TOC required

222.800 Schedule for Preventive Health Screens

4-1-09~~1-1-~~20

The ARKids First – B periodic screening schedule follows the guidelines for the EPSDT screening schedule and is updated in accordance with the recommendations of the American Academy of Pediatrics.

From birth ~~through~~ to ~~twelve (12)~~15 months of age, children may receive six (6) periodic screens in addition to the newborn screen performed in the hospital.

Children age ~~fifteen (~~15~~)~~ months ~~through~~ to ~~four (4) years may receive five (5) periodic screens.~~24 months of age may receive two (2) periodic screens. Children age 24 months to 30 months may receive one (1) periodic screen, and children 30 months to 3 years old may receive one (1) periodic screen.

When a child has turned ~~five (5)~~3 years old, the following schedule will apply. There must be at least 365 days between each screen listed below for children age ~~35~~ years through 18 years.

~~Age~~			
~~5 years~~	~~10 years~~	~~13 years~~	~~16 years~~
~~6 years~~	~~11 years~~	~~14 years~~	~~17 years~~
~~8 years~~	~~12 years~~	~~15 years~~	~~18 years~~
Age			
3 years	7 years	11 years	15 years
4 years	8 years	12 years	16 years
5 years	9 years	13 years	17 years
6 years	10 years	14 years	18 years

Medical screens for children are required to be performed by the beneficiary's PCP or receive a PCP referral to an authorized Medicaid screening provider. Routine newborn care, vision screens, dental screens and immunizations for childhood diseases do not require PCP referral. See Section 262.130 for procedure codes.

222.810 Newborn Screen (Ages 3 to 5 Days)

4-1-09~~1-1-~~20

A. History (initial/interval) to be performed.

B. Measurements to be performed:

1. Height and Weight
2. Head Circumference

C. Physical Examination to be performed at 3 to 5 days of age. At each visit a completed physical examination is essential with the infant totally unclothed.

D. Developmental/Surveillance and Psychosocial/Behavioral Assessment, to be performed by history and appropriate physical examination and, if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit

E. Procedures—General

These may be modified depending upon the entry point into the schedule and the individual need.

1. Hereditary/Metabolic Screening to be performed at age 1 month, if not performed either during the newborn evaluations or at the preferred one of 3-5 days. Metabolic screening (e.g., thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to state law.
2. Immunization(s) to be performed as appropriate. Every visit should be an opportunity to update and complete a child's immunizations.

~~Routine newborn care following a vaginal delivery or C-section includes the physical exam of the baby and the conference(s) with newborns parent(s) and is considered to be the initial newborn preventive care screen in the hospital. Newborn screens do not require PCP referral. Certified nurse-midwives may provide newborn screens only. Nurse practitioners may provide newborn screens and are authorized to provide other periodicity related screens with the proper PCP referral.~~

222.820 Infancy (Ages 1–~~12~~ 9 Months) ~~4-1-09~~1-1-20

A. History (Initial/Interval) to be performed at ages 1, 2, 4, 6, and 9 ~~and 12~~ months.

B. Measurements to be performed

1. Height and Weight at ages 1, 2, 4, 6, and 9 ~~and 12~~ months.
2. Head Circumference at ages 1, 2, 4, 6, and 9 ~~and 12~~ months.

C. Sensory Screening, subjective, by history

1. Vision at ages 1, 2, 4, 6, and 9 ~~and 12~~ months.
2. Hearing at ages 1, 2, 4, 6, and 9 ~~and 12~~ months.

D. Developmental/Surveillance and Psychosocial/Behavioral Assessment to be performed at ages 1, 2, 4, 6, and 9 ~~and 12~~ months; to be performed by history and appropriate physical examination and, if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.

E. Physical Examination to be performed at ages 1, 2, 4, 6, and 9 ~~and 12~~ months. At each visit, a complete physical examination is essential with the infant totally unclothed.

F. Procedures - General

These may be modified depending upon the entry point into the schedule and the individual need.

1. Hereditary/Metabolic Screening to be performed at age 1 month, if not performed either during the newborn evaluation or at the preferred age of 3-~~5~~2-4 days. Metabolic screening (e.g., thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to state law.
2. Immunization(s) to be performed at ages 1, 2, 4, 6, and 9 ~~and 12~~ months. Every visit should be an opportunity to update and complete a child's immunizations.
3. Hematocrit or Hemoglobin ~~to be performed at age 9 months, which is the preferred age, through 12 months. Consider earlier screening for high-risk infants (e.g., premature infants and low birth weight infants).~~ risk assessment at 4 months with appropriate testing of high risk factors.

G. Other Procedures

1. Lead screening risk assessment to be performed at ages 6 and 9 months. ~~, which is the preferred age, through 12 months.~~ Additionally, screening should be done in accordance with state law where applicable.
2. Tuberculin ~~test to be performed at age 12 months. Testing should be done upon recognition of high risk factors.~~surveillance to be performed at ages 1 and 6 months per recommendations of the American Academy of Pediatrics (AAP) Committee on Infectious Diseases, published in the current edition of *AAP Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high risk factors.

H. Anticipatory Guidance to be performed at ages 1, 2, 4, 6, and 9 ~~and 12~~ months. Age-appropriate discussion and counseling should be an integral part of each visit for care.

1. Injury prevention at ages 1, 2, 4, 6, and 9 ~~and 12~~ months.
2. Violence prevention at ages 1, 2, 4, 6, and 9 ~~and 12~~ months.
3. Sleep positioning counseling at ages 1, 2, 4, and 6 months. Parents and caregivers should be advised to place healthy infants on their backs when putting them to sleep. Side positioning is a reasonable alternative but carries a slightly higher risk of SIDS.
4. Nutrition counseling at ages 1, 2, 4, 6, and 9 ~~and 12~~ months. Age-appropriate nutrition counseling should be an integral part of each visit.

I. Oral Health risk assessment: The Bright Futures/AAP "Recommendation for Preventative Pediatric Health Care," (i.e. Periodicity Schedule) recommends all children receive a risk assessment at the 6- and 9-month visits. For the 12-, 18-, 24-, 30-month, and the 3- and 6-year visits, risk assessment should continue if a dental home has not been established. **View the Bright/AAP Periodicity Schedule** ~~Dental Referral may be performed as early as age 12 months. Age 3 years is the preferred age; however, earlier initial dental examinations may be appropriate for some children.~~

Subsequent examinations should be completed as prescribed by the child's dentist and recommended by the Child Health Services (EPSDT) dental schedule.

J. Developmental Screen to be performed at age 9 months using a standardized tool such as the Ages and Stages Questionnaire (ASQ) or Brigance Screens II. Any additional test must be approved by the Division of Medical Services (DMS) prior to use.

222.830 Early Childhood (Ages ~~12~~15 Months–4 Years) ~~4-1-09~~1-1-20

A. History (Initial/Interval) to be performed at ages 12, 15, 18, ~~and~~ 24, and 30 months and ages 3 and 4 years.

B. Measurements to be performed

1. Height and Weight at ages 12, 15, 18, ~~and~~ 24, and 30 months and ages 3 and 4 years.
2. Head Circumference at ages 12, 15, 18, and 24 months.
3. Blood Pressure at ages 30 months*, 3 and 4 years.

*Note: For infants and children with specific risk conditions.

4. BMI (Body Mass Index) at ages 24 and 30 months, 3 and 4 years.

C. Sensory Screening, subjective, by history

1. Vision at ages 12, 15, 18, ~~and~~ 24, and 30 months

2. Hearing at ages 12, 15, 18, ~~and~~ 24, and 30 months and age 3 years.

D. Sensory Screening, objective, by a standard testing method

1. Vision at ages 3 and 4 years. Note: If the 3-year-old patient is uncooperative, re-screen within 6 months.

2. Hearing at age 4 years.

E. Developmental/Surveillance and Psychosocial/Behavioral Assessment to be performed at ages 12, 15, 18, ~~and~~ 24, and 30 months and ages 3 and 4 years. To be performed by history and appropriate physical examination and, if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.

F. Physical Examination to be performed at ages 12, 15, 18, ~~and~~ 24, and 30 months and ages 3 and 4 years. At each visit, a complete physical examination is essential, with the infant totally unclothed or with the older child undressed and suitably draped.

G. Procedures – General

These may be modified depending upon the entry point into the schedule and the individual need.

1. Immunization(s) to be performed at ages 12, 15, 18, ~~and~~ 24, and 30 months and ages 3 and 4 years. Every visit should be an opportunity to update and complete a child's immunizations.

2. Hematocrit or Hemoglobin risk assessment at 4 months with appropriate testing and follow up action if high risk to be performed ~~for patients at high risk~~ at ages 12, 15, 18, ~~and~~ 24, and 30 months and ages 3 and 4 years.

H. Other Procedures

Testing should be done upon recognition of high risk factors.

1. Lead screening ~~risk assessment~~ to be performed at ages 12 and 24 months. Additionally, screening should be done in accordance with state law where applicable, with appropriate action to follow if high risk positive.

2. Tuberculin test to be performed at ages 12~~15, 18~~ and 24 months and ages 3 and 4 years. Testing should be done upon recognition of high-risk factors per recommendations of the Committee on Infectious Diseases, published in the current edition of *AAP Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high risk factors.~~.~~

3. Risk Assessment for Hyperlipidemia ~~Cholesterol screening~~to be performed at ages 24 months ~~and ages 3~~ and 4 years with fasting screen, i. ~~I~~f family history cannot be ~~ascertained~~ascertained, and other risk factors are present, screening should be at the discretion of the physician.

I. Anticipatory Guidance to be performed at ages 12, 15, 18, ~~and~~ 24, and 30 months and at ages 3 and 4 years. Age-appropriate discussion and counseling should be an integral part of each visit for care.

1. Injury prevention to be performed at ages 12, 15, 18, ~~and~~ 24, and 30 months and at ages 3 and 4 years.

2. Violence prevention to be performed at ages 12, 15, 18, ~~and~~ 24, and 30 months and at ages 3 and 4 years.

3. Nutrition counseling to be performed at ages 12, 15, 18, ~~and~~ 24, and 30 months and ages 3 and 4 years. Age-appropriate nutrition counseling should be an integral part of each visit.

J. Oral Health Risk assessment: The Bright Futures/AAP "Recommendation for Preventative Pediatric Health Care," (i.e. Periodicity Schedule) recommends all children receive a risk assessment at the 6- and 9-month visits. For the 12-, 18-, 24-, 30-month, and the 3- and 6-year visits, risk assessment should continue if a dental home has not been established. **View the Bright/AAP Periodicity Schedule** ~~Dental Referral to be performed. Three years is the preferred age; however, earlier initial dental examinations may be appropriate for some children at ages 15, 18 and 24 months~~.

Subsequent examinations should be as prescribed by the dentist and recommended by the Child Health Services (EPSDT) dental schedule.

K. Developmental Screen to be performed at age 18 and 30 months using standardized tools such as the Ages and Stages Questionnaire (ASQ) or Brigance Screens-II. Any additional tests must be approved by DMS prior to use.

L. Autism Screen to be performed at age 18 and 24 months (or 30 months if screen was not completed at 24 months) using a standardized tool such as the Modified Checklist for Autism in Toddlers (M-CHAT) or the Pervasive Developmental Disorders Screening Tests-II (PDDSDT-II) Stage1. Any additional test must be approved by DMS prior to use.

222.840 Middle Childhood (Ages 5 - 10 Years)

~~4-1-09~~1-1-20

A. History (Initial/Interval) to be performed at ages 5, 6, 7, 8, 9, and 10 years.

B. Measurements to be performed

1. Height and Weight at ages 5, 6, 7, 8, 9, and 10 years.
2. Blood Pressure at ages 5, 6, 7, 8, 9, and 10 years.
3. Body Mass Index at ages 5, 6, 7, 8, 9, and 10 years.

C. Sensory Screening, objective, by a standard testing method

1. Vision at ages 5, 6, 8, and 10 years.
2. Hearing at ages 5, 6, 8, and 10 years.

D. Sensory Screening, subjective, by history.

1. Vision at ages 7 and 9.
2. Hearing at ages 7 and 9.

E. Developmental/Surveillance and Psychosocial/Behavioral Assessment to be performed at ages 5, 6, 7, 8, 9, and 10 years. To be performed by history and appropriate physical examinations and, if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.

F~~E~~. Physical Examination to be performed at ages 5, 6, 7, 8, 9, and 10 years. At each visit, a complete physical examination is essential with the child undressed and suitably draped.

G~~F~~. Procedures - General

These may be modified depending upon entry point into schedule and individual need.

1. Immunization(s) to be performed at ages 5, 6, 7, 8, 9, and 10 years. Every visit should be an opportunity to update and complete a child's immunizations.
2. Hematocrit or Hemoglobin to be performed for patients at high risk at ages 5, 6, 7, 8, 9, and 10 years.

3. ~~Urinalysis to be performed at age 5 years~~High Cholesterol to be performed at least once between the ages of 9 and 11, using a non-HDL cholesterol test that does not require fasting. Abnormal results should be followed up with a fasting lipid profile.

HG. Other Procedures

Testing should be done upon recognition of high-risk

1. Tuberculin test to be performed at ages 5, 6, 7, 8, 9, and 10 years. Testing should be done upon recognition of high-risk factors.
2. Risk Assessment for Hyperlipidemia ~~Cholesterol screening~~ to be performed at ages ~~5,~~ 6, 7, 8, 9, and 10 years with fasting i. ~~I~~f family history cannot be ascertained, and other risk factors are present, screening should be at the discretion of the physician.
3. Oral Health Risk Assessment: The Bright Futures/AAP "Recommendation for Preventative Pediatric Health Care," (i.e. Periodicity Schedule) recommends all children receive a risk assessment at the 6- and 9-month visits. For the 12-, 18-, 24-, 30-month, and the 3- and 6-year visits, risk assessment should continue if a dental home has not been established. View the **Bright/AAP Periodicity Schedule** ~~STD screening to be performed for patients at risk at age 5 years. All sexually active patients should be screened for sexually transmitted diseases (STDs).~~

Subsequent examination should be as prescribed by the dentist and recommended by the Child Health Services (EPSDT) dental schedule.

IH. Anticipatory Guidance to be performed at ages 5, 6, 7, 8, 9, and 10 years. Age-appropriate discussion and counseling should be an integral part of each visit for care.

1. Injury prevention to be performed at ages 5, 6, 7, 8, 9, and 10 years.
2. Violence prevention to be performed at ages 5, 6, 7, 8, 9, and 10 years.
3. Nutrition counseling to be performed at ages 5, 6, 7, 8, 9, and 10 years. Age-appropriate counseling should be an integral part of each visit.

222.850 Adolescence (Ages 11 - 18 Years)

~~4-1-09~~1-1-20

Developmental, psychosocial and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

A. History (Initial/Interval) to be performed at ages 11, 12, 13, 14, 15, 16, 17, and 18 years.

B. Measurements to be performed

1. Height and Weight at ages 11, 12, 13, 14, 15, 16, 17, and 18 years.
2. Blood Pressure at ages 11, 12, 13, 14, 15, 16, 17, and 18 years.
3. Body Mass Index at ages: 11, 12, 13, 14, 15, 16, 17, and 18 years.

C. Sensory Screening, subjective, by history

1. Vision at ages 11, 13, 14, 16, and 17 years.
2. Hearing at ages 11, 12, 13, 14, 16, ~~and~~ 17, and 18 years.

D. Sensory Screening, objective, by a standard testing method

1. Vision at ages 12, 15, and 18 years.
2. Hearing at ages 12, 15, and 18 years.

E. Developmental/Surveillance and Psychosocial/Behavioral Assessment to be performed at ages 11, 12, 13, 14, 15, 16, 17, and 18 years. To be performed by history and appropriate

physical examination, if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.

F. Physical Examination to be performed at ages 11, 12, 13, 14, 15, 16, 17, and 18 years. At each visit, a complete physical examination is essential, with the child undressed and suitably draped.

G. Procedures – General

These may be modified, depending upon entry point into schedule and individual need.

1. Immunization(s) to be performed at ages 11, 12, 13, 14, 15, 16, 17, and 18 years. Every visit should be an opportunity to update and complete a child's immunizations.

2. High Cholesterol screening to be performed at least once between the ages of 17 and 18, using a non-HDL cholesterol test that does not require fasting. Abnormal results should be followed up with a fasting lipid profile. ~~Hematocrit or Hemoglobin to be performed. Age 13 years is the preferred age, with a range as early as 11 years and as late as 18 years. All menstruating adolescents should be screened annually.~~

3. ~~Urinalysis to be performed. Age 16 is the preferred age that a service may be provided, with a range from as early as 11 years to as late as 18 years. Conduct dipstick urinalysis for leukocytes annually for sexually active male and female adolescents.~~

H. Other Procedures

Testing should be done upon recognition of high risk factors.

1. Tuberculin test to be performed at ages 11, 12, 13, 14, 15, 16, 17, and 18 years.

2. ~~Cholesterol screening~~Risk assessment for Hyperlipidemia to be performed annually with fasting screen at ages 11, 12, 13, 14, 15, 16, 17 and 18 years. ~~I~~if family history cannot be ascertained and other risk factors are present. S~~,s~~creening should be at the discretion of the physician.

3. ~~STD screening to be performed at ages 11, 12, 13, 14, 15, 16, 17 and 18 years. All sexually active patients should be screened for sexually transmitted diseases (STDs).~~ Hematocrit or Hemoglobin to be performed for those patients at high risk at ages 11, 18.

4. STI/HIV screening to be performed at ages 11, 12, 13, 14, 15, 16, 17, and 18 years. All sexually active patients should be screened for sexually transmitted diseases (STDs). Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current addition of *the AAP Red Book: Report of the Committee on Infectious Diseases*. Additionally, all adolescents should be screened for HIV according to the **AAP statement** once between the ages of 16 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually~~Pelvic exam to be performed. The preferred age for exam is age 18 years; however it may be performed as early as age 11 years and as late as 18 years. All sexually active females should have a pelvic examination. A pelvic examination and routine Pap smear should be offered as part of preventive health maintenance between the ages of 11 and 18 years.~~

5. Depression screening ages 12 through 18 using screening tools such as Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit.

I. Anticipatory Guidance to be performed at ages 11, 12, 13, 14, 15, 16, 17, and 18 years. Age-appropriate discussion and counseling should be an integral part of each visit for care.

1. Injury prevention to be performed at ages 11, 12, 13, 14, 15, 16, 17, and 18 years.

2. Violence prevention to be performed at ages 11, 12, 13, 14, 15, 16, 17, and 18 years.
3. Nutrition counseling to be performed at ages 11, 12, 13, 14, 15, 16, 17, and 18 years. Age-appropriate nutrition counseling should be an integral part of each visit.

TOC required

215.100 Schedule for Child Health Services (EPSDT) Medical/Periodicity Screening

~~7-1-05~~1-1-20

The periodic EPSDT screening schedule has been changed in accordance with the most recent recommendations of the American Academy of Pediatrics.

From birth ~~through~~ to ~~twelve (12)~~15 months of age, children may receive six (6) periodic screens in addition to the newborn screen performed in the hospital.

Children age ~~fifteen (~~15~~)~~ months ~~through~~ to ~~four (4) years may receive five (5) periodic screens.~~24 months of age may receive two (2) periodic screens. Children age 24 months to 30 months may receive one (1) periodic screen, and children 30 months to 3 years old may receive one (1) periodic screen.

~~When a child has turned five (5) years old, the following schedule will apply. There must be at least 365 days between each screen listed below for children age 5 years through 20 years.~~

When a child has turned 3 years old, the following schedule will apply. There must be at least 365 days between each screen listed below for children age 3 years through 20 years.

~~Age~~				
~~5 years~~	~~10 years~~	~~13 years~~	~~16 years~~	~~19 years~~
~~6 years~~	~~11 years~~	~~14 years~~	~~17 years~~	~~20 years~~
~~8 years~~	~~12 years~~	~~15 years~~	~~18 years~~	

Age			
3 years	8 years	13 years	18 years
4 years	9 years	14 years	19 years
5 years	10 years	15 years	20 years
6 years	11 years	16 years	
7 years	12 years	17 years	

Most medical and hearing screens for children require a PCP referral before the screens may occur. Routine newborn care, vision screens, dental screens and immunizations for childhood diseases do not require PCP referral. See Section 242.100 for procedure codes.

215.301 Newborn Screen (Ages 3 to 5 Days)

1-1-20

A. History (initial/interval) to be performed.

B. Measurements to be performed

1. Height and Weight
2. Head Circumference

C. Physical Examination to be performed at 3 to 5 days of age. At each visit a completed physical examination is essential with the infant totally unclothed.

D. Developmental/Surveillance and Psychosocial/Behavioral Assessment, to be performed by history and appropriate physical examination and, if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.

E. Procedures-General

These may be modified depending upon the entry point into the schedule and the individual need.

1. Hereditary/Metabolic Screening to be performed at age 1 month, if not performed either during the newborn evaluations or at the preferred age of 3-5 days. Metabolic screening (e.g. thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to state law.

2. Immunization(s) to be performed as appropriate. Every visit should be an opportunity to update and complete a child's immunizations.

215.310 Infancy (Ages 1–~~12~~ 9 months)

~~10-13-031-~~ 1-20

A. History (Initial/Interval) to be performed at ages 1, 2, 4, 6, and 9 ~~and 12~~ months.

B. Measurements to be performed

1. Height and Weight at ages 1, 2, 4, 6, and 9 ~~and 12~~ months.
2. Head Circumference at ages 1, 2, 4, 6, and 9 ~~and 12~~ months.

C. Sensory Screening, subjective, by history

1. Vision at ages 1, 2, 4, 6, and 9 ~~and 12~~ months.
2. Hearing at ages 1, 2, 4, 6, and 9 ~~and 12~~ months.

D. Developmental/~~Behavioral Assessment~~Surveillance and Psychosocial/Behavioral Assessment to be performed at ages 1, 2, 4, 6, and 9 ~~and 12~~ months. To be performed by history and appropriate physical examination and, if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.

E. Physical Examination to be performed at ages 1, 2, 4, 6, and 9 ~~and 12~~ months. At each visit, a complete physical examination is essential with the infant totally unclothed.

F. Procedures - General

These may be modified depending upon the entry point into the schedule and the individual need.

1. Hereditary/Metabolic Screening to be performed at age 1 month, if not performed either during the newborn evaluation or at the preferred age of ~~2-4~~3-5 days. Metabolic screening (e.g., thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to state law.
2. Immunization(s) to be performed at ages 1, 2, 4, 6, and 9 ~~and 12~~ months. Every visit should be an opportunity to update and complete a child's immunizations.
3. Hematocrit or Hemoglobin ~~to be performed at age 9 months, which is the preferred age, through 12 months. Consider earlier screening for high-risk infants (e.g., premature infants and low birth weight infants).~~risk assessment at age 4 months with appropriate testing of high risk factors.

G. Other Procedures

1. Lead screening risk assessment to be performed at ages 6 and 9 months~~, which is the preferred age, through 12 months~~. Additionally, screening should be done in accordance with state law where applicable.
2. Tuberculin ~~test to be performed at age 12 months. Testing should be done upon recognition of high-risk factors.~~surveillance to be performed at ages 1 and 6 months per recommendations of the American Academy of Pediatrics (AAP) Committee on

Infectious Diseases, published in the current edition of *AAP Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high risk factors.

H. Anticipatory Guidance to be performed at ages 1, 2, 4, 6, and 9 ~~and 12~~ months. Age-appropriate discussion and counseling should be an integral part of each visit for care.

1. Injury prevention at ages 1, 2, 4, 6, and 9 ~~and 12~~ months.
2. Violence prevention at ages 1, 2, 4, 6, and 9 ~~and 12~~ months.
3. Sleep positioning counseling at ages 1, 2, 4, and 6 months. Parents and caregivers should be advised to place healthy infants on their backs when putting them to sleep. Side positioning is a reasonable alternative but carries a slightly higher risk of SIDS.
4. Nutrition counseling at ages 1, 2, 4, 6, and 9, ~~and 12~~ months. Age-appropriate nutrition counseling should be an integral part of each visit.

I. ~~Dental Referral to be performed at age 12 months. Age 3 years is the preferred age; however, earlier initial dental examinations may be appropriate for some children.~~ Oral Health Risk Assessment:

The Bright Futures/AAP "Recommendation for Preventative Pediatric Health Care," (i.e., Periodicity Schedule) recommends all children receive a risk assessment at the 6- and 9-month visits. For the 12-, 18-, 24-, 30-month, and the 3- and 6-year visits, risk assessment should continue if a dental home has not been established. **View the Bright/AAP Periodicity Schedule**

Subsequent examinations should be completed as prescribed by the child's dentist and recommended by the Child Health Services (EPSDT) dental schedule.

J. Developmental Screen to be performed at age 9 months using a standardized tool such as the Ages and Stages Questionnaire (ASQ) or Brigance Screens-II. Any additional test must be approved by DMS prior to use.

215.320 Early Childhood (Ages ~~12~~5 months–4 years)

~~10-13-031-1-20~~

A. History (Initial/Interval) to be performed at ages 12, 15, 18, ~~and~~ 24, and 30* months and ages 3 and 4 years.

B. Measurements to be performed

1. Height and Weight at ages 12, 15, 18, ~~and~~ 24, and 30 months and ages 3 and 4 years.
2. Head Circumference at ages 12, 15, 18, and 24 months.
3. Blood Pressure at 30 months* and ages 3 and 4 years

*Note for infants and children with specific risk conditions.

4. BMI (Body Mass Index) at ages 24 and 30 months, and ages 3 and 4 years.

C. Sensory Screening, subjective, by history

1. Vision at ages 12, 15, 18, ~~and~~ 24, and 30 months
2. Hearing at ages 12, 15, 18, ~~and~~ 24, and 30 months and age 3 years.

D. Sensory Screening, objective, by a standard testing method

1. Vision at ages 3 and 4 years. Note: If the 3-year-old patient is uncooperative, re-screen within 6 months.
2. Hearing at age 4 years.

E. Developmental/Surveillance and Psychosocial Behavioral Assessment to be performed at ages 12, 15, 18, ~~and~~ 24, and 30 months and ages 3 and 4 years. To be performed by history and appropriate physical examination and, if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.

F. Physical Examination to be performed at ages 12, 15, 18, ~~and~~ 24, and 30 months and 3 and 4 years. At each visit, a complete physical examination is essential, with the infant totally unclothed or with the older child undressed and suitably draped.

G. Procedures – General

These may be modified depending upon the entry point into the schedule and the individual need.

1. Immunization(s) to be performed at ages 12, 15, 18, ~~and~~ 24, and 30 months and 3 and 4 years. Every visit should be an opportunity to update and complete a child's immunizations.
2. Hematocrit or Hemoglobin risk assessment at 4 months with appropriate testing and follow up action if high risk to be performed ~~for patients at high risk~~ at ages 12, 15, 18, ~~and~~ 24, and 30 months and ages 3 and 4 years.

H. Other Procedures

Testing should be done upon recognition of high risk factors.

1. Lead screening risk assessment to be performed at ages 12 and 24 months. Additionally, screening should be done in accordance with state law where applicable, with appropriate action to follow if high risk positive.
2. Tuberculin test to be performed at ages 12 ~~15, 18~~ and 24 months and ages 3 and 4 years. Testing should be done upon recognition of high-risk factors per recommendations of the Committee on Infectious Diseases, published in the current edition of *AAP Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high risk factors.
3. ~~Cholesterol screening~~Risk Assessment for Hyperlipidemia to be performed at ages 24 months ~~and ages 3~~ and 4 years with fasting screen. ~~,~~ If family history cannot be ascertained and other risk factors are present, screening should be at the discretion of the physician.

I. Anticipatory Guidance to be performed at ages 12, 15, 18, ~~and~~ 24, and 30 months and at ages 3 and 4 years. Age-appropriate discussion and counseling should be an integral part of each visit for care.

1. Injury prevention to be performed at ages 12, 15, 18, ~~and~~ 24, and 30 months and at 3 and 4 years.
2. Violence prevention to be performed at ages 12, 15, 18, ~~and~~24, and 30 months and at 3 and 4 years.
3. Nutrition counseling to be performed at ages 12 15, 18, ~~and~~ 24, and 30 months and 3 and 4 years. Age-appropriate nutrition counseling should be an integral part of each visit.

J. Oral Health Risk Assessment:

The Bright Futures/AAP "Recommendation for Preventative Pediatric Health Care," (i.e., Periodicity Schedule) recommends all children receive a risk assessment at the 6- and 9-

month visits. For the 12-, 18-, 24-, 30-month, and the 3- and 6-year visits, risk assessment should continue if a dental home has not been established. **View the Bright/AAP Periodicity Schedule~~Dental~~** ~~Referral to be performed. Three years is the preferred age; however, earlier initial dental examinations may be appropriate for some children at ages 15, 18 and 24 months.~~

Subsequent examinations should be as prescribed by the dentist and recommended by the Child Health Services (EPSDT) dental schedule.

K. Developmental Screen to be performed at ages 18 months and 30 months using standardized tools such as the Ages and Stages Questionnaire (ASQ) or Brigance Screens-II. Any additional tests must be approved by DMS prior to use.

L. Autism Screen to be performed at ages 18 and 24 months (or 30 months if screen was not completed at 24 months) using a standardized tool such as the Modified Checklist for Autism in Toddlers (M-CHAT) or the Pervasive Developmental Disorders Screening Tests-II (PDDSDT-II) Stage1. Any additional test must be approved by DMS prior to use.

215.330 Middle Childhood (Ages 5~~, 6, 8 and~~ 10 years)

~~10-13-03~~1-1-20

A. History (Initial/Interval) to be performed at ages 5, 6, 7, 8, 9, and 10 years.

B. Measurements to be performed

1. Height and Weight at ages 5, 6, 7, 8, 9, and 10 years.
2. BMI (Body Mass Index) at all ages.
3. ~~2.~~ Blood Pressure at ages 5, 6, 7, 8, 9, and ~~10 years.~~

C. Sensory Screening, objective, by a standard testing method.

1. Vision at ages 5, 6, 8, and 10 years.
2. Hearing at ages 5, 6, 8, and 10 years.

D. Sensory Screening, subjective, by history.

1. Vision at ages 7 and 9.
2. Hearing at ages 7 and 9.

E. Developmental/Surveillance and Psychosocial Behavioral Assessment to be performed at ages 5, 6, 7, 8, 9, and 10 years. To be performed by history and appropriate physical examinations and, if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.

F. ~~E.~~ Physical Examination to be performed at ages 5, 6, 7, 8, 9, and 10 years. At each visit, a complete physical examination is essential with the child undressed and suitably draped.

G. ~~F~~ Procedures - General

These may be modified depending upon entry point into schedule and individual need.

1. Immunization(s) to be performed at ages 5, 6, 7, 8, 9, and 10 years. Every visit should be an opportunity to update and complete a child's immunizations.
2. Hematocrit or Hemoglobin to be performed for patients at high risk at age 5, 6, 7, 8, 9, and 10 years.
3. ~~Urinalysis to be performed at age 5 years.~~High Cholesterol screening to be performed at least once between the ages of 9 and 11, using a non-HDL cholesterol

test that does not require fasting. Abnormal results should be followed up with a fasting lipid profile.

H.~~G.~~ Other Procedures

Testing should be done upon recognition of high-risk factors.

1. Tuberculin test to be performed at ages 5, 6, 7, 8, 9, and 10 years. Testing should be done upon recognition of high-risk factors.
2. Risk Assessment for Hyperlipidemia ~~Cholesterol screening~~ to be performed at ages ~~5,~~ 6, 7, 8, 9, and 10 years with fasting.~~:~~ If family history cannot be ascertained and other risk factors are present, screening should be at the discretion of the physician.
3. Oral Health Risk Assessment:

The Bright Futures/AAP "Recommendation for Preventative Pediatric Health Care," (i.e., Periodicity Schedule) recommends all children receive a risk assessment at the 6- and 9-month visits. For the 12-, 18-, 24-, 30-month, and the 3- and 6-year visits, risk assessment should continue if a dental home has not been established. **View the Bright/AAP Periodicity Schedule** ~~screening to be performed for patients at risk at age 5 years. All sexually active patients should be screened for sexually transmitted diseases (STDs).~~

Subsequent examination should be as prescribed by the dentist and recommended by the Child Health Services (EPSDT) dental schedule.

I.~~H.~~ Anticipatory Guidance to be performed at ages 5, 6, 7, 8, 9, and 10 years. Age-appropriate discussion and counseling should be an integral part of each visit for care.

1. Injury prevention to be performed at ages 5, 6, 7, 8, 9, and 10 years.
2. Violence prevention to be performed at ages 5, 6, 7, 8, 9, and 10 years.
3. Nutrition counseling to be performed at ages 5, 6, 7, 8, 9, and 10 years. Age-appropriate counseling should be an integral part of each visit.

215.340 Adolescence (Ages 11-20 years)

~~7-1-05~~1-1-20

Developmental, psychosocial and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

A. History (Initial/Interval) to be performed at ages 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years.

B. Measurements to be performed

1. Height and Weight at ages 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years.
2. Blood Pressure at ages 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years.
3. BMI (Body Mass Index) at all ages.

C. Sensory Screening, subjective, by history

1. Vision at ages 11, 13, 14, 16, 17, 19, and 20 years.
2. Hearing at ages 11, 12, 13, 14, 16, 17, 18, 19, and 20 years.

D. Sensory Screening, objective, by a standard testing method

1. Vision at ages 12, 15, and 18 years.
2. Hearing at ages 12, 15, and 18 years.

E. Developmental/ Surveillance and Psychosocial/Behavioral Assessment to be performed at ages 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years. To be performed by history and appropriate physical examination, if suspicious, by specific objective developmental testing. Parenting skills should be fostered at every visit.

F. Physical Examination to be performed at ages 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years. At each visit, a complete physical examination is essential, with the child undressed and suitably draped.

G. Procedures – General

These may be modified, depending upon entry point into schedule and individual need.

1. Immunization(s) to be performed at ages 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years. Every visit should be an opportunity to update and complete a child's immunizations.

2. High Cholesterol screening to be performed at least once between the ages of 17 and 21, using a non-HDL cholesterol test that does not require fasting. Abnormal results should be followed up with a fasting lipid profile. ~~Hematocrit or Hemoglobin to be performed. Age 13 years is the preferred age, with a range as early as 11 years and as late as 20 years. All menstruating adolescents should be screened annually.~~

3. ~~Urinalysis to be performed. Age 16 is the preferred age that a service may be provided, with a range from as early as 11 years to as late as 20 years. Conduct dipstick urinalysis for leukocytes annually for sexually active male and female adolescents.~~

H. Other Procedures

Testing should be done upon recognition of high risk factors.

1. Tuberculin test to be performed at ages 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years.

2. ~~Cholesterol screening~~Risk assessment for Hyperlipidemia to be performed annually with fasting screen if at ages 11, 12, 13, 14, 15, 16, 17, 18, 19 and 20 years. If family history cannot be ascertained and other risk factors are present, S, screening should be at the discretion of the physician.

3. ~~STD screening to be performed at ages 11, 12, 13, 14, 15, 16, 17, 18, 19 and 20 years. All sexually active patients should be screened for sexually transmitted diseases (STDs).~~Sexually Transmitted Infection (STI) screening to be performed at ages 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years. All sexually active patients should be screened. Hematocrit or Hemoglobin to be performed for those patients at high risk at ages 11-20 years.

4. HIV screening to be performed one time between ages 15 and 18 years. Additionally, all adolescents should be screened for HIV, making every effort to preserve confidentiality of the adolescent, according to the AAP statement. **View the AAP screening statement**. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.~~Pelvic exam to be performed. The preferred age for exam is age 19 years; however it may be performed as early as age 11 years and as late as 20 years. All sexually active females should have a pelvic examination. A pelvic examination and routine Pap smear should be offered as part of preventive health maintenance between the ages of 18 and 21 years.~~

5. Depression screening to be performed each year between ages 12 through 20 using screening tools such as the Patient Health Questionnaire (PHQ)-2 or other tools available in the Guidelines for Adolescent Depression in Primary Care (GLAD-PC) toolkit.

I. Anticipatory Guidance to be performed at ages 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years. Age-appropriate discussion and counseling should be an integral part of each visit for care.

1. Injury prevention to be performed at ages 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years.

2. Violence prevention to be performed at ages 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years.

3. Nutrition counseling to be performed at ages 11, 12, 13, 14, 15, 16, 17, 18, 19, and 20 years. Age-appropriate nutrition counseling should be an integral part of each visit.