

Well Child Forms

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Forms

Form History

Original Approve Date	03/07
Review/Revise Dates	01/07, 05/10, 7/10,10/11, 1/12, 11/13,11/15,11/17, 11/19, 11/21
Next Update	11/23

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Form

The Early and Periodic Screening Diagnosis and Treatment (EPSDT) program is a comprehensive and preventive child health program for individuals under the age of 21.1 All states that participate in the Medicaid program must offer EPSDT to all children enrolled in Medicaid under the age of 21. Virginia provides comprehensive, periodic health assessments, or screenings, from birth through age 20. Eligible Virginians include:

- "Children under the age of 21 who receive Medicaid through Medicaid/FAMIS Plus or a MCO are eligible to receive the full scope of Medicaid/EPSDT services
- 2. FAMIS children who are not enrolled with a Managed Care Organization
- MCO enrolled FAMIS children receive well child services through their MCO but are not eligible for the full scope of EPSDT treatment"

Medical Screening services for EPSDT include (conducted by Physicians, Physician Assistants, or Certified Nurse Practitioners):

- 1. A comprehensive health and developmental history, including assessments of both physical and mental health development.
- **2.** A comprehensive unclothed physical examination (incorporating recommendations from the AAP (American Academy of Pediatrics) policy statements and guidelines, including:
 - 1. Vision and hearing screening;
 - 2. Dental inspection and fluoride varnishes; Referral to a dentist after 1 year of age
 - 3. Nutritional assessment;
 - 4. Height/weight and Body Mass Index (BMI) assessment
 - 5. Developmental screenings should be documented in the medical record using a standardized screening tool.⁴

Appropriate immunizations according to age, health history and the schedule established by the Advisory Committee on Immunization Practice (ACIP) for pediatric vaccines.⁵

Appropriate laboratory tests:

hemoglobin/hematocrit

tuberculin test (for high-risk groups)

blood lead testing including venous and/or capillary specimen (finger stick), **All Medicaid-enrolled children are REQUIRED to be tested at 12 and 24 months of age; for a new patient with unknown history up to 72months or as appropriate for age and risk factors**⁶Age appropriate health education/anticipatory guidance Referral for further diagnosis and treatment or follow-up of all correctable abnormalities uncovered or suspected.

Tobacco Cessation: Medically necessary tobacco cessation services, including both counseling and pharmacotherapy, for children and adolescents shall be covered by the Contractor. The EPSDT benefit includes the provision of anticipatory guidance and risk-reduction counseling with regard to tobacco use during routine well-child visits. In addition to routine visits, additional counseling and tobacco cessation drug therapy must be provided when medically necessary for individuals under age 21.7

EPSDT screening services shall reflect the age of the child and shall be provided periodically according to the Recommendations for Preventive Pediatric Health Care of the American Academy of Pediatrics and Bright Futures

Note: Some specialty services may require pre authorization

^{1.3.5.7} Commonwealth of Virginia Department of Medical Assistance Services (2018). Medallion 4.0 Managed Care Contract.

^{2.6} Department of Medical Assistance Services (March 2012). Early, Periodic, Screening Diagnosis and Treatment EPSDT Program Fact Sheet. pp 1.

⁴ Department of Medical Assistance Services (November 2012). Early, Periodic, Screening Diagnosis and Treatment EPSDT. Supplement B. pp 5.



Date:			Name			Date of Birth	EPSDT Encounter Form Infancy (Newborn-9mons)
Allergies						Current Medications	mandy (newborn-omons)
☐ NKDA Reason for		dverse Rea	actions				
History					Vital Signs		Health Education/Anticipatory Guidance
Birth Histor	у				BP *(>3yr) Temp		(Check all that apply) Health
☐ C-Section	on 🗌 Vagi	inal			Pulse		Routine Baby Care Shaken Baby Prevention
☐ Complic	ations				Ht	%	Passive Smoke/Tobacco Fever Protocols
Birth Weight:					Head Circ Weight	%	Oral Health (Baby Bottle Tooth Decay Fluoride
Gestation					BMI(<u>></u> 24m)	%	Varnish)* ☐ Weight
Hep B @ Birt CCHD Scre		te	\neg		Refer to Growth chart		Immunizations
Newborn Bl	_	_	Bilirubin		Comprehensive Physica	l Exam	Counseling for Physical Activity
Nutrition					(unclothed) N A		Counseling for Nutritional/Diet
Breast					N A General App	pearance	☐ Increase Formula ☐ Cereal/Solids
Formula Supplem	nents				Head/Fonta	anels	Colic/Fussiness/Gas
			ncy:		Eyes		Supplements Drinking from cup, no bottle propping
□ wic			Ears Nose Oropharynx	∉/Throat	Safety		
Elimination			Oral Health		Sleep Positioning/Habits		
□ Stool			Lungs Heart		Motor Vehicle Safety Crib Safety		
☐ Urine	☐ Urine			Abdomen Genitalia		☐ Smoke Free Environments/Smoke Detectors ☐ Injury Prevention	
Sleep	_	7			Extremities		Signs of Illness/Emergency/911 Physical/Emotional Abuse
Normal		Abnorm	al		Spine Neurologica		Lead
Review of	Systems				Mental Hea	lth	Psychosocial/Behaviora
							Temperament Methods to console baby
							Infant bonding
							Opportunities for exploration Develop routines
Sensory Sc							AAP [©] /Bright Futures [©] Pamphlet
	(Review Ne	wborn Heari	ng Screening		Treatment Plan		Referrals/ Other
Results)*		hosocial/B	Sehavioral Scr	eening	Immunizations recomme ☐ Hep B ☐ RV	ended per (ACIP)	
Developin.					☐ Hib ☐ PCV	□IPV	
Age	Gross	Fine	Cognitive	Social	☐ Influenza (beginning a☐ Hep B #3	it o months)	
2	N A	N A	N A	N A			
months					│		Maternal Depression Screen
4 Months					Labs/Procedures		1 month 4 months
6 Months					Lead (6-9 m)*		
9					☐ Hgb/Hct (4m)*		2 months 6 months
Months (Refer to p	n — — page 2) **A			I			
MD Print N	,				MD Signature		Date
	-						

^{*} Risk Assessment to be performed with appropriate actions to follow, if positive; otherwise at the standard age according to AAP/Bright Futures

There are many developmental tools used in screening and assessments. The Developmental Screening tools used may vary according to the type of screening or assessment done. DMAS-Virginia recommendations are in accordance with AAP recommendations. The examples listed below can be performed by a parent or other office staff and interpreted by the physician. These tools were designed to be very sensitive and specific with proven statistical validity. For further information, please refer to the AAP at www.AAP.com.or www.dpeds.org. It is at the discretion of the physician &/or clinic to use one of the following **recommended** screening tools listed below.

Recommended Developmental Screening Tools

	Ages and Stages ASQ-3	Child Development Inventories	<u>Denver II</u>	Bayley Scales of Infant and Toddler Development	Parents' Evaluation of Developmental Status
Age range	4 months-5 years	15 months- 6 years	2 weeks-6 years	1-42 months	0-8 years

Recommended Tools for Focused Screening for suspected health conditions:

- Cognitive Adaptive Test/Clinical Linguistic Auditory Milestone Scale Expressive and Receptive Language Scale (CAT/CLAMS),
- Language Development Survey (LDS)

Maternal Depression- Edinburgh (EODS)

• Screening at 1, 2, 4, and 6 months

Infant Developmental Milestones Example

Age	Gross Motor	Fine Motor	Cognitive, Linguistic, & Communication	Social, Emotional
2 months	Able to lift head, neck, shoulders while on tummy	Follows past midline	Coos & vocalizes	• Smiles
4 months	 Rolls from front to back Holds head up Sits upright with support Brings hand to mouth 	Holds Rattle Reaches & explores with fingers	Turns to noiseLaughsBabbles	Regard own handSmilesBabbles
6 months	Sits without supportCrawls or scootsStands with supportRolls back and forth	 Reaches to grasp toys Hold things between fingers Pass things from one hand to the other 	 Turns to noises Turn to voice Repetitive syllables Responds to own name 	 Feeds self May start to act shy with strangers Self comforts Likes to look at self in mirror
9 months	 Pulls to stand Cruises Crawls May start walking Gets into sitting position 	 Points to items Shakes rattles Hold things between fingers Pass things from one hand to the other 	 Turns to noises Dada/Mama nonspecifically Repetitive syllables, gestures, and sounds, 	 Waves bye-bye Plays Peek-a-boo Afraid of strangers Clingy with familiar adults



Date:			Name			Date of Birth	EPSDT Encounter Form
□Allergies		NKDA				Current Medications	
Adverse R	eactions Re	eason for Vi	isit				
□C-Secti	Birth History C-Section Vaginal Complications Birth Weight:				Vital Signs BP* (>3yr) Temp Pulse Ht Head Circ Wt BMI	% % % %	Health Education/Anticipatory Guidance (Check all that apply) Health No Bottle in Bed/Bottle Propping Shaken Baby Prevention Passive Smoke/Tobacco Fever Protocols Oral Health (Dental home after 12 months) Fluoride Varnish @ 12-25 months
Eliminatio Stool Urine Norma Review of	ments	Freque	ncy:	_	Refer to Growth chart Comprehensive Physica (unclothed) N A General Ap Skin Head/Fonta Eyes Sears Nose Oropharyn: Oral Health Lungs Heart Abdomen Genitalia Extremities Spine Neurologic Mental Heart	pearance anels k/Throat 1 (12m, 18m, 3yrs)*	Weight Immunizations Counseling for Physical Activity Counseling for Nutritional/Diet Milk Cereal/Solids Self-Feeding; finger foods, Snacks Supplements Safety Injury Prevention Signs of Illness/Emergency/911 Physical/Emotional Abuse-Gun Safety Potty Training Opportunities for exploration Developing Routines AAP®Bright Futures® Pamphlet
	(3y-4y) * (g or (4y-6y	, 8y,10y)*	_Corrected ☐ No		Treatment Plan	ended per(ACIP) TP □ Hib	Referrals/ Other
	ĺ		Behavioral Sci	J	PCV IPV Varicell	a	
Age	Gross	Fine	Cognitive	Social	□Hep A □Influenza(Yearly)		□ NEXT APPOINTMENT
12	N A	N A	N A	N A			
months 15 Months 18					☐ VIS Given Labs/Procedures ☐ Lead (12m & 24m, 3y, 4	\v/*·	
Months					(12m & 24m, 3y, 2 (12m & 24m; req'	d by Medicaid)	
24 Months					☐ Hgb/Hct (12 months)		
30 Months 3 Years					Lipid Panel (24m and	4y)*	
4 Years							
(Refer to pa	ge 2)		creening (18m &		MD Cierrature		Dete
MD Print	Name				MD Signature		Date

^{*} Risk Assessment to be performed at 12 and 24 months with appropriate actions to follow, if positive; otherwise at the standard age according to AAP/Bright Futures ** AAP & CDC: An autism specific screening is recommended at the 18 months and 24 month visit.

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Recommended Developmental Screening Tools

	Ages and Stages ASQ-3	Child Development Inventories	<u>Denver II</u>	Bayley Scales of Infant and Toddler Development	Parents' Evaluation of Developmental Status
Age range	4 months-5 years	15 months- 6 years	2 weeks-6 years	1-42 months	0-8 years

Recommended Tools for Focused screening for suspected health conditions:

- Cognitive Adaptive Test/Clinical Linguistic Auditory Milestone Scale Expressive and Receptive Language Scale (CAT/CLAMS),
- Language Development Survey (LDS),
- Modified Checklist for Autism in Toddlers (M-CHAT), Screening Tool for Autism in Toddlers and Young Children (STAT), Autism Spectrum Screening Questionnaire (ASSQ)

Developmental Milestones Example

Age	Gross Motor	Fine Motor	Cognitive, Linguistic, & Communication	Social, Emotional
12 months	Stands Alone Cruises/Walks Climbs steps	Stacks blocks Shakes rattles Finger Feeds Drinks from cup	1 word Mama/dada specifically Follows simple directions Object permanence	Participates in games i.e. Peek-a-boo &Pat-A-Cake Afraid of strangers Separation Anxiety
15 months	Walk backwardsWalk up stepsRun	 Scribbles Turn pages Stack > 2 blocks Uses Cup, spoon, fork 	Understands Directions Vocalizes 3 or more words	Initiates gamesAfraid of strangersSeparation Anxiety
18 months	Walk up stepsRunKicksJumps	 Stacks > 4-6 blocks Picks up small pieces Uses Cup, spoon, fork Scribbles Helps undress self 	 Able to point to 1 body part Vocalizes 3-6 words Understands actions verbs Shakes head 'No" Points to things they want 	Expresses affection Pretend Play Tantrums
24 months/ 2yrs	ThrowsJumpsKicksPedals a bikeRun	 Stacks > 4-6 blocks Draws lines/circles Undress/Simple Dressing Feeds self 	 Combines words/Names 1 picture Able to point to > 1 body part Speech halfunderstandable Follow simple commands 	 Toilet training Pretend Play/ parallel play Gender Identification Showing more independence
30 months	ThrowsJumpsBalances on 1 footPedals a bikeClimbs well	 Stacks > 6-8 blocks Draws lines/circles Matches color & shapes Undress/ Dressing partially Feeds self 	 Able to point to > 6 bodyparts Names > 4 picture Speech half understandable Follow 2-3 step commands 	 Toilet training Pretend Play Gender Identification Understands "mine", "his", "hers"
36 months/ 3yrs	 Throws Jumps Balances on 1 foot Pedals a bike Alternate feet up/down stairs 	 Stacks > 8 blocks Draws figures/ copies circle Uses scissors Undress/ Dressing partially Feeds self 	 Speech understandable Names colors Understands concepts of 1 Sorts 3 word sentences Follow 2-3 step commands 	 Toilet training Pretend Play/Plays with other children Shows empathy Knows name and age Understands "mine", "his", "hers"

 Hops Jumps on 1 foot Pedals a bike Alternate feet up/down stairs Catches 	 Draws person with 3 parts Undress/ Dressing Self Copies circles 	 4-5 word sentences Talks about daily activity Can give first and last name Tells stories Memorizes poems/songs 	Sings Pretend Play Plays with others Distinguishes fantasyfrom reality More creative Cooperates with friends
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ate:	ima Health Name				Date of Birth	EPSDT Encounter Form Middle Childhood (5yrs-10yrs)
llergies		varaa Daaa	tions		Current Medications	imadic Officialisod (Syla-10yla)
NKDA Neason for		erse Read	tions			
listory lutrition Adequa Supple Physic	ments al Activity	☐ Inadeq			Wital Signs BP T P Ht % Wt % BMI %	Health Education/Anticipatory Guidance (Check all that apply) Health Oral Health (6 yrs) Weight Counseling for Physical Activity Tobacco Cessation Puberty*
			al	_	Comprehensive Physical Exam (unclothed) N A General Appearance Skin Head/Fontanels Eyes Ears Nose	Counseling for Nutritional/Diet
OD Correc Hearing	creening 5y-6y, 8y, 1 OS_ ted	O'es	U		Oropharynx/Throat Dental Structure Lungs Heart Abdomen Genitalia Extremities Spine Neurological Mental Health	□ Bullying □ Peer Pressure □ Conflict resolution □ Express feelings □ Transition to School □ AAP®/Bright Futures® Pamphlet
evelopine		anng			Treatment Plan	Referrals
Age	Gross	Fine	Cognitive	Social	Immunizations recommended per (ACIP) DTap/DTP IPV MMR	
	N A	NΑ	N A	NΑ	□ Varicella □ Influenza (Yearly) □ SARS/Cov2 □ Other (High Risk)	
5 Years					☐ VIS Given	
6 Years					Labs/Procedures	☐ NEXT APPOINTMENT
7 Years					Lead (5y-6y)*	
8 Years					☐Hgb/Hct *	
9 Years					☐ Lipid Panel (9y-11y)*	
10 Years					☐ Other	
1 5015	age 2)					

MD Signature

Date

MD Print Name

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Recommended Developmental Screening Tools

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Recommended Tools for Focused screening for suspected health conditions:

- Cognitive Adaptive Test/Clinical Linguistic Auditory Milestone Scale Expressive and Receptive Language Scale (CAT/CLAMS),
- Language Development Survey (LDS)

Developmental Milestones Example

Age	Gross Motor	Fine Motor	Cognitive, Linguistic, & Communication	Social, Emotional
5 -6 yrs	 Skips, climbs, hops Balances on 1 foot Can bounce a ball 4-6 times; throws and catches. Heel to toe walk Balances on one foot 	 Draws person w/ > 3 parts Undress/ Dressing Self Begins to print letters Takes care of own toileting needs 	 4-5 word sentences Recalls stories Recalls name & address Uses future tense Recites ABC's Can count up to 100, print first name, print numbers up to 10 and print a few letters. Knows name and address 	 Sings, dances, acts Distinguishes fantasy from reality Shows more independence Makes friends at school
7-8 yrs	Skates.Can ride a bicycle.	Can tie shoes	 Knows right from left. Can draw a person with six body parts ability to understand others' perspectives Performing at grade level 	 Beginning to learn sport specific skills Relationships outside the family increase in importance
9-10 yrs		any concerns about their nent or behavior	 Able to tell time. Can read for pleasure ability to understand others' perspectives Increased academic challenges at school Performing at grade level Increase in independent decision making 	 Likes to belong to informal "clubs" formed by children themselves. Has a sense of humor Relationships outside the family increase in importance Experience more Peer Pressure Aware of body image



Allergies NKDA Adverse Reaction Reason for Visit	ns			Current Medications	Adolescence (11yrs-20yrs)
Reason for Visit					
History Mutrition			Vital Signs BP T P Ht		Health Education/Anticipatory Guidance (Check all that apply) Health Body Image Oral Health Weight Counseling for Physical Tobacco Cessation Counseling for Nutritional/Diet Healthy Eating Supplements Safety Injury Prevention Signs of Illness/Emergency/911 Physical/Emotional Abuse- gun safety Substance abuse (tobacco, alcohol, drugs)* STI counseling/screening* Pregnancy* Social/Academic Bullying/ Peer Pressure Conflict Resolution and avoiding Limit Setting, rules for responsibility Transition to School/Work Emotional Well Support System Interpersonal Relationships Depression Screen
Age Gross Fine	Cognitive	Social			AAP [©] Bright Futures [©] Pamphlet
NA NA	N A	N A	Treatment Plan	adad aan (ACID)	Referrals
12 -13 yrs			Immunizations recommer Tdap / TD	V (3 doses) CB	
14-15 yrs			☐ Influenza (Yearly) ☐ ☐ Other (High Risk Grou		
16-17 yrs			☐ VIS Given Labs/Procedures		□ NEXT APPOINTMENT
18-21 yrs			☐ Lipid Profile (once betw	veen 17-21y) *	
(Refer to page 2) MD Print Name			☐ STI (if sexually active) ☐ Pelvic/ Pap (Age 21 or ☐ HIV Screening (once b ☐ Other MD Signature	older)*	Date

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Recommended Developmental Screening Tools

- Parents' Evaluation of Developmental Status (PEDS),
- Ages and Stages Questionnaire (ASQ),
- GAPs Guidelines for Adolescent Preventive Services (GAPS)
- CRAFFT Screening Interview

Recommended Tools for Focused screening for suspected health conditions:

- Cognitive Adaptive Test/Clinical Linguistic Auditory Milestone Scale Expressive and Receptive Language Scale (CAT/CLAMS),
- Language Development Survey (LDS)
- Depression Screening 11y-21y
 Developmental Milestones Example

Age	e Gross Motor Fine Motor			Cognitive, Linguistic, & Communication	Social, Emotional					
11-14 yrs	Ask parents if they have any concerns about their child's development or behavior Complete process of physical maturation, usually attaining full adult height Ask parents if they have any concerns about their child's development or behavior (if applicable)			Ability to understand others' perspectives More ability to think hypothetically Performing at grade level Increase in independent decision making	 More independence from parents & family. Stronger sense of right and wrong. Beginning awareness of the future. Growing understanding about one's place in the world. More attention to friendships & teamwork. Peer acceptance Moodiness 					
15-17 yrs				More defined work habits More concern about future educational and vocational plans Greater ability to sense right and wrong Performing at grade level Increase in independent decision making	 Increased interest in the opposite sex Decreased conflict with parents Increased independence from parents Capacity for caring and sharing Development of more intimate relationships More time spent with peers 					
18-21 yrs				Increase in independent decision making	•	Adult relationships with their parents Peer group become less important as a determinant of behavior Feel empathy Increased intimacy skills Moral values Feelings of invincibility Established body image				

Recommendations for Preventive Pediatric Health Care



Bright Futures/American Academy of Pediatrics



Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed Refer to the specific guidance by age as listed in the Bright Futures Guidelines (Hagan JF, Shaw JS, Duncan PM, eds. Copyright © 2021 by the American Academy of Pediatrics, updated March 2021. for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision

Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. 4th ed. American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate:

The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.

No part of this statement may be reproduced in any form or by any means without prior written permission from the American Academy of Pediatrics except for one copy for personal use.

				INFANCY		-					EARLY	CHELDHOO	0		-		, A	IDDLE C		_					******		DLESCENC				-
	Prenatal*	Newbum*	3-5-d*	By 1 mo	2 ma	4 ma	6 mp	9 mo	12 mo	15 ma	18 mo	24 ma	30 mo	3 y	4 y	Sy	Sy	79	ay	9 9	10 y	117	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	- 20
HISTORY																								0.							10%
Initial/Inturval MEASUREMENTS	-	-	-	-	+	-	-	-	-	-	_			-		-	-	-	-		-	_	_	-			_	_	-	-	1
Length/Height and Weight																							•								1
Head Ocumference																	176				1				1 7					0 3	
Weight for Length		•							•	•	•																				
Budy Mass Index*		4	3	E	1	1000																									1
Blood Pressure*		*	*	*	*	*	*	*	*	*	*	*																			200
SENSORY SCREENING																															
Vision*										*					•							*					*	*		*	1
Hearing					-					*	*						•				•	-	=		-	-		-	4		-
DEVELOPMENTAL/BEHAVIORAL HEALTH		6		10																					B. X						
Developmental Screening*																															
Autism Spectrum Disurder Screening ⁽¹⁾												•																			
Developmental Survetlance														•		•							•			•					
Psychosocial/Behavioral Assessment*																			•		•						•				
Fatuecco, Alcohol, or Drug Use Assessment**																						*	*	*	*	*	*		*	*	-
Depression Screening**		0		0		133														1											50
Maternal Depression Screening**			1																												
PHYSICAL EXAMINATION*																	•					-	-		•		-				113
PROCEDURES**																															
Neeturn Blood		•"	•20	-	-																										
Newborn Billinubin ²				ii.								1					0.00								E - II				-	-	
Critical Congunital Heart Defect ²			9	3																					B 9	-					
Immunitation ²⁴																															100
Anemia ^{le}				12		*				*	*	*	*	*	*	*	*	*	*	*	*			*		*		*		*	1
Lead**							*	*	● ## ★#		*	●Ⅲ★※		*	*	*	*														
Tuberculoss*				*								*		*	*	*	*	*	*		*	*	. *			*	*				177
DysEquidemia ²⁴		0															*		*	4		-	*	*		*	*	-			-
Sexually Transmitted Infections**																						*	*		*	*	*			*	1.0
HEVE																						*	*	*		-			-	*	1
Hepatitis C Virus Infection*		2																											•-		
Cervical Dysplonia ¹¹				10.											ST.		11.								1 0						
ORAL HEALTH!		1		0								*	*	*		*	*												¥.		
Fluorish Varnish*							+									-															
Fluoride Supplementation**		0						*					*			*		*				*		*						-	
ANTICIPATORY GUIDANCE			0.0		0.0																										10

- 1. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested. age, the schedule should be brought up to date at the earliest possible time.
- 2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, perforent medical festory, and a discussion of benefits of breestfeeding and planned method of feeding, per "The Prenatal Visit" (https://pediatrics.apppalsk/ations.org/content/142/1/s20161210).
- 3. Newborns should have an evaluation what birth, and lengthfeeding should be encouraged (and instruction and support should
- 4. Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and journies. Breastfeeding newborns should record formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breakfeeding and the Use of Human M8k* (http://pediatrics.eannutilications.em/uniters/12k/k/s5/7/pd). Newborns discharged less than 48 hours after dakway must be examined within 48 hours of discharge, per "Houpital Stay for Healthy Term Newborns" (Imput perfettics ascardifications are suntent/125/2/405 full-
- Screen, per Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity Summary Report (1):10. (2016) (1):10. (2016)
- 6. Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Orbitron and Adolescents" (http://pediatrics.aasandshortestam/content/340/3/s2077300). Illust pressive reseasement in infants and shidden with specific risk conditions should be performed at visits before age if years.

- A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 5-year-citis. Instrument-based screening may be used to exists risk at ages 12 and 24 months, in addition to the well with at 3 through 5 years of age. See Visual System Assessment in Infants, Children, and Young Adults by Pediatricians (http://pediatrics.eappublications.org/ content/137/1/x2015335(n) and "Procedures for the Evaluation of the Visual System by Pediatricians
- (http://perbatrics.asppublications.psg/consent/137/1.w20153507).
 Confern initial screen real completed, verify results, and follow-up, as appropriate. Newhorms should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intersention Programs"
- thttp://pediatrics.aegpublications.org/content/120/4/898.hdb. VerRy results as soon as possible, and follow up, as appropriate
- 10. Screen with audiometry including 6,000 and 8,000 Hz high Requencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies' (1995) (Associated allows Loan Schemes) and Market Schemes (1994)
- Disorders Through Developmental Surveillance and Scineming Polips Qualitatics augustifications organization (1457):
- 12. Scheming should secur per "Identification, Evaluation, and Management of Children With Aution Spectrum Disenses Thttps://pediatrics.aappublications.org/content/145/1/u201934473

- 13. This assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health, See "Promoting Optimal Development: Screening for Behavioral and Emotional Problems' 9-ttp://postlatrics.aappoid/scations.org/content/135/2/1845 and 'Powerty and Child Health in the United States' (http://postlatrics.aappoid/sations.org/content/135/4/201601319).
 14. A recommended assessment tool is available at http://controls.
- 15. Recommended screening using the Patient Health Questionness (PHQF-2 or other tools available in the GLAD-PC toolsit and at https://doesdoods.acc.org/AAP/PDF/Mental Pleatin Tools, for Perflatios.pdf.

 16. Screening should occur per "incorporating Recognition and Management of Perinatal Degreesion into Pediatric Practice"
- redatrics approbleations org/content/145/1/s20183258
- 17. At each stall, ago appropriate physical examenation is expendial, with infant totally unclothed and circle children undressed and suitably draped. See "Use of Chaparones During the Physical Examination of the Pediatric Patient" Petta ("pecificini s auggsublications org/soment/127/5/991 Julis
- These may be modified, depending on entry point into schedule and individual need.
- 10. Confirm United screen was accomplished, verify results, and follow up, as appropriate. The fleoperemended Uniform Screening Parad (https://www.fera.gore/advisory.commthase/he-8uble-doorde-chopp/educ.html), as datarmined by The Secretary's Advisory Committee on Heritable Chorders in Newborns and Children, and state nemborn screening leve/negulations Person //www.bishportershort.org/newborn-ocrossrong/status) establish the critisals for and coverage of newborn scheening procedures and programs.

fauntinued

(continued)

- 20. Verify musts as soon as possible, and follow up, as appropriate.
- Conferm initial scienting was accomplished, verify results, and follow up, as appropriate
 See "Hyperbilirubinermis in the Newborn Infant x35 Weeks" Gestation: An Update With
 Clerifications" (http://pudiatrics.aappublication.org/content/12444/1193).
- Screening for critical congenital heart disease using pulse permetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per "Endorsement of Health and Human Services Recommendation for Pulse Quimetry Screening for Critical Congenital Heart Disease" (http://pediatric.aappublications.org/consent/12915/190.fid).
 Schedules, per the AAP Committee on Infectious Diseases, are available at
- Schedules, per the AAP Committee on infectious Diseases, are available at https://midbook.schilinm.aap.org/55/immunization_5chedules.aspx_Every state should be an opportunity to update and complete a child's immunizations.
- Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP Pediatric Nutrition: Policy of the American Academy of Pediatrics (You chapter).
- For chitchen at risk of lead exposure, see "Prevertion of Childhood Lead Tuskify" (http://pediatrics.asepublications.org/content/138/1/e20161403) and "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (http://www.cdc.gov/ncsh/lead/hCCLPP/Final_Document_030712.pdf).
- Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.
- Tuberculosis testing per recommendations of the AAP Committee on infectious Diseases, published in the current addition of the AAP Red Book Report of the Committee on infectious Diseases. Testing should be performed an recognition of high-risk factors.
- See "Integrated Guidelines for Cardiovascular Health and Bisk Reduction in Children and Adolescents" (http://www.rishts.rih.gov/guidelines/cod_pod/indechtos).
- Adolescents should be screened for secully transmitted infections (STh) pernecommendations in the current addition of the AAP Red Book Report of the Committee on the AAP Research.
- 30. Adolescents should be somened for HIV according to the US Preventive Services Task Force (USPSTF) recommendations (https://www.uspreventiveservicestaskforce.org/septf/recommendation/forware terminostaficiency-shoulders for somening) once between the ages of 15 and 15, 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 texted for other STIs, about the texted for HIV and reasoned aroundle.

- 31. All individuals should be screened for hepatim C virus (HCV) effection according to the USPSTF (https://www.uspresenthessarvice/daskforus.org/sapstf/recommendation/hepatitis-c-screeningland Certiers for Obease Control and Presention (CDC) recommendations (https://www.usc.go.imenter/yolumes/daskn/retAt2at.htm) at least once between the ages of 18 and 79. These at increased risk of HCV infection, including those who are persons with past or current injection drug use, should be tested for HCV infection and newsenied annually.
- See USPSTP recommendations (https://www.uspresentheruserscontackforce.org/uspidf/ recommendation/caracal-carcar-acreming). Indications for pelvic examinations prior to age 21 are noted in "Generologic Examination for Adolescents in the Pediatric Office Setting" (http://pediatrics.asppublications.org/content/126/3/583 full).
- 33. Assess whether the child has a dental horse. If no dental horse is identified, perform a risk assessment (https://www.aap.org/en-in/advacacy.sed-poliny/aap-hadth-initiatives/Cod-Health-Purpor/Dod-Health-Purpor/Dod-Health-Purpor/aap-and-inference in a dental horse. Recommend brushing with fluoride toothqualite in the proper desage for age. See "Maintaining and Improving the Deal Health of Young Children" (http://pediatrics.aappublication.org/content/1346/1226).
- 34. Perform a risk essessment (https://www.aup.org/en-us/advice/y-arel-gold/yasp-builth-irritations.Crui-Haulth/Pages/buil-Houlth-Practice-frods.aupril-See "Marriationg and Improving the Gral Health of Young Children"
- Priting Specialistics appropriation, organization (194/6/12/4).

 25. See USPSTP recommendations (https://www.uspresenthesannesidaekhone.org/
 Page Charament/UpdateSummaryFinal/Gental-cares in chalates from both
 Unsuppled to a chalates every 1 to be teeth are present, fluaristic varieth may be
 applied to a chalates every 1 to morphis in the primary care or duntal office
 indications for fluoride use are moted in "Fluoride Use in Carles Prevention in the
 Primary Care Setting "https://pediatrics.apport/fluorides.org/commen/134/3/6/5/.

 36. If primary water source is deficient in fluoride, consider oval fluoride supplementation.
- If primary water source is deficient in fluoride, consider and fluoride supplementation.
 See "Fluoride Use in Carles Prevention in the Primary Care Setting" <u>http://p.ed.istrico.aegypothications.org/content/134/1/62tb</u>.



Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

This schedule reflects changes approved in November 2020 and published in March 2021. For updates and a list of previous changes made, visit www.aap.org/periodicityschedule.

CHANGES MADE IN NOVEMBER 2020

DEVELOPMENTAL

 Footnote 11 has been updated to read as follows: "Screening should occur per Promoting Optimal Development: Identifying Infant and Young Children With Developmental Disorders Through Developmental Surveillance and Screening' (https://pediatrics.aappublications.org/content/145/1/e20193449)."

AUTISM SPECTRUM DISORDER

 Footnote 12 has been updated to read as follows: "Screening should occur per Identification, Evaluation, and Management of Children With Autism Spectrum Disorder' (https://pediatrics.aappublications.org/content/145/1/e20193447)."

HEPATITIS C VIRUS INFECTION

- Screening for hepatitis C virus infection has been added to occur at least once between the ages of 18 and 79 years (to be consistent with recommendations of the USPSTF and CDC).
- Footnote 31 has been added to read as follows: "All individuals should be screened for hepatitis C virus (HCV) infection according to
 the USPSTF (https://www.uspreventivesenvicestaskforce.org/uspstf/recummendation/hepatitis-c-screening) and Centers for Disease
 Control and Prevention (CDC) recommendations (https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1 htm) at least once between
 the ages of 18 and 79. Those at increased risk of HCV infection, including those who are persons with past or current injection drug
 use, should be tested for HCV infection and reassessed annually."
- Footnotes 31 through 35 have been renumbered as footnotes 32 through 36.

CHANGES MADE IN OCTOBER 2019

MATERNAL DEPRESSION

 Footnote 16 has been updated to read as follows: "Screening should occur per Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice" (https://pediatrics.aappublications.org/content/143/1/e20183259);"

CHANGES MADE IN DECEMBER 2018

BLOOD PRESSURE

Footnote 6 has been updated to read as follows: "Screening should occur per 'Clinical
 Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents' (http://pediatrics.aappublications.org/content/140/3/e20171904). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years."

ANEMIA

 Footnote 24 has been updated to read as follows: "Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP Pediatric Nutrition: Policy of the American Academy of Pediatrics (Iron chapter)."

LEAD

Footnote 25 has been updated to read as follows: For children at risk of lead exposure, see "Prevention of Childhood Lead Toxicity"
 (http://pediatrics.aappublications.org/content/138/1/e20161493) and "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (https://www.cdc.gov/nceh/had/ACCLPP/Final_Document_030712.pdf).



This program is supported by the Health Recommon and Bandara Administration and HEEAt of the U.S. Department of Health and Numeron Services (MeEat or part of an expect brising Q. 180,180, and had been an expect flow and on an expect brising program. The contents are those of the authority and do not recomment or present the official vision of nor an existencement, by HEEA, 1816, or the Life Government. For travel obstraction, please shall please of the official vision of nor an existencement, by HEEA, 1816, or the Life Government.



Vaccine Administration Codes Childhood Immunizations

Immunization	СРТ	HCPCS	ICD-10-CM
DTaP	90698, 90700, 90721, 90723		Diagnosis*
IPV	90698, 90713, 90723		
MMR	90707, 90710		
Measles and Rubella	90708		
Measles	90705		B05.0-B05.9, B05.81, B05.89
Meningococcal B	90621, 90620		
Mumps	90704		B26.0-B26.9, B26.1- B26.3, B26.81-B26.89,
Rubella	90706, 86762		B06.0-B06.9, B06.01- B06.09, B06.81- B06.89
HiB	90645-90648, 90698, 90721, 90748		
Hepatitis A	90633		B15.0, B15.9
Hepatitis B**	90723, 90740-90748, 90744	G0010	B16.2, B19.11, B19.9
VZV	90710, 90716		B01.11, B01.12, B01.2, B01.8-B01.9
Pneumococcal conjugate	90669, 90670	G0009	
Rotavirus	(3-dose) 90680, (2-dose) 90681		
Influenza	90655, 90657, 90661, 90662, 90673, 90685	G0008	
SARS-CoV2	0071A (first dose), 0072A (second dose)		U07.1, B97.21

^{*} ICD-10-CM Diagnosis codes indicate evidence of disease.

Vaccine Administration Codes Adolescent Immunizations

Immunization	СРТ
Meningococcal	90733, 90734
Meningococcal B	90621, 90620
Tdap	90715
Td	90714, 90718
Tetanus	90703
Diphtheria	90719
HPV	(Detection) 87620, 87621, 87622, (Vaccine) 90649, 90650, 90651
SARS-CoV2	0071A (first dose), 0072A (second dose)

Sources: American Medical Association (AMA) (2019). HEDIS® 2019, Volume 2. National Committee for Quality Assurance (NCQA) (2019). (Please refer to CPT©, HEDIS®, HCPCS, ICD-10 resources for most up to date codes)

^{**} The two-dose hepatitis B antigen Recombivax is recommended for children between 11 and 14 years of age only and is not included in this table.



Well Child Visit Codes

	Other Codes							
	Screening Codes							
Initial Screenings								
New Patients OPT OF I								
Description	Age	CPT Codes						
	Locathon August on	00204*						
	Less than 1 year of age 1-4	99381* 99382*++						
	5-11	99383*						
	12-17	99384*						
	18-20	99385*						
	Periodic Screenings Established Patients							
Description	Age	СРТ						
	Less than 1 year of age	99391*						
	1-4	99392*++						
	5-11	99393*						
	12-17	99394*						
	18-20	99395*						
Desc	ICD 10 CM Codes							
Encounter for general examination witho	Encounter for general examination without complaint, suspected or reported diagnosis							
Encounter for newborn, infa	ant and child health examinations	Z00.1						
Encounter for oth	er general examination	Z00.8						
Encounter for routing	e child health examination	Z00.12						
Encounter for other a	dministrative examinations	Z02.89						
Encounter for routine child health	examination without abnormal findings	Z00.129						
	ealth Examination	Z00.11						
Health examination fo	r newborn under 8 days old	Z00.110						
Health examination for	or newborn 8 to 28 days old	Z00.111						
Examination for	participation in sports	Z02.5						
Des	CPT Codes 99173							
Vision Screenings	· · · · · · · · · · · · · · · · · · ·							
Hearing Screenings	Screening test, pure tone, air only	92551						
	Pure tone audiometry	92552						
Lead Screenings (Mandatory 12m & 24m)	By Lab	83655++						
Developmental Screenings	96110							
Bevelopmental colocininge		00110						

Description	CPT	ICD-10-CM Diagnosis	HCPCS
Child BMI percentile		Z68.51-Z68.54	
Counseling for nutrition	97802-97804	Z71.3	G0270, G0271, G0447, S9449, S9452,
Counseling for physical activity			G0447, S9451

^{*} Use appropriate immunization codes for scheduled immunizations

Sources: National Committee for Quality Assurance (NCQA) (2019). HEDIS ® 2019, Volume 2 Value Set Directory.

⁺⁺ Lead testing required at 12 and 24 months



Resources

Bright Futures

American Academy of Pediatrics 141 Northwest Point Blvd. Elk Grove Village, IL, 60007 Phone: (847)434-4000

(https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx)

Bright Futures Virginia

Division of Woman's and Infants' Health 109 Governor Street, 825C Richmond, VA 23219 Phone: (888) 942-3663

Website: http://www.vahealth.org/brightfutures/ E-mail: WICInfo@vdh.virginia.gov

Centers for Disease Control & Prevention

1600 Clifton Rd. Atlanta, GA 30333, USA 800-CDC-INFO (800-232-4636) TTY: (888) 232-6348 Website: http://www.cdc.gov

Department of Health and Human Services

Health Resources and Services Administration Website: http://mchb.hrsa.gov/epsdt/ E-mail: ask@hrsa.gov

Department of Medical Assistance Services

600 East Broad Street, Richmond, Virginia 23219 DMAS®, Commonwealth of Virginia 2008 Website: http://www.dmas.virginia.gov E-mail: dmasinfo@dmas.virginia.gov

Infant and Toddler Connection of Virginia

Virginia Department of Behavioral Health and Developmental Services 1220 Bank Street, 9th Floor P.O. Box 1797 Richmond, Virginia 23219-1797

Main Office: (804) 786-3710. Main Fax: (804) 371-7959 Website: www.infantva.org

Virginia Medicaid

Phone (In-State) - 800-552-8627 Phone (Out of State) 804-786-6273 https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/Home



References

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- 10. Optima Health Adult & Pediatric Maintenance Guidelines (2019). Retrieved November 2019, from www.optimahealth.com

The American Academy of Pediatrics (AAP) recently released Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents, 4th, Edition.