on MRI are distinct with ADEM displaying evidence of acute demyelination (scattered, focal, or multifocal areas of inflammation and demyelination within cerebral subcortical and deep cortical white matter; gray matter involvement may also be seen but is a minor component); or

(D) Other conditions or abnormalities that would explain the vaccine recipient's symptoms.

(4) ***Intussusception.***

(i) For purposes of paragraph (a) of this section, intussusception means the invagination of a segment of intestine into the next segment of intestine, resulting in bowel obstruction, diminished arterial blood supply, and blockage of the venous blood flow. This is

characterized by a sudden onset of abdominal pain that may be manifested by anguished crying, irritability, vomiting, abdominal swelling, and/or passing of stools mixed with blood and mucus.

(ii) For purposes of paragraph (a) of this section, the following shall not be considered to be a Table intussusception:

(A) Onset that occurs with or after the third dose of a vaccine containing rotavirus;

(B) Onset within 14 days after an infectious disease associated with intussusception, including viral disease (such as those secondary to non-enteric or enteric adenovirus, or other enteric viruses such as Enterovirus), enteric bacteria (such as Campylobacter jejuni), or enteric parasites (such as Ascaris lumbricoides), which may be demonstrated by clinical signs and symptoms and need not be confirmed by culture or serologic testing;

(C) Onset in a person with a preexisting condition identified as the lead point for intussusception such as intestinal masses and cystic structures (such as polyps, tumors, Meckel's diverticulum, lymphoma, or duplication cysts);

(D) Onset in a person with abnormalities of the bowel, including congenital anatomic abnormalities, anatomic changes after abdominal surgery, and other anatomic bowel abnormalities caused by mucosal hemorrhage, trauma, or abnormal intestinal blood vessels (such as Henoch Scholein purpura, hematoma, or hemangioma); or

(E) Onset in a person with underlying conditions or systemic diseases associated with intussusception (such as cystic fibrosis, celiac disease, or Kawasaki disease).

(5) ***Chronic arthritis.*** Chronic arthritis is defined as persistent joint swelling with at least twoadditional manifestations of warmth, tenderness, pain with movement, or limited range of motion, lasting for at least 6 months.

(i) Chronic arthritis may be found in a person with no history in the 3 years prior to vaccination of arthropathy (joint disease) on the basis of:

(A) Medical documentation recorded within 30 days after the onset of objective signs ofacute arthritis (joint swelling) that occurred between 7 and 42 days after a rubella vaccination; and

(B) Medical documentation (recorded within 3 years after the onset of acute arthritis) ofthe persistence of objective signs of intermittent or continuous arthritis for more than 6 months following vaccination; and

(C) Medical documentation of an antibody response to the rubella virus.

(ii) The following shall not be considered as chronic arthritis: Musculoskeletal disorders such as diffuse connective tissue diseases (including but not limited to rheumatoid arthritis, juvenile idiopathic arthritis, systemic lupus erythematosus, systemic sclerosis, mixed connective tissue disease, polymyositis/determatomyositis, fibromyalgia, necrotizing vasculitis and vasculopathies and Sjogren's Syndrome), degenerative joint disease,

infectious agents other than rubella (whether by direct invasion or as an immune reaction), metabolic and endocrine diseases, trauma, neoplasms, neuropathic disorders, bone and cartilage disorders, and arthritis associated with ankylosing spondylitis, psoriasis, inflammatory bowel disease, Reiter's Syndrome, blood disorders, or arthralgia (joint pain), or joint stiffness without swelling.

(6) ***Brachial neuritis.*** This term is defined as dysfunction limited to the upper extremity nerve plexus (*i.e.,* its trunks, divisions, or cords). A deep, steady, often severe aching pain inthe shoulder and upper arm usually heralds onset of the condition. The pain is typically followed in days or weeks by weakness in the affected upper extremity muscle groups. Sensory loss may accompany the motor deficits, but is generally a less notable clinical feature. Atrophy of the affected muscles may occur. The neuritis, or plexopathy, may be present on the same side or on the side opposite the injection. It is sometimes bilateral, affecting both upper extremities. A vaccine recipient shall be considered to have suffered brachial neuritis as a Table injury if such recipient manifests all of the following:

(i) Pain in the affected arm and shoulder is a presenting symptom and occurs within thespecified time-frame;

(ii) Weakness;

(A) Clinical diagnosis in the absence of nerve conduction and electromyographic studiesrequires weakness in muscles supplied by more than one peripheral nerve.

(B) Nerve conduction studies (NCS) and electromyographic (EMG) studies localizing theinjury to the brachial plexus are required before the diagnosis can be made if weakness islimited to muscles supplied by a single peripheral nerve.

(iii) Motor, sensory, and reflex findings on physical examination and the results of NCSand EMG studies, if performed, must be consistent in confirming that dysfunction is attributable to the brachial plexus; and

(iv) No other condition or abnormality is present that would explain the vaccine recipient'ssymptoms.

(7) ***Thrombocytopenic purpura.*** This term is defined by the presence of clinical manifestations, such as petechiae, significant bruising, or spontaneous bleeding, and by a serum platelet count less than 50,000/mm^3 with normal red and white blood cell indices. Thrombocytopenic purpura does not include cases of thrombocytopenia associated with othercauses such as hypersplenism, autoimmune disorders (including alloantibodies from previoustransfusions) myelodysplasias, lymphoproliferative disorders, congenital thrombocytopenia or hemolytic uremic syndrome. Thrombocytopenic purpura does not include cases of immune (formerly called idiopathic) thrombocytopenic purpura that are mediated, for example, by viral or fungal infections, toxins or drugs. Thrombocytopenic purpura does not include cases of thrombocytopenia associated with disseminated intravascular coagulation, asobserved with bacterial and viral infections. Viral infections include, for example, those infections secondary to Epstein Barr virus, cytomegalovirus, hepatitis A and B, human immunodeficiency virus, adenovirus, and dengue virus. An antecedent viral infection may bedemonstrated by clinical signs and symptoms and need

not be confirmed by culture or serologic testing. However, if culture or serologic testing is performed, and the viral illness isattributed to the vaccine-strain measles virus, the presumption of causation will remain in effect. Bone marrow examination, if performed, must reveal a normal or an increased numberof megakaryocytes in an otherwise normal marrow.

(8) ***Vaccine-strain measles viral disease.*** This term is defined as a measles illness that involves the skin and/or another organ (such as the brain or lungs). Measles virus must be isolated from the affected organ or histopathologic findings characteristic for the disease must be present. Measles viral strain determination may be performed by methods such as polymerase chain reaction test and vaccine-specific monoclonal antibody. If strain determination reveals wild-type measles virus or another, non-vaccine-strain virus, the disease shall not be considered to be a condition set forth in the Table. If strain determinationis not done or if the strain cannot be identified, onset of illness in any organ must occur within 12 months after vaccination.

(9) ***Vaccine-strain polio viral infection.*** This term is defined as a disease caused by poliovirus that is isolated from the affected tissue and should be determined to be the vaccine-strain by oligonucleotide or polymerase chain reaction. Isolation of poliovirus from the stool is not sufficient to establish a tissue specific infection or disease caused by vaccine-strain poliovirus.

(10) ***Shoulder injury related to vaccine administration (SIRVA).*** SIRVA manifests as shoulder pain and limited range of motion occurring after the administration of a vaccine intended for intramuscular administration in the upper arm. These symptoms are thought to occur as a result of unintended injection of vaccine antigen or trauma from the needle into and around the underlying bursa of the shoulder resulting in an inflammatory reaction. SIRVA is caused by an injury to the musculoskeletal structures of the shoulder (*e.g.* tendons,ligaments, bursae, etc.). SIRVA is not a neurological injury and abnormalities on neurological examination or nerve conduction studies (NCS) and/or electromyographic (EMG) studies would not support SIRVA as a diagnosis (even if the condition causing the neurological abnormality is not known).
A vaccine recipient shall be considered to have suffered SIRVA if such recipient manifests all of the following:

(i) No history of pain, inflammation or dysfunction of the affected shoulder prior to intramuscular vaccine administration that would explain the alleged signs, symptoms,examination findings, and/or diagnostic studies occurring after vaccine injection;

(ii) Pain occurs within the specified time-frame;

(iii) Pain and reduced range of motion are limited to the shoulder in which theintramuscular vaccine was administered; and

(iv) No other condition or abnormality is present that would explain the patient's symptoms(*e.g.* NCS/EMG or clinical evidence of radiculopathy, brachial neuritis, mononeuropathies,or any other neuropathy).

(11) ***Disseminated varicella vaccine-strain viral disease.*** Disseminated varicella vaccine-strain viral disease is defined as a varicella illness that involves the skin beyond the dermatome in which the vaccination was given and/or disease caused by vaccine-strain varicella in another organ. For organs other than the skin, the disease must be demonstrated in the involved organ and not just through mildly abnormal laboratory values. If there is involvement of an organ beyond the skin, and no virus was identified in that organ, the involvement of all organs must occur as part of the same, discrete illness. If strain determination reveals wild-type varicella virus or another, non-vaccine-strain virus, the viral disease shall not be considered to be a condition set forth in the Table. If strain determinationis not done or if the strain cannot be identified, onset of illness in any organ must occur 7- 42days after vaccination.

(12) ***Varicella vaccine-strain viral reactivation disease.*** Varicella vaccine-strain viral reactivation disease is defined as the presence of the rash of herpes zoster with or without concurrent disease in an organ other than the skin. Zoster, or shingles, is a painful, unilateral,pruritic rash appearing in one or more sensory dermatomes. For organs other than the skin, the disease must be demonstrated in the involved organ and not just through mildly abnormallaboratory values. There must be laboratory confirmation that the vaccine-strain of the varicella virus is present in the skin or in any other involved organ, for example by oligonucleotide or polymerase chain reaction. If strain determination reveals wild-type varicella virus or another, non-vaccine-strain virus, the viral disease shall not be consideredto be a condition set forth in the Table.

(13) ***Vasovagal syncope.*** Vasovagal syncope (also sometimes called neurocardiogenic syncope) means loss of consciousness (fainting) and postural tone caused by a transient decrease in blood flow to the brain occurring after the administration of an injected vaccine. Vasovagal syncope is usually a benign condition but may result in falling and injury with significant sequela. Vasovagal syncope may be preceded by symptoms such as nausea, lightheadedness, diaphoresis, and/or pallor. Vasovagal syncope may be associated with transient seizure-like activity, but recovery of orientation and consciousness generally occurssimultaneously with vasovagal syncope. Loss of consciousness resulting from the following conditions will not be considered vasovagal syncope: organic heart disease, cardiac arrhythmias, transient ischemic attacks, hyperventilation, metabolic conditions, neurological conditions, and seizures. Episodes of recurrent syncope occurring after the applicable time period are not considered to be sequela of an episode of syncope meeting the Table requirements.

(14) ***Immunodeficient recipient.*** Immunodeficient recipient is defined as an individual withan identified defect in the immunological system which impairs the body's ability to fight infections. The identified defect may be due to an inherited disorder (such as severe combined immunodeficiency resulting in absent T lymphocytes), or an acquired disorder (such as acquired immunodeficiency syndrome resulting from decreased CD4 cell counts). The identified defect must be demonstrated in the medical records, either preceding or postdating vaccination.

(15) ***Guillain-Barré Syndrome (GBS).***

(i) GBS is an acute monophasic peripheral neuropathy that encompasses a spectrum of

fourclinicopathological subtypes described below. For each subtype of GBS, the interval between the first appearance of symptoms and the nadir of weakness is between 12 hours and 28 days. This is followed in all subtypes by a clinical plateau with stabilization at the nadir of symptoms, or subsequent improvement without significant relapse. Death may occur without a clinical plateau. Treatment related fluctuations in all subtypes of GBS can occur within 9 weeks of GBS symptom onset and recurrence of symptoms after this time-frame would not be consistent with GBS.

(ii) The most common subtype in North America and Europe, comprising more than 90 percent of cases, is acute inflammatory demyelinating polyneuropathy (AIDP), which hasthe pathologic and electrodiagnostic features of focal demyelination of motor and sensoryperipheral nerves and nerve roots. Another subtype called acute motor axonal neuropathy(AMAN) is generally seen in other parts of the world and is predominated by axonal damage that primarily affects motor nerves. AMAN lacks features of demyelination. Another less common subtype of GBS includes acute motor and sensory neuropathy (AMSAN), which is an axonal form of GBS that is similar to AMAN, but also affects thesensory nerves and roots. AIDP, AMAN, and AMSAN are typically characterized by symmetric motor flaccid weakness, sensory abnormalities, and/or autonomic dysfunction caused by autoimmune damage to peripheral nerves and nerve roots. The diagnosis ofAIDP, AMAN, and AMSAN requires:

(A) Bilateral flaccid limb weakness and decreased or absent deep tendon reflexes in weak limbs;

(B) A monophasic illness pattern;

(C) An interval between onset and nadir of weakness between 12 hours and 28 days;

(D) Subsequent clinical plateau (the clinical plateau leads to either stabilization at thenadir of symptoms, or subsequent improvement without significant relapse; however,death may occur without a clinical plateau); and,

(E) The absence of an identified more likely alternative diagnosis.

(iii) Fisher Syndrome (FS), also known as Miller Fisher Syndrome, is a subtype of GBS characterized by ataxia, areflexia, and ophthalmoplegia, and overlap between FS and AIDPmay be seen with limb weakness. The diagnosis of FS requires:

(A) Bilateral ophthalmoparesis;

(B) Bilateral reduced or absent tendon reflexes;

(C) Ataxia;

(D) The absence of limb weakness (the presence of limb weakness suggests a diagnosisof AIDP, AMAN, or AMSAN);

(E) A monophasic illness pattern;

(F) An interval between onset and nadir of weakness between 12 hours and 28 days;

(G) Subsequent clinical plateau (the clinical plateau leads to either stabilization at the nadir of symptoms, or subsequent improvement without significantrelapse; however, death may occur without a clinical plateau);

(H) No alteration in consciousness;

(I) No corticospinal track signs; and

(J) The absence of an identified more likely alternative diagnosis.

(iv) Evidence that is supportive, but not required, of a diagnosis of all subtypes of GBS includes electrophysiologic findings consistent with GBS or an elevation of cerebral spinal fluid (CSF) protein with a total CSF white blood cell count below 50 cells per microliter. Both CSF and electrophysiologic studies are frequently normal in the first week of illnessin otherwise typical cases of GBS.

(v) To qualify as any subtype of GBS, there must not be a more likely alternative diagnosisfor the weakness.

(vi) Exclusionary criteria for the diagnosis of all subtypes of GBS include the ultimate diagnosis of any of the following conditions: chronic immune demyelinating polyradiculopathy (CIDP), carcinomatous meningitis, brain stem encephalitis (other than Bickerstaff brainstem encephalitis), myelitis, spinal cord infarct, spinal cord compression, anterior horn cell diseases such as polio or West Nile virus infection, subacute inflammatory demyelinating polyradiculoneuropathy, multiple sclerosis, cauda equina compression, metabolic conditions such as hypermagnesemia or hypophosphatemia, tick paralysis, heavy metal toxicity (such as arsenic, gold, or thallium), drug-induced neuropathy (such as vincristine, platinum compounds, or nitrofurantoin), porphyria, criticalillness neuropathy, vasculitis, diphtheria, myasthenia gravis, organophosphate poisoning, botulism, critical illness myopathy, polymyositis, dermatomyositis, hypokalemia, or hyperkalemia. The above list is not exhaustive.

(d) ***Glossary for purposes of paragraph (c) of this section -***

(1) ***Chronic encephalopathy.***

(i) A chronic encephalopathy occurs when a change in mental or neurologic status, first manifested during the applicable Table time period as an acute encephalopathy or encephalitis, persists for at least 6 months from the first symptom or manifestation of onsetor of significant aggravation of an acute encephalopathy or encephalitis.

(ii) Individuals who return to their baseline neurologic state, as confirmed by clinical findings, within less than 6 months from the first symptom or manifestation of onset or of significant aggravation of an acute encephalopathy or encephalitis shall not be presumed tohave suffered residual neurologic damage from that event; any subsequent chronic

encephalopathy shall not be presumed to be a sequela of the acute encephalopathy or encephalitis.

(2) ***Injected*** refers to the intramuscular, intradermal, or subcutaneous needle administrationof a vaccine.

(3) ***Sequela*** means a condition or event which was actually caused by a condition listed in theVaccine Injury Table.

(4) ***Significantly decreased level of consciousness*** is indicated by the presence of one or more of the following clinical signs:

(i) Decreased or absent response to environment (responds, if at all, only to loud voice orpainful stimuli);

(ii) Decreased or absent eye contact (does not fix gaze upon family members or otherindividuals); or

(iii) Inconsistent or absent responses to external stimuli (does not recognize familiar peopleor things).

(5) ***Seizure*** includes myoclonic, generalized tonic-clonic (grand mal), and simple and complex partial seizures, but not absence (petit mal), or pseudo seizures. Jerking movementsor staring episodes alone are not necessarily an indication of seizure activity.

(e) ***Coverage provisions.***

(1) Except as provided in paragraph (e)(2), (3), (4), (5), (6), (7), or (8) of this section, this section applies only to petitions for compensation under the program filed with the UnitedStates Court of Federal Claims on or after February 21, 2017

(2) Hepatitis B, Hib, and varicella vaccines (Items VIII, IX, and X of the Table) are includedin the Table as of August 6, 1997.

(3) Rotavirus vaccines (Item XI of the Table) are included in the Table as of October 22,1998.

(4) Pneumococcal conjugate vaccines (Item XII of the Table) are included in the Table as ofDecember 18, 1999.

(5) Hepatitis A vaccines (Item XIII of the Table) are included on the Table as of December 1,2004.

(6) Trivalent influenza vaccines (Included in item XIV of the Table) are included on the Table as of July 1, 2005. All other seasonal influenza vaccines (Item XIV of the Table) areincluded on the Table as of November 12, 2013.

(7) Meningococcal vaccines and human papillomavirus vaccines (Items XV and XVI of theTable) are included on the Table as of February 1, 2007.

(8) Other new vaccines (Item XVII of the Table) will be included in the Table as of the effective date of a tax enacted to provide funds for compensation paid with respect to such vaccines. An amendment to this section will be published in the Federal Register to announcethe effective date of such a tax.

[82 FR 6299, Jan. 19, 2017, as amended at 86 FR 68427, Dec. 2, 2021]

Attachment D Table for CPT Codes Used to Bill VFC

CPT code	Vaccine
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage for intramuscular use (Beyfortus™)
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage for intramuscular use (Beyfortus™)
90587	Dengue vaccine, quadrivalent, live three dose schedule, for subcutaneous use (Dengvaxia)
90619	Meningococcal conjugate vaccine, serogroups A, C, W, Y, quadrivalent, tetanus toxoid carrier (MenACWY-TT), for intramuscular use (MenQuadfi)
90620	Meningococcal vaccine serogroup B (Bexsero)
90621	Meningococcal vaccine serogroup B (Trumenba)
90623	Meningococcal pentavalent vaccine, conjugated Men A, C, W, Y- tetanus toxoid carrier, and Men B-FHbp, for intramuscular use (Penbraya™)
90630	Influenza virus vaccine, quadrivalent (IIV4), split virus, preservative free, for intradermal use (Fluzone Quad Intradermal)
90632	Hepatitis A vaccine (HepA), adult dosage, intramuscular, non-VFC, purchased vaccine (Vaqta®, Havrix®- for adults)
90633	Hepatitis A vaccine/pediatric/adolescent (Vaqta, Havrix)
90647	Haemophilus influenzae b (Hib) vaccine (PedvaxHIB®)
90648	Haemophilus influenzae b (Hib) vaccine (ActHIB®, Hiberex)
90651	Human papillomavirus (HPV) vaccine, types 6, 11, 16, 18, 31, 33, 45, 52, 58, nonavalent, for intramuscular use (Gardasil-9®)
‹‹90656	Afluria® Trivalent››
‹‹90657	Afluria® Trivalent, Fluvirin, Fluzone, Flulaval››
‹‹90658	Afluria® Trivalent, Fluvirin, Fluzone, Flulaval››
‹‹90661	Flucelvax® Trivalent››
90670	Pneumococcal conjugate vaccine, 13 valent (PCV13), intramuscular use (Prevnar 13™)
90671	Pneumococcal conjugate vaccine, 15 valent (PCV15), for intramuscular use (Vaxneuvance)
90672	Influenza virus vaccine, quadrivalent, live, (LAIV4), for intranasal use (FluMist® Quadrivalent)
90674	Influenza virus vaccine, quadrivalent (ccIIV4), derived from cell cultures, subunit, preservative and antibiotic free, 0.5 ml dosage, for intramuscular use (Flucelvax®)
90677	Pneumococcal conjugate vaccine, 20 valent (PCV20), for intramuscular use (Prevnar 20®)
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use (Abrysvo™)
90680	Rotavirus vaccine, oral (RotaTeq®) (three dose schedule)

Table for CPT Codes Used to Bill VFC (continued)

CPT Code	Vaccine
90681	Rotavirus vaccine, oral (2 dose schedule) (Rotarix®)
90682	Influenza virus vaccine, quadrivalent (RIV4), derived from recombinant DNA, hemagglutinin (HA) protein only, preservative and antibiotic free, for intramuscular use (Flublok Quad)
90685	Influenza virus vaccine, quadrivalent, split virus, preservative free, 0.25 ml dosage (Afluria Quad, Fluzone Quad)
90686	Influenza virus vaccine, quadrivalent, split virus, preservative free, 0.5 ml dosage (Afluria Quad, Fluarix Quad, Flulaval Quad, Fluzone Quad)
90687	Influenza virus vaccine, quadrivalent (IIV4), split virus, 0.25 mL dosage, for intramuscular use (Afluria, Flulaval, Fluzone Quad)
90688	Influenza virus vaccine, quadrivalent, split virus, 0.5 ml dosage (Afluria Quad, Flulaval Quad, Fluzone Quad)
90696	Diphtheria, tetanus toxoids, acellular pertussis vaccine and poliovirus vaccine, inactivated (DTap-IPV) (Kinrix®, Quadracel®)
90697	Diphtheria, tetanus toxoids, acellular pertussis vaccine, inactivated poliovirus vaccine, Haemophilus influenzae type b PRP-OMP conjugate vaccine, and hepatitis B vaccine (DTaP-IPV-Hib-HepB), for intramuscular use (Vaxelis™)
90698	Diphtheria, tetanus toxoids, acellular pertussis vaccine, haemophilus influenza Type B, and poliovirus vaccine, inactivated (DTaP-Hib-IPV) for intramuscular use (Pentacel)
90700	DTaP Vaccine (Tripedia®, Daptacel®, Infarix®)
90707	MMR Vaccine (MMR II®)
90710	MMRV Vaccine (ProQuad®)
90713	Inactivated Polio Vaccine (IPOL®)
90715	Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), (7 years of age and older) (Boostrix®, Adacel®)
90716	Varicella Vaccine (Varivax®)
90723	DTaP-HepB-IPV Vaccine (Pediarix®)
90732	Pneumococcal polysaccharide vaccine, 23-valent PPSV23, adult or immunosuppressed patient dosage, when administered to individuals 2 years or older, for subcutaneous or intramuscular use (Pneumovax® 23)
90734*	Meningitis Conjugate Vaccine [MenACWY-CRM]) (Menveo®)
90740	Hepatitis B vaccine HepB, dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use (Recombivax HB®)
90743	Hepatitis B Vaccine (Recombivax HB®)
90744	Hepatitis B Vaccine (Engerix B®, Recombivax HB)

Table for CPT Codes Used to Bill VFC (continued)

CPT Code	Vaccine
90756	Influenza virus vaccine, quadrivalent, subunit, antibiotic free, 0.5 ml dosage (Flucelvax Quad)
91304	Severe acute respiratory syndrome coronavirus 2 [SARSCoV-2] [coronavirus disease COVID-19] vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, preservative free, 5 mcg/0.5 mL dosage, for intramuscular use
91318	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, spike protein, 3 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use
91319	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, spike protein, 10 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use
91320	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, spike protein, 30 mcg/0.3 ml dosage, tris-sucrose formulation, for intramuscular use
91321	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, 25 mcg/0.25 ml dosage, for intramuscular use
91322	Severe acute respiratory syndrome coronavirus 2 (sarscov-2) (coronavirus disease [covid-19]) vaccine, mrnalnp, 50 mcg/0.5 ml dosage, for intramuscular use