



## 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.<sup>1</sup> 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:

1. "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
3. MCO enrolled FAMIS children receive well child services through their MCO but are not eligible for the full scope of EPSDT treatment"<sup>2</sup>

**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.<sup>4</sup>

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

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 72 months or as**

**appropriate for age and risk factors**<sup>6</sup> Age 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.<sup>7</sup>

**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\*\***

<sup>1, 3, 5, 7</sup> Commonwealth of Virginia Department of Medical Assistance Services (2018). Medallion 4.0 Managed Care Contract.

<sup>2, 6</sup> Department of Medical Assistance Services (March 2012). Early, Periodic, Screening Diagnosis and Treatment EPSDT Program Fact Sheet. pp 1.

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

Date:	Name	Date of Birth	<b>EPSDT Encounter Form Infancy (Newborn-9mons)</b>
Allergies <input type="checkbox"/> NKDA <input type="checkbox"/> Adverse Reactions		Current Medications	
Reason for Visit			

  

History	Vital Signs	Health Education/Anticipatory Guidance (Check all that apply)																																																																
<b>Birth History</b> <input type="checkbox"/> C-Section <input type="checkbox"/> Vaginal <input type="checkbox"/> Complications _____ Birth Weight: [ ] Gestation [ ] Hep B @ Birth [ ] CCHD Screening results [ ] Newborn Blood Screen [ ] Bilirubin [ ] <b>Nutrition</b> <input type="checkbox"/> Breast <input type="checkbox"/> Formula _____ <input type="checkbox"/> Supplements _____ Amount: _____ Frequency: _____ <input type="checkbox"/> WIC <b>Elimination</b> <input type="checkbox"/> Stool _____ <input type="checkbox"/> Urine _____ <b>Sleep</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <b>Review of Systems</b> _____ _____ _____ _____ <b>Sensory Screening</b> <input type="checkbox"/> Vision * <input type="checkbox"/> Hearing (Review Newborn Hearing Screening Results)* <b>Developmental/Psychosocial/Behavioral Screening</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th>Age</th><th>Gross</th><th>Fine</th><th>Cognitive</th><th>Social</th></tr> </thead> <tbody> <tr> <td></td><td>N A</td><td>N A</td><td>N A</td><td>N A</td></tr> <tr> <td>2 months</td><td>[ ][ ]</td><td>[ ][ ]</td><td>[ ][ ]</td><td>[ ][ ]</td></tr> <tr> <td>4 Months</td><td>[ ][ ]</td><td>[ ][ ]</td><td>[ ][ ]</td><td>[ ][ ]</td></tr> <tr> <td>6 Months</td><td>[ ][ ]</td><td>[ ][ ]</td><td>[ ][ ]</td><td>[ ][ ]</td></tr> <tr> <td>9 Months</td><td>[ ][ ]</td><td>[ ][ ]</td><td>[ ][ ]</td><td>[ ][ ]</td></tr> </tbody> </table> <p>(Refer to page 2) **ASQ-3 at 9 months</p>	Age	Gross	Fine	Cognitive	Social		N A	N A	N A	N A	2 months	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	4 Months	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	6 Months	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	9 Months	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]	BP >(3yr) Temp Pulse Ht % Head Circ % Weight % BMI(≥24m) % <input type="checkbox"/> Refer to Growth chart <b>Comprehensive Physical Exam (unclothed)</b> <table style="margin-left: 20px;"> <tr> <th>N</th><th>A</th></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/> General Appearance</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Skin</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Head/Fontanels</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Eyes</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Ears</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Nose</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Oropharynx/Throat</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Oral Health*</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Lungs</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Heart</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Abdomen</td></tr> <tr><td><input type="checkbox"/></td><td><input 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type="checkbox"/> Colic/Fussiness/Gas <input type="checkbox"/> Supplements <input type="checkbox"/> Drinking from cup, no bottle propping <b>Safety</b> <input type="checkbox"/> Sleep Positioning/Habits <input type="checkbox"/> Motor Vehicle Safety Crib <input type="checkbox"/> Safety <input type="checkbox"/> Smoke Free Environments/Smoke Detectors <input type="checkbox"/> Injury Prevention <input type="checkbox"/> Signs of Illness/Emergency/911 <input type="checkbox"/> Physical/Emotional Abuse <input type="checkbox"/> Lead <b>Psychosocial/Behavioral</b> <input type="checkbox"/> Temperament <input type="checkbox"/> Methods to console baby <input type="checkbox"/> Infant bonding <input type="checkbox"/> Opportunities for exploration <input type="checkbox"/> Develop routines <input type="checkbox"/> AAP®Bright Futures® Pamphlet
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	<b>Treatment Plan</b> <b>Immunizations recommended per (ACIP)</b> <input type="checkbox"/> Hep B <input type="checkbox"/> RV <input type="checkbox"/> DTap/DTP <input type="checkbox"/> Hib <input type="checkbox"/> PCV <input type="checkbox"/> IPV <input type="checkbox"/> Influenza (beginning at 6 months)  <input type="checkbox"/> Hep B #3  <input type="checkbox"/> VIS Given  <b>Labs/Procedures</b> <input type="checkbox"/> Lead (6-9 m)* <input type="checkbox"/> Hgb/Hct (4m)*	<b>Referrals/ Other</b> _____ _____ _____ _____ _____  <b>Maternal Depression Screen</b> <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> 1 month</span> <span><input type="checkbox"/> 4 months</span> </div> <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> 2 months</span> <span><input type="checkbox"/> 6 months</span> </div>																																																																

MD Print Name	MD Signature	Date
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## Developmental/Psychosocial/Behavioral Screening

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](http://www.AAP.com) or [www.dped.org](http://www.dped.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

	<u>Ages and Stages</u> ASQ-3	<u>Child Development Inventories</u>	<u>Denver II</u>	<u>Bayley Scales of Infant and Toddler Development</u>	<u>Parents' Evaluation of Developmental Status</u>
<b>Age range</b>	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
<b>2 months</b>	<ul style="list-style-type: none"> <li>• Able to lift head, neck, shoulders while on tummy</li> </ul>	<ul style="list-style-type: none"> <li>• Follows past midline</li> </ul>	<ul style="list-style-type: none"> <li>• Coos &amp; vocalizes</li> </ul>	<ul style="list-style-type: none"> <li>• Smiles</li> </ul>
<b>4 months</b>	<ul style="list-style-type: none"> <li>• Rolls from front to back</li> <li>• Holds head up</li> <li>• Sits upright with support</li> <li>• Brings hand to mouth</li> </ul>	<ul style="list-style-type: none"> <li>• Holds Rattle</li> <li>• Reaches &amp; explores with fingers</li> </ul>	<ul style="list-style-type: none"> <li>• Turns to noise</li> <li>• Laughs</li> <li>• Babbles</li> </ul>	<ul style="list-style-type: none"> <li>• Regard own hand</li> <li>• Smiles</li> <li>• Babbles</li> </ul>
<b>6 months</b>	<ul style="list-style-type: none"> <li>• Sits without support</li> <li>• Crawls or scoots</li> <li>• Stands with support</li> <li>• Rolls back and forth</li> </ul>	<ul style="list-style-type: none"> <li>• Reaches to grasp toys</li> <li>• Hold things between fingers</li> <li>• Pass things from one hand to the other</li> </ul>	<ul style="list-style-type: none"> <li>• Turns to noises</li> <li>• Turn to voice</li> <li>• Repetitive syllables</li> <li>• Responds to own name</li> </ul>	<ul style="list-style-type: none"> <li>• Feeds self</li> <li>• May start to act shy with strangers</li> <li>• Self comforts</li> <li>• Likes to look at self in mirror</li> </ul>
<b>9 months</b>	<ul style="list-style-type: none"> <li>• Pulls to stand</li> <li>• Cruises</li> <li>• Crawls</li> <li>• May start walking</li> <li>• Gets into sitting position</li> </ul>	<ul style="list-style-type: none"> <li>• Points to items</li> <li>• Shakes rattles</li> <li>• Hold things between fingers</li> <li>• Pass things from one hand to the other</li> </ul>	<ul style="list-style-type: none"> <li>• Turns to noises</li> <li>• Dada/Mama nonspecifically</li> <li>• Repetitive syllables, gestures, and sounds,</li> </ul>	<ul style="list-style-type: none"> <li>• Waves bye-bye</li> <li>• Plays Peek-a-boo</li> <li>• Afraid of strangers</li> <li>• Clingy with familiar adults</li> </ul>

Date:	Name	Date of Birth	<b>EPSDT Encounter Form</b> <b>Early Childhood (12mons-4yrs)</b>
<input type="checkbox"/> Allergies <input type="checkbox"/> NKDA		Current Medications	
Adverse Reactions Reason for Visit			

  

<b>History</b> <b>Birth History</b> <input type="checkbox"/> C-Section <input type="checkbox"/> Vaginal  <input type="checkbox"/> Complications _____  Birth Weight: <input style="width:100px;" type="text"/>  Gestation: <input style="width:100px;" type="text"/>  <b>Nutrition</b> <input type="checkbox"/> Breast <input type="checkbox"/> Formula _____ <input type="checkbox"/> Supplements _____ Amount: _____ Frequency: _____  <input type="checkbox"/> WIC  <b>Elimination</b> <input type="checkbox"/> Stool _____  <input type="checkbox"/> Urine _____  <b>Sleep</b> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal  <b>Review of Systems</b> <hr/> <hr/> <b>Sensory Screening</b> <input type="checkbox"/> Vision (3y-4y) * OD _____ OSOU _____ Corrected <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Hearing or (4y-6y, 8y, 10y)*  <b>Developmental/Psychosocial/Behavioral Screening</b> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <th>Age</th> <th>Gross</th> <th>Fine</th> <th>Cognitive</th> <th>Social</th> </tr> <tr> <td></td> <td>N A</td> <td>N A</td> <td>N A</td> <td>N A</td> </tr> <tr> <td>12 months</td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>15 Months</td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>18 Months</td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>24 Months</td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>30 Months</td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>3 Years</td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>4 Years</td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> </table>	Age	Gross	Fine	Cognitive	Social		N A	N A	N A	N A	12 months	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	15 Months	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	18 Months	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	24 Months	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	30 Months	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	3 Years	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	4 Years	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<b>Vital Signs</b> <table border="1" style="width:100%; 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(Refer to page 2)

Autism Screening (18m &amp; 24m)\*\*

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 &amp; CDC: An autism specific screening is recommended at the 18 months and 24 month visit.

## Developmental/Psychosocial/Behavioral Screening

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](http://www.AAP.com) or [www.dpeds.org](http://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

	<u>Ages and Stages</u> ASQ-3	<u>Child Development Inventories</u>	<u>Denver II</u>	<u>Bayley Scales of Infant and Toddler Development</u>	<u>Parents' Evaluation of Developmental Status</u>
<b>Age range</b>	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
<b>12 months</b>	<ul style="list-style-type: none"> <li>• Stands Alone</li> <li>• Cruises/Walks</li> <li>• Climbs steps</li> </ul>	<ul style="list-style-type: none"> <li>• Stacks blocks</li> <li>• Shakes rattles</li> <li>• Finger Feeds</li> <li>• Drinks from cup</li> </ul>	<ul style="list-style-type: none"> <li>• 1 word</li> <li>• Mama/dada specifically</li> <li>• Follows simple directions</li> <li>• Object permanence</li> </ul>	<ul style="list-style-type: none"> <li>• Participates in games i.e. Peek-a-boo &amp; Pat-A-Cake</li> <li>• Afraid of strangers</li> <li>• Separation Anxiety</li> </ul>
<b>15 months</b>	<ul style="list-style-type: none"> <li>• Walk backwards</li> <li>• Walk up steps</li> <li>• Run</li> </ul>	<ul style="list-style-type: none"> <li>• Scribbles</li> <li>• Turn pages</li> <li>• Stack &gt; 2 blocks</li> <li>• Uses Cup, spoon, fork</li> </ul>	<ul style="list-style-type: none"> <li>• Understands Directions</li> <li>• Vocalizes 3 or more words</li> </ul>	<ul style="list-style-type: none"> <li>• Initiates games</li> <li>• Afraid of strangers</li> <li>• Separation Anxiety</li> </ul>
<b>18 months</b>	<ul style="list-style-type: none"> <li>• Walk up steps</li> <li>• Run</li> <li>• Kicks</li> <li>• Jumps</li> </ul>	<ul style="list-style-type: none"> <li>• Stacks &gt; 4-6 blocks</li> <li>• Picks up small pieces</li> <li>• Uses Cup, spoon, fork</li> <li>• Scribbles</li> <li>• Helps undress self</li> </ul>	<ul style="list-style-type: none"> <li>• Able to point to 1 body part</li> <li>• Vocalizes 3-6 words</li> <li>• Understands actions verbs</li> <li>• Shakes head "No"</li> <li>• Points to things they want</li> </ul>	<ul style="list-style-type: none"> <li>• Expresses affection</li> <li>• Pretend Play</li> <li>• Tantrums</li> </ul>
<b>24 months/ 2yrs</b>	<ul style="list-style-type: none"> <li>• Throws</li> <li>• Jumps</li> <li>• Kicks</li> <li>• Pedals a bike</li> <li>• Run</li> </ul>	<ul style="list-style-type: none"> <li>• Stacks &gt; 4-6 blocks</li> <li>• Draws lines/circles</li> <li>• Undress/Simple Dressing</li> <li>• Feeds self</li> </ul>	<ul style="list-style-type: none"> <li>• Combines words/Names 1 picture</li> <li>• Able to point to &gt; 1 body part</li> <li>• Speech half understandable</li> <li>• Follow simple commands</li> </ul>	<ul style="list-style-type: none"> <li>• Toilet training</li> <li>• Pretend Play/ parallel play</li> <li>• Gender Identification</li> <li>• Showing more independence</li> </ul>
<b>30 months</b>	<ul style="list-style-type: none"> <li>• Throws</li> <li>• Jumps</li> <li>• Balances on 1 foot</li> <li>• Pedals a bike</li> <li>• Climbs well</li> </ul>	<ul style="list-style-type: none"> <li>• Stacks &gt; 6-8 blocks</li> <li>• Draws lines/circles</li> <li>• Matches color &amp; shapes</li> <li>• Undress/ Dressing partially</li> <li>• Feeds self</li> </ul>	<ul style="list-style-type: none"> <li>• Able to point to &gt; 6 body parts</li> <li>• Names &gt; 4 picture</li> <li>• Speech half understandable</li> <li>• Follow 2-3 step commands</li> </ul>	<ul style="list-style-type: none"> <li>• Toilet training</li> <li>• Pretend Play</li> <li>• Gender Identification</li> <li>• Understands "mine", "his", "hers"</li> </ul>
<b>36 months/ 3yrs</b>	<ul style="list-style-type: none"> <li>• Throws</li> <li>• Jumps</li> <li>• Balances on 1 foot</li> <li>• Pedals a bike</li> <li>• Alternate feet up/down stairs</li> </ul>	<ul style="list-style-type: none"> <li>• Stacks &gt; 8 blocks</li> <li>• Draws figures/ copies circle</li> <li>• Uses scissors</li> <li>• Undress/ Dressing partially</li> <li>• Feeds self</li> </ul>	<ul style="list-style-type: none"> <li>• Speech understandable</li> <li>• Names colors</li> <li>• Understands concepts of 1</li> <li>• Sorts</li> <li>• 3 word sentences</li> <li>• Follow 2-3 step commands</li> </ul>	<ul style="list-style-type: none"> <li>• Toilet training</li> <li>• Pretend Play/Plays with other children</li> <li>• Shows empathy</li> <li>• Knows name and age</li> <li>• Understands "mine", "his", "hers"</li> </ul>

<b>4 yrs.</b>	<ul style="list-style-type: none"> <li>• Hops</li> <li>• Jumps on 1 foot</li> <li>• Pedals a bike</li> <li>• Alternate feet up/down stairs</li> <li>• Catches</li> </ul>	<ul style="list-style-type: none"> <li>• Draws person with 3 parts</li> <li>• Undress/ Dressing Self</li> <li>• Copies circles</li> </ul>	<ul style="list-style-type: none"> <li>• 4-5 word sentences</li> <li>• Talks about daily activity</li> <li>• Can give first and lastname</li> <li>• Tells stories</li> <li>• Memorizes poems/songs</li> </ul>	<ul style="list-style-type: none"> <li>• Sings</li> <li>• Pretend Play Plays with others</li> <li>• Distinguishes fantasy from reality</li> <li>• More creative</li> <li>• Cooperates with friends</li> </ul>
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Date:	Name	Date of Birth	<b>EPSDT Encounter Form Middle Childhood (5yrs-10yrs)</b>																																																																																																												
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\* Risk Assessment to be performed with appropriate actions to follow, if positive; otherwise at the standard age according to AAP/Bright Futures



## Developmental/Psychosocial/Behavioral Screening

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](http://www.AAP.com) or [www.dped.org](http://www.dped.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

	<u>Ages and Stages</u>	<u>Child Development Inventories</u>	<u>Denver II</u>	<u>Bayley Scales of Infant and Toddler Development</u>	<u>Parents' Evaluation of Developmental Status</u>
<b>Age range</b>	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)

### Developmental Milestones Example

Age	Gross Motor	Fine Motor	Cognitive, Linguistic, & Communication	Social, Emotional
<b>5 -6 yrs</b>	<ul style="list-style-type: none"> <li>• Skips, climbs, hops</li> <li>• Balances on 1 foot</li> <li>• Can bounce a ball 4-6 times; throws and catches.</li> <li>• Heel to toe walk</li> <li>• Balances on one foot</li> </ul>	<ul style="list-style-type: none"> <li>• Draws person w/ &gt; 3 parts</li> <li>• Undress/ Dressing Self</li> <li>• Begins to print letters</li> <li>• Takes care of own toileting needs</li> </ul>	<ul style="list-style-type: none"> <li>• 4-5 word sentences</li> <li>• Recalls stories</li> <li>• Recalls name &amp; address</li> <li>• Uses future tense</li> <li>• Recites ABC's</li> <li>• Can count up to 100, print first name, print numbers up to 10 and print a few letters.</li> <li>• Knows name and address</li> </ul>	<ul style="list-style-type: none"> <li>• Sings, dances, acts</li> <li>• Distinguishes fantasy from reality</li> <li>• Shows more independence</li> <li>• Makes friends at school</li> </ul>
<b>7-8 yrs</b>	<ul style="list-style-type: none"> <li>• Skates.</li> <li>• Can ride a bicycle.</li> </ul>	<ul style="list-style-type: none"> <li>• Can tie shoes</li> </ul>	<ul style="list-style-type: none"> <li>• Knows right from left.</li> <li>• Can draw a person with six body parts</li> <li>• ability to understand others' perspectives</li> <li>• Performing at grade level</li> </ul>	<ul style="list-style-type: none"> <li>• Beginning to learn sport specific skills</li> <li>• Relationships outside the family increase in importance</li> </ul>
<b>9-10 yrs</b>	Ask parents if they have any concerns about their child's development or behavior		<ul style="list-style-type: none"> <li>• Able to tell time.</li> <li>• Can read for pleasure</li> <li>• ability to understand others' perspectives</li> <li>• Increased academic challenges at school</li> <li>• Performing at grade level</li> <li>• Increase in independent decision making</li> </ul>	<ul style="list-style-type: none"> <li>• Likes to belong to informal "clubs" formed by children themselves.</li> <li>• Has a sense of humor</li> <li>• Relationships outside the family increase in importance</li> <li>• Experience more Peer Pressure</li> <li>• Aware of body image</li> </ul>

Date:	Name	Date of Birth	EPSDT Encounter Form Adolescence (11yrs-20yrs)																																																																																														
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<b>Treatment Plan</b>  <b>Immunizations recommended per (ACIP)</b> <input type="checkbox"/> Tdap / TD <input type="checkbox"/> HPV (3 doses) <input type="checkbox"/> MCV/Booster <input type="checkbox"/> MCB <input type="checkbox"/> Influenza (Yearly) <input type="checkbox"/> SARS/Cov2 <input type="checkbox"/> Other (High Risk Groups) _____  <input type="checkbox"/> VIS Given  <b>Labs/Procedures</b> <input type="checkbox"/> Lipid Profile (once between 17-21y) *  <input type="checkbox"/> STI (if sexually active)*  <input type="checkbox"/> Pelvic/ Pap (Age 21 or older)* <input type="checkbox"/> HIV Screening (once between 15y & 18Y) <input type="checkbox"/> Other _____		<b>Health Education/Anticipatory Guidance (Check all that apply)</b>  <b>Health</b> <input type="checkbox"/> Body Image <input type="checkbox"/> Oral Health <input type="checkbox"/> Weight <input type="checkbox"/> Counseling for Physical <input type="checkbox"/> Tobacco Cessation  <b>Counseling for Nutritional/Diet</b> <input type="checkbox"/> Healthy Eating <input type="checkbox"/> Supplements  <b>Safety</b> <input type="checkbox"/> Motor Vehicle Safety <input type="checkbox"/> Injury Prevention <input type="checkbox"/> Signs of Illness/Emergency/911 <input type="checkbox"/> Physical/Emotional Abuse- gun safety <input type="checkbox"/> Substance abuse (tobacco, alcohol, drugs)* <input type="checkbox"/> STI counseling/screening* <input type="checkbox"/> Pregnancy*  <b>Social/Academic</b> <input type="checkbox"/> Bullying/ Peer Pressure <input type="checkbox"/> Conflict Resolution and avoiding <input type="checkbox"/> Limit Setting, rules for responsibility <input type="checkbox"/> Transition to School/Work  <b>Emotional Well</b> <input type="checkbox"/> Support System <input type="checkbox"/> Interpersonal Relationships <input type="checkbox"/> Depression Screen <input type="checkbox"/> AAP® Bright Futures® Pamphlet																																																																																															
<b>MD Print Name</b>		<b>MD Signature</b>																																																																																															
<b>Date</b>		<b>Referrals</b> _____ _____ _____ _____ _____ <input type="checkbox"/> NEXT APPOINTMENT																																																																																															

## Developmental/Psychosocial/Behavioral Screening

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](http://www.AAP.com) or [www.dpeds.org](http://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**

- 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	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		<ul style="list-style-type: none"> <li>Ability to understand others' perspectives</li> <li>More ability to think hypothetically</li> <li>Performing at grade level</li> <li>Increase in independent decision making</li> </ul>	<ul style="list-style-type: none"> <li>More independence from parents &amp; family.</li> <li>Stronger sense of right and wrong.</li> <li>Beginning awareness of the future.</li> <li>Growing understanding about one's place in the world.</li> <li>More attention to friendships &amp; teamwork.</li> <li>Peer acceptance</li> <li>Moodiness</li> </ul>
15-17 yrs			<ul style="list-style-type: none"> <li>More defined work habits</li> <li>More concern about future educational and vocational plans</li> <li>Greater ability to sense right and wrong</li> <li>Performing at grade level</li> <li>Increase in independent decision making</li> </ul>	<ul style="list-style-type: none"> <li>Increased interest in the opposite sex</li> <li>Decreased conflict with parents</li> <li>Increased independence from parents</li> <li>Capacity for caring and sharing</li> <li>Development of more intimate relationships</li> <li>More time spent with peers</li> </ul>
18-21 yrs	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)		<ul style="list-style-type: none"> <li>Increase in independent decision making</li> </ul>	<ul style="list-style-type: none"> <li>Adult relationships with their parents</li> <li>Peer group become less important as a determinant of behavior</li> <li>Feel empathy</li> <li>Increased intimacy skills</li> <li>Moral values</li> <li>Feelings of invincibility</li> <li>Established body image</li> <li></li> </ul>



# 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 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 and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the Bright Futures Guidelines (Hagan JE, Shaw JS, Duncan PM, eds. 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.

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	INFANCY								EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
AGE <sup>1</sup>	Prenatal <sup>2</sup>	Newborn <sup>3</sup>	3-5 d <sup>4</sup>	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
<b>HISTORY</b>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
<b>MEASUREMENTS</b>																																
Length/Height and Weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Weight for Length	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Body Mass Index <sup>5</sup>												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Pressure <sup>6</sup>	★	★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
<b>SENSORY SCREENING</b>																																
Vision <sup>7</sup>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hearing	● <sup>8</sup>	● <sup>8</sup>	→	→	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	←	←	●	→	←	←	→	←	←	→	→
<b>DEVELOPMENTAL/BEHAVIORAL HEALTH</b>																																
Developmental Screening <sup>9</sup>								●			●		●																			
Autism Spectrum Disorder Screening <sup>10</sup>											●	●																				
Developmental Surveillance	●	●	●	●	●	●	●		●	●		●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment <sup>11</sup>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment <sup>12</sup>																						★	★	★	★	★	★	★	★	★	★	★
Depression Screening <sup>13</sup>																							●	●	●	●	●	●	●	●	●	●
Maternal Depression Screening <sup>14</sup>					●	●	●	●																								
<b>PHYSICAL EXAMINATION<sup>15</sup></b>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
<b>PROCEDURES<sup>16</sup></b>																																
Newborn Blood	● <sup>17</sup>	● <sup>18</sup>	→	→																												
Newborn Bilirubin <sup>19</sup>	●																															
Critical Congenital Heart Defect <sup>20</sup>	●																															
Immunization <sup>21</sup>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia <sup>22</sup>						★				●	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead <sup>23</sup>							★	★	● or ★ <sup>24</sup>		★	● or ★ <sup>25</sup>		★	★	★	★	★	★	★	★											
Tuberculosis <sup>27</sup>				★			★		★			★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia <sup>29</sup>												★		★			★		★	←	●	→	★	★	★	★	★	★	←	→	●	→
Sexually Transmitted Infections <sup>30</sup>																						★	★	★	★	★	★	★	★	★	★	★
HIV <sup>31</sup>																						★	★	★	★	★	←	→	●	→	★	★
Hepatitis C Virus Infection <sup>32</sup>																														●	→	→
Cervical Dysplasia <sup>33</sup>																																●
<b>ORAL HEALTH<sup>34</sup></b>								● <sup>35</sup>	● <sup>36</sup>	★		★	★	★	★	★	★															
Fluoride Varnish <sup>37</sup>							←				●	→				→																
Fluoride Supplementation <sup>38</sup>							●	●	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
<b>ANTICIPATORY GUIDANCE</b>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

- 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.
- 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, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per "The Prenatal Visit" (<https://pediatrics.aappublications.org/content/143/1/e20181210>).
- Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
- 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 jaundice. Breastfeeding newborns should receive breast-feeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (<https://pediatrics.aappublications.org/content/129/3/e972>). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborns" (<https://pediatrics.aappublications.org/content/125/2/403>).
- Screen, per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" ([https://pediatrics.aappublications.org/content/126/5/suppl\\_4/S4](https://pediatrics.aappublications.org/content/126/5/suppl_4/S4)).
- Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents" (<https://pediatrics.aappublications.org/content/140/3/e20171900>). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.

- A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (<https://pediatrics.aappublications.org/content/137/1/e20133580>) and "Procedures for the Evaluation of the Visual System by Pediatricians" (<https://pediatrics.aappublications.org/content/137/1/e20133597>).
- Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (<https://pediatrics.aappublications.org/content/120/4/888>).
- Verify results as soon as possible, and follow up, as appropriate.
- Screen with audiometry including 6,000 and 8,000 Hz high frequencies 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" (<https://www.sciencedirect.com/science/article/pii/S1054139X16000480>).
- Screening should occur per "Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening" (<https://pediatrics.aappublications.org/content/145/1/e20193448>).
- Screening should occur per "Identification, Evaluation, and Management of Children With Autism Spectrum Disorder" (<https://pediatrics.aappublications.org/content/145/1/e20193447>).

- 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" (<https://pediatrics.aappublications.org/content/135/2/384>) and "Poverty and Child Health in the United States" (<https://pediatrics.aappublications.org/content/137/4/e20181139>).
- A recommended assessment tool is available at <http://ccafp.org>.
- Recommended screening using the Patient Health Questionnaire (PHQ-2 or other tools available in the GLAD-PC toolkit and at [https://downloads.aap.org/AAP/PDF/Mental\\_Health\\_Tools\\_for\\_Pediatrics.pdf](https://downloads.aap.org/AAP/PDF/Mental_Health_Tools_for_Pediatrics.pdf)).
- Screening should occur per "Incorporating Recognition and Management of Perinatal Depression into Pediatric Practice" (<https://pediatrics.aappublications.org/content/143/1/e201812336>).
- At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See "Use of Chaperones During the Physical Examination of the Pediatric Patient" (<https://pediatrics.aappublications.org/content/127/5/991>).
- These may be modified, depending on entry point into schedule and individual need.
- Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Screening Panel (<https://www.fda.gov/advisory-committees/heritable-disorders/ucsp/index.html>), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (<https://www.hhs.gov/odhpn/org/newborn-screening/index>) establish the criteria for and coverage of newborn screening procedures and programs.

(continued)



(continued)

20. Verify results as soon as possible, and follow up, as appropriate.
21. Confirm initial screening was accomplished; verify results, and follow up, as appropriate. See "Hyperbilirubinemia in the Newborn Infant  $\geq 35$  Weeks' Gestation: An Update With Clarifications" (<http://pediatrics.aappublications.org/content/124/4/1193>).
22. Screening for critical congenital heart disease using pulse oximetry 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 Oximetry Screening for Critical Congenital Heart Disease" (<http://pediatrics.aappublications.org/content/129/1/190.full>).
23. Schedules, per the AAP Committee on Infectious Diseases, are available at [https://redbook.solutions.aap.org/55/immunization\\_schedules.aspx](https://redbook.solutions.aap.org/55/immunization_schedules.aspx). Every visit should be an opportunity to update and complete a child's immunizations.
24. 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).
25. For children at risk of lead exposure, see "Prevention of Childhood Lead Toxicity" (<http://pediatrics.aappublications.org/content/138/1/e20161403>) and "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" ([http://www.cdc.gov/nceh/lead/ACCLPP/Final\\_Document\\_030712.pdf](http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf)).
26. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high-prevalence areas.
27. Tuberculosis testing per recommendations of the AAP Committee on Infectious Diseases, published in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high-risk factors.
28. See "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" ([http://www.ahdha.nh.gov/publications/cvd\\_and/index.html](http://www.ahdha.nh.gov/publications/cvd_and/index.html)).
29. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*.
30. Adolescents should be screened for HIV according to the US Preventive Services Task Force (USPSTF) recommendations (<http://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening>) once between the ages of 15 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.
31. All individuals should be screened for hepatitis C virus (HCV) infection according to the USPSTF (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/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.
32. See USPSTF recommendations (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening>). Indications for pelvic examinations prior to age 21 are noted in "Gynecologic Examination for Adolescents in the Pediatric Office Setting" (<http://pediatrics.aappublications.org/content/126/3/583.full>).
33. Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment (<http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health-Practice-Tools.aspx>) and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See "Maintaining and Improving the Oral Health of Young Children" (<http://pediatrics.aappublications.org/content/134/6/1224>).
34. Perform a risk assessment (<http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Oral-Health/Pages/Oral-Health-Practice-Tools.aspx>). See "Maintaining and Improving the Oral Health of Young Children" (<http://pediatrics.aappublications.org/content/134/6/1224>).
35. See USPSTF recommendations (<https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummary/full/dental-caries-in-children-from-birth-through-age-5-years-screening>). Once teeth are present, fluoride varnish may be applied to all children every 3 to 6 months in the primary care or dental office. Indications for fluoride use are noted in "Fluoride Use in Caries Prevention in the Primary Care Setting" (<http://pediatrics.aappublications.org/content/134/5/626>).
36. If primary water source is deficient in fluoride, consider oral fluoride supplementation. See "Fluoride Use in Caries Prevention in the Primary Care Setting" (<http://pediatrics.aappublications.org/content/134/5/626>).

## 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](http://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' (<http://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' (<http://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.uspreventiveservicestaskforce.org/uspstf/recommendation/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' (<http://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/e20161403>) and 'Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention' ([http://www.cdc.gov/nceh/lead/ACCLPP/Final\\_Document\\_030712.pdf](http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf))."



**HRSA**  
HEALTH RESOURCES AND SERVICES ADMINISTRATION

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## Vaccine Administration Codes Childhood Immunizations

Immunization	CPT	HCPCS	ICD-10-CM Diagnosis*
DTaP	90698, 90700, 90721, 90723		
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.

\*\* 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.

## Vaccine Administration Codes Adolescent Immunizations

Immunization	CPT
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)**



Screening Codes		
Initial Screenings New Patients		
Description	Age	CPT Codes
	Less than 1 year of age	99381*
	1-4	99382*++
	5-11	99383*
	12-17	99384*
	18-20	99385*
Periodic Screenings Established Patients		
Description	Age	CPT
	Less than 1 year of age	99391*
	1-4	99392*++
	5-11	99393*
	12-17	99394*
	18-20	99395*
Description		ICD 10 CM Codes
Encounter for general examination without complaint, suspected or reported diagnosis		Z00
Encounter for newborn, infant and child health examinations		Z00.1
Encounter for other general examination		Z00.8
Encounter for routine child health examination		Z00.12
Encounter for other administrative examinations		Z02.89
Encounter for routine child health examination without abnormal findings		Z00.129
Newborn Health Examination		Z00.11
Health examination for newborn under 8 days old		Z00.110
Health examination for newborn 8 to 28 days old		Z00.111
Examination for participation in sports		Z02.5
Description		CPT Codes
Vision Screenings	Screening test of visual acuity	99173
Hearing Screenings	Screening test, pure tone, air only	92551
	Pure tone audiometry	92552
Lead Screenings (Mandatory 12m & 24m)	By Lab	83655++
Developmental Screenings		96110
Developmental Testing		9611

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

++ Lead testing required at 12 and 24 months

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

(Please refer to CPT®, HEDIS®, HCPCS, ICD-10 resources for the most up to date codes)



## **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](mailto: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](mailto: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](mailto: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](http://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

1. American Academy of Pediatrics. (2019). Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents. 4<sup>th</sup> Edition. Retrieved November 2019 from <http://pediatrics.aappublications.org/content/124/4/1227.full>.
2. American Academy of Pediatrics. (2019). Recommendations for Preventive Pediatric Health Care. Retrieved November 2019 from [www.aap.org/periodicityschedule](http://www.aap.org/periodicityschedule).
3. Centers for Disease Control and Prevention (CDC) (2019). Learn the Signs. Act Early. Developmental milestones checklist. Retrieved November 2019 from <http://www.cdc.gov/ncbddd/actearly/milestones/index.html>.
4. Centers for Disease Control and Prevention. (CDC) (2019). Autism Spectrum Disorders. Recommendations & Guidelines. Retrieved November 2019 from <http://www.cdc.gov/ncbddd/autism/hcp-recommendations.html>
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6. Department of Medical Assistance Services (DMAS) (July 1, 2019). Commonwealth of Virginia (DMAS). Medallion IV Managed Care Contract. November 2019.
7. Department of Medical Assistance Services (2019). Early, Periodic, Screening, Diagnosis and Treatment EPSDT Program Fact Sheet. Retrieved November 2019 from, <http://www.dmas.virginia.gov>
8. MedLine Plus (2015). Developmental Milestones Record. Retrieved November 2019, from <http://medlineplus.gov/>
9. National Committee for Quality Assurance (NCQA) (2019). HEDIS<sup>®</sup> 2019, Volume 2. Value Set Directory.
10. Sentara Adult & Pediatric Maintenance Guidelines (2019). Retrieved November 2019, from [www.sentarahealthplans.com](http://www.sentarahealthplans.com)

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