



Early and Periodic Screening, Diagnostic and Treatment Provider Toolkit



Summit Community Care Early and Periodic Screening, Diagnostic and Treatment Provider Toolkit

What is EPSDT?

Early
Periodic
Screening
Diagnostic
Treatment

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program is Medicaid's federally mandated comprehensive and preventive health program for individuals under the age of 21. EPSDT was defined by law as part of the *Omnibus Budget Reconciliation Act of 1989* and requires states to cover all services within the scope of the federal Medicaid program. The intent of the EPSDT program is to focus on early prevention and treatment. Requirements include periodic screening, vision, dental and hearing services.

Services include:

- Screening.
- Diagnosis and treatment.
- Transportation and scheduling assistance.

Screening must include:

- Comprehensive health and developmental history (inclusive of both physical and mental health).
- Comprehensive unclothed physical exam.
- Appropriate immunizations.
- Laboratory tests.
- Lead toxicity screening.
- Health education, including anticipatory guidance.
- Vision services.
- Dental services.
- Hearing services.
- Other necessary health care – diagnostic services and treatment to correct or ameliorate defects, physical and mental illnesses, and conditions discovered by the screening services.

Schedules used to determine when services are due:

- The *American Academy of Pediatrics Periodicity Schedule*.
- The Centers for Disease Control and Prevention Advisory Committee on Immunization Practices *Immunization Recommendations Schedule*.

Summit Community Care EPSDT program supports the individual state plans by:

- Providing a repository to house EPSDT data.
- Mailing annual preventive care recommendations to members.
- Mailing reminders to members to schedule appointments.
- Mailing letters to providers with a listing of members who may have missed services.

Summit Community Care EPSDT program includes additional member outreach activities and case management, as well as a provider pre-service report.

If you have questions, contact your local Provider Relations representative or call Provider Services at 1-844-462-0022.

Early and Periodic Screening, Diagnostic and Treatment Quick Reference Guide

Use this chart to be sure your practice is following the appropriate age specific guidelines.

Children's preventive guidelines	Birth	3-5 days	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	24 months	30 months	3 years	4 years	5 years	6 years	7-21 years
History	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Height or length/weight	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Head circumference	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					Yearly
Body mass index (percentile if < 16 years)											✓	✓	✓	✓	✓	✓	Yearly
Blood pressure ¹	*	*	*	*	*	*	*	*	*	*	*	*	✓	✓	✓	✓	Yearly
Nutrition assessment/counseling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Physical activity assessment/counseling ²													✓	✓	✓	✓	Yearly
Vision exam	*	*	*	*	*	*	*	*	*	*	*	*	✓	✓	✓	✓	Yearly
Hearing exam	✓	*	*	*	*	*	*	*	*	*	*	*	*	✓	✓	✓	Yearly
Developmental assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Autism screening										✓	✓	*					
Psychological/behavioral assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Alcohol/drug use assessment																	Yearly
Physical exam (un clothed)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Oral/dental assessment	*	*	*	*	*	✓	✓	✓	*	✓	✓	✓	✓	*	*	*	Yearly
Dental referral ³													✓			✓	Refer
Immunization assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Hematocrit or hemoglobin					*			✓		*	*	*	*	*	*	*	Yearly
Lead screening						*	*	✓		*	✓		*	*	*	*	
Urinalysis																✓	16 years
Tuberculin test if at risk			*			*		*		*	*		*	*			*
Dyslipidemia screening											*			*			18-21*
Sexually transmitted infection (STI) screening ⁴																	11-21*
Cervical dysplasia screening ⁴																	11-21*
Anticipatory guidance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Counseling/referral for identified problems	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly

Recommended Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Periodicity Schedule:

A visit should be scheduled for all new Summit Community Care members within 60 days. Subsequent visits should be scheduled based on the recommended guidelines:

- 3-5 days
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- 3-21 years, annually

Any member who has not had the recommended services should be brought up-to-date as soon as possible.

Helpful hints:

- Use the listing of members due or overdue for EPSDT services provided to you by Summit Community Care and contact the member for an appointment.
- Maximize every visit by making sure the child is current on EPSDT services.
- Be sure your office uses the correct coding.

For complete information:

See the AAP *Periodicity Schedule* at <https://brightfutures.aap.org/clinical-practice> and the AAPD *Guidelines* at <https://www.aapd.org/research/evidence-based-dentistry/AAPD-Clinical-Guidelines>.

Notes:

- All well visits should include, at a minimum, an un clothed physical exam, developmental assessment, anticipatory guidance and age-appropriate screenings and immunizations, as indicated.
- Health education should include counseling for issues and risk factors, as well as informing patients about the benefits of a healthy lifestyle, safety practices/accident avoidance and disease prevention.
- Screenings are as recommended by the American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentistry (AAPD). An initial screening may be done at any time, even if the patient's age does not correspond with the periodicity schedule.
- If you are not receiving the monthly listing containing your paneled members who have upcoming EPSDT services due, contact us at Summit Community Care, Stephanie Martin, Clinical Quality Program Director, 650 S. Shackelford Road, Suite 440, Little Rock, AR 72211.

* Conduct a risk assessment. If high-risk conditions exist, perform screening.

- 1 Children with specific risk factors should have their blood pressure taken at visits before age 3.
- 2 HEDIS® measure added to chart.
- 3 Referrals for dental care should be given for any problem identified or if there is no dental home. AAPD recommends a dental exam every six months after tooth eruption.
- 4 STI and cervical dysplasia screenings should be conducted on all sexually active females 11-21 years of age.

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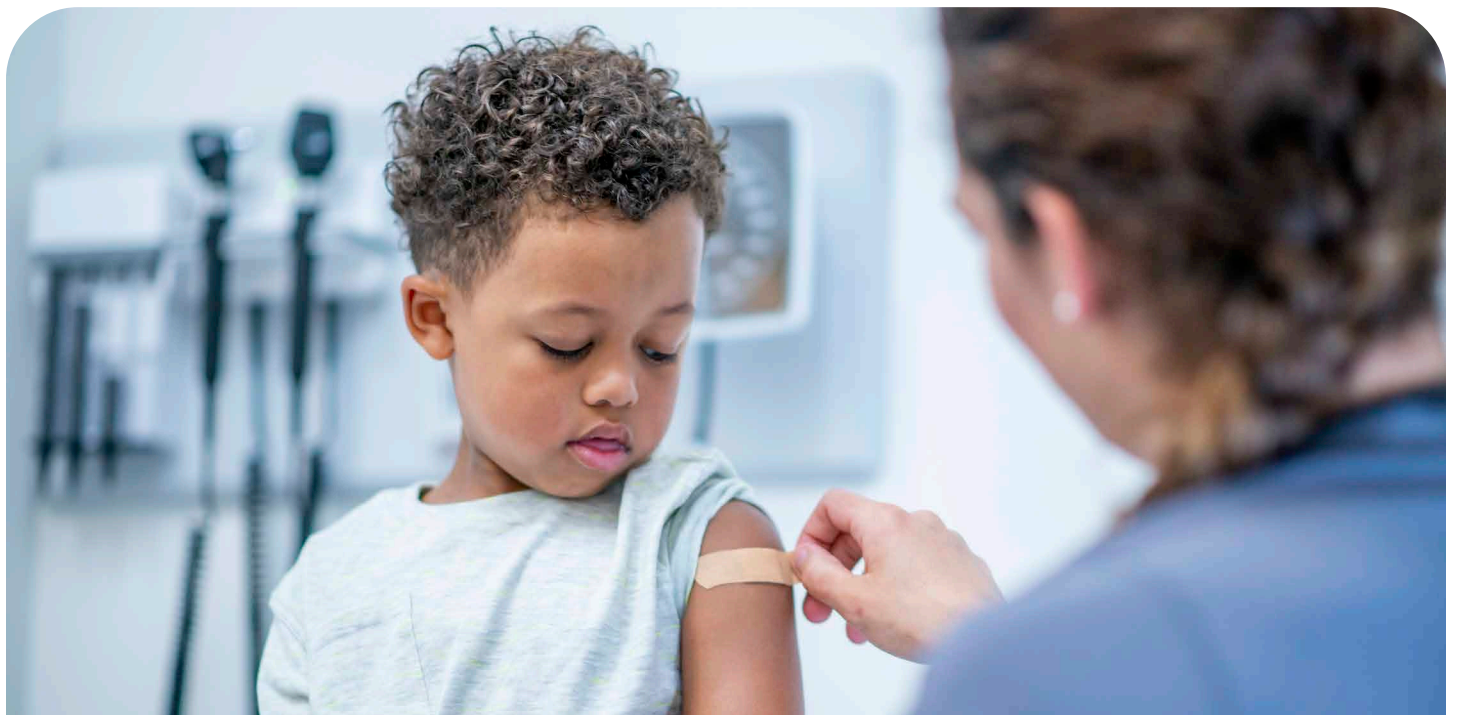
Early and Periodic Screening, Diagnostic and Treatment Quick Reference Guide (cont.)

Immunizations

Recommended childhood immunizations	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	23 months	2-3 years	4-6 years	Recommended adolescent immunizations	7-10 years	11-12 years	13-18 years
Hepatitis B (Hep B)	Hep B	Hep B			Hep B							Tetanus, diphtheria, pertussis		Tdap	Tdap
Rotavirus			RV	RV	RV							Human papillomavirus		HPV (3 doses)	HPV series
Diphtheria, tetanus, pertussis			Dtap	Dtap	Dtap		Dtap				Dtap	Meningococcal	MCV	MCV	MCV
Haemophilus influenzae type b (Hib)			Hib	Hib	Hib	Hib						Influenza	Influenza yearly		
Pneumococcal			PCV	PCV	PCV	PCV					PPSV	Pneumococcal	PPSV		
Inactivated poliovirus			IPV	IPV	IPV						IPV	Hepatitis A	Hep A series		
Influenza					Influenza yearly							Hepatitis B	Hep B series		
Measles, mumps, rubella						MMR					MMR	Inactivated poliovirus	IPV series		
Varicella						Varicella					Varicella	Measles, mumps, rubella	MMR series		
Hepatitis A						Hep A, dose 1				Hep A series		Varicella	Varicella series		
Meningococcal										MCV					

Range of recommended ages for all children except certain high-risk groups
 Range of recommended ages for certain high-risk groups
 Range of recommended ages for catch-up immunization

For complete information, see The Advisory Committee on Immunization Practices (<https://www.cdc.gov/vaccines/acip/index.html>), the AAP (www.aap.org) and the American Academy of Family Physicians (www.aafp.org). – Department of Health and Human Services • Centers for Disease Control and Prevention.



Early and Periodic Screening, Diagnostic and Treatment Quick Reference Guide (cont.)

EPSDT billing codes

CPT®	New patient	CPT	Established patient	ICD-10-CM codes	Other codes	Description
99381	Preventive visit, age < 1 year	99391	Preventive visit, age < 1 year	Z00.110 – (0-7 days)	99173 with Z01.00 or Z01.01 or appropriate abnormal result code	Interperiodic vision
				Z00.111 – (8-28 days)	V5008, 92551-92553, 92555-92556 with Z01.10, Z01.110 or Z01.118	Interperiodic hearing
99382	Preventive visit, age 1-4	99392	Preventive visit, age 1-4	Z00.121 or Z00.129 – (29 days-14 years)	96110 with EP and 59 modifier	Developmental screening at the following visits: 9, 18 and 30 months
					96127	Brief emotional/behavioral assessments
99383	Preventive visit, age 5-11	99393	Preventive visit, age 5-11		86580 with diagnosis Z11.1	Tuberculin (TB) skin test
Modifier						
99384	Preventive visit, age 12-17	99394	Preventive visit, age 12-17	Z00.121 or Z00.129 – (12-14 years) Z00.121 or Z00.129/ Z00.00 or Z00.01 – (15-17 years)	90471, 90472, 90473, 90474	Vaccine administration code: The appropriate code must be included with the vaccine CPT code and diagnostic code.
99385	Preventive visit, age 18-20	99395	Preventive visit, age 18-20	Z00.00 or Z00.01 (18-20 years) Z02 to Z02.89 (0-20 years)	86580 with diagnosis Z11.1	TB skin test
99211	Use if abnormality/ies is encountered or a pre-existing problem is addressed during the EPSDT visit	99212	Use if abnormality/ies is encountered or a pre-existing problem is addressed during the EPSDT visit.		83655 with diagnosis code Z13.88	Lead screening
99383	Preventive visit, age 5-11	99393	Preventive visit, age 5-11		96127, 90471-90474	Brief emotional/behavioral assessments immunization admin codes
99384	Preventive visit	99394	Preventive visit	Use antigen codes along with immunization administration codes	EP	E&M services by the same provider on the same day and for filling a same day sick visit and well care visit.

The preventive medicine code when billed on the same date as the immunization administration will be denied unless the 25 modifier is appended to the preventive medicine procedure code.

For more information, contact your Provider Relations representative at arproviderquestions@summitcommunitycare.com or call Provider Services at **1-844-462-0022**.

Payment will be made for medically necessary diagnostic or treatment needed to correct or ameliorate illnesses or conditions discovered through screening, whether or not such diagnostic or treatment services are covered under the plan.

Note: Any medically necessary noncovered service will need to be preauthorized.

Paper claims must be submitted to:

Summit Community Care
P.O. Box 61010
Virginia Beach, VA 23466-1010

Web submissions:

Only participating providers have the option to use *HIPAA*-compliant web claim submission capabilities by registering at <https://www.availity.com>. For any questions, contact Availity* Client Services at **1-800-AVAILITY (1-800-282-4548)**.

* Availity, LLC is an independent company providing administrative support services on behalf of Summit Community Care.

Prevention

U.S Department of Health and Human Services
<https://healthfinder.gov/healthtopics>

Adolescent development

<https://medlineplus.gov/ency/article/002003.htm>

Modified Checklist for Autism in Toddlers **autism screening tool**

www.firstsigns.org

Ages and Stages Questionnaires

(A fee may be associated.)

<https://www.healthychildren.org>

American Academy of Pediatrics

– assessments, patient education, forms and other information

<https://www.brightfutures.org>

Centers for Disease Control and Prevention (CDC) growth and BMI charts

https://www.cdc.gov/growthcharts/clinical_charts.htm

National Domestic Violence Hotline

www.ndvh.org

1-800-799-SAFE (7233)

Medicaid Early and Periodic Screening, Diagnostic and Treatment program

<https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>

Health Resources and Service Administration – maternal and child health

<https://www.mchb.hrsa.gov/epsdt>

March of Dimes

<https://www.marchofdimes.org>

American Academy of Family Physicians

<https://www.aafp.org>

Arkansas Breastfeeding Coalition

<https://arbfc.org>

Immunizations

CDC – immunization schedules

<https://www.cdc.gov/vaccines/recs/schedules/default.htm>

CDC – National Immunization Program

<https://www.cdc.gov/vaccines>

Immunizations Arkansas Department of Health

<https://www.healthy.arkansas.gov/programs-services/topics/immunizations>

Immunization Action Coalition

www.immunize.org

Immunization Education & Action Committee Healthy Mothers, Healthy Babies Coalition

www.hmhb.org

1-703-836-6110

1-703-836-3470 (fax)

Willis-Knighton Health System

<https://www.wkhs.com>

Institute for Vaccine Safety

www.vaccinesafety.edu



Early and Periodic Screening, Diagnostic and Treatment Assessment Categories

Newborn assessment

Physical exam	Risk assessment/ screening	Development	Behavioral/social	Anticipatory guidance topics	History
Weight, length – W/L percentile	Blood pressure	Suck, swallow	Parental concerns	Car seat, facing back	Hospital course
Head circumference	Hearing	Breathe easily	Support for mother	Smoke-free environment	Exams/screenings
TPR	Vision	Turns, calms to mom's voice	Family makeup	Smoke detectors in home	Hep B
General appearance	Metabolic/ hemoglobinopathy	Eats well	Any major changes in family	Hot water temperature < 120°	Weeks' gestation
Head, fontanel			Any changes in family health	No bottle propping	Birth weight
Neck			Maternal depression	Sleep on back	Issues/concerns
Eyes, red reflex, strabismus				Well-fitted crib mattress, no pillows	
Ears, nose, mouth/throat				Never shake baby	
Lungs	Nutrition	Common problems		Nutrition/feedings	Plan/referrals
Heart	Breast, how long, frequency	Constipation		No solid food	Immunizations status
Abdomen	Formula, oz. and frequency:	Sleep		Sponge bath	Hepatitis B #1 – if indicated
Femoral pulses	• Brand – with iron	Spitting up		Cord, circumcision care	Ophthalmology referral (if < 32 weeks)
Umbilical cord		Excessive crying		Sponge bath	
Genitalia (male – testes, circumference)	Water source: • Well, city or bottled			Bowel movements	
Spine	Number of wet diapers/day			General newborn care	
Extremities	Stools/day			Taking temperature – fever > 100.4° F	
Hips	WIC			When to call the doctor	
Skin					
Neuro					

Early and Periodic Screening, Diagnostic and Treatment Assessment Categories (cont.)

1-month assessment

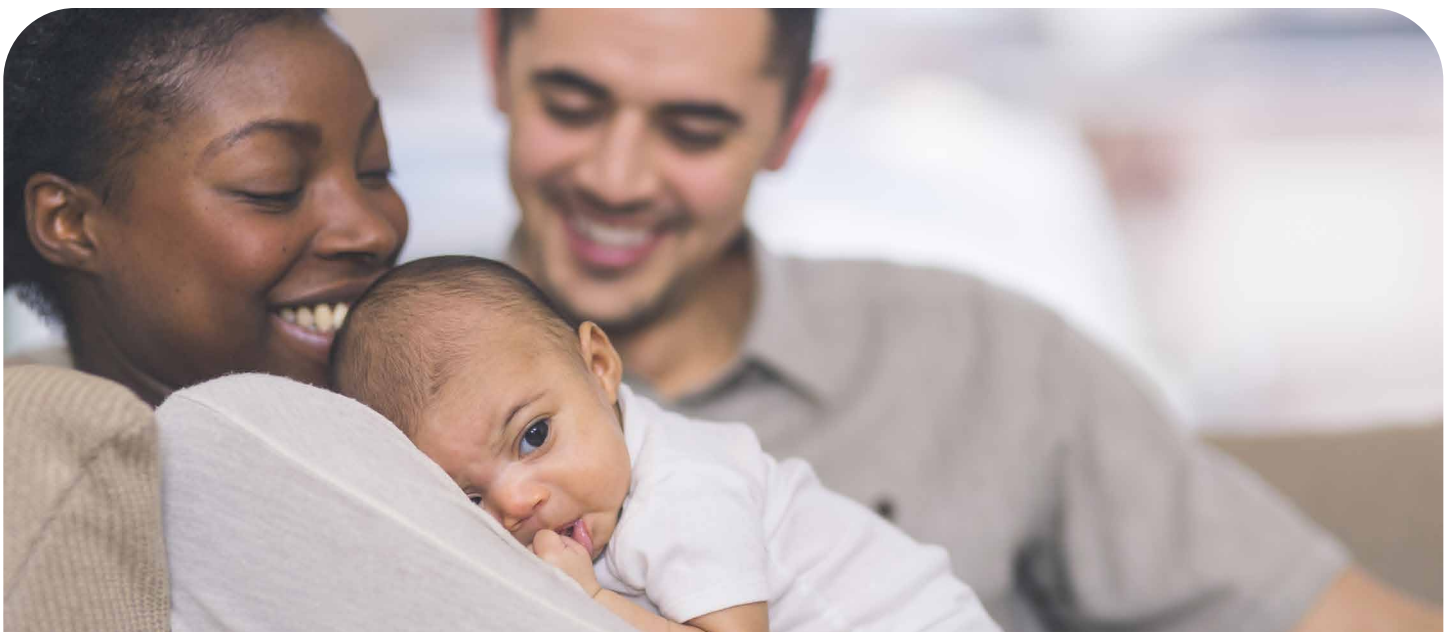
Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
Weight, length – W/L percentile	Blood pressure	Lifts head when prone	Parental concerns	Car seat, facing back	Follow up previous visit
Head circumference	Hearing	Begins to smile	Vision	Smoke-free environment	Medication review
TPR	Vision	Follows parent with eyes	Hearing	Smoke detectors in home	Interval history
General appearance	Metabolic/ hemoglobinopathy	Turns to parent's voice	Development	Hot water temperature < 120°	Changes in family health
Head, fontanel	Tuberculosis			No bottle propping	
Neck				Sleep on back, tummy time	
Eyes, red reflex, strabismus				Well-fitted crib mattress, no pillows	
Ears, nose, mouth/throat				Never shake baby	
Lungs	Nutrition	Common problems	Social/family history	Nutrition/feedings	Plan/referrals
Heart	Breast, how long, frequency	Constipation	Parent/child adjustment	Techniques to calm	Immunizations status
Abdomen	Formula, oz. and frequency:	Sleep	Any major changes in family	Cord, circumcision care	Hepatitis B
Femoral pulses	• Brand – with iron	Spitting up	Maternal depression	Elimination	Vitamin D – if breastfed
Umbilical cord	Water source:	Excessive crying	Support for mother	Taking temperature – fever > 100.4° F	TB test – if at risk
Genitalia (male – testes, circumference)	• Well, city or bottled	Colic	Sibling response to baby	When to call the doctor	
Spine	Number of wet diapers/day	Stuffy nose	Child-care plans	Avoid anything around baby's neck	
Extremities	Stools/day		Work plans		
Hips	WIC		Violence or abuse		
Skin					
Neuro					



Early and Periodic Screening, Diagnostic and Treatment Assessment Categories (cont.)

2-month assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
Weight, length – W/L percentile	Blood pressure	Begins to push up when prone	Parental concerns	Car seat, facing back	Follow up previous visit
Head circumference	Hearing	Holds head up when held	Vision	Smoke-free environment	Medication review
TPR	Vision	Begins to smile	Hearing	Smoke detectors in home	Interval history
General appearance	Metabolic/ hemoglobinopathy	Follows parent with eyes	Development	Hot water temperature < 120°	Special health care needs
Head, fontanel		Turns to parents voice		Bath safety	Changes in family health
Neck		Coos		No bottle propping	
Eyes, red reflex, strabismus		Self-comfort		Sleep on back, tummy time	
Ears, nose, mouth/throat		Cries when bored (no activity)		Crib safety	
Lungs		Symmetrical movement		Never shake baby	
Heart	Nutrition	Common problems	Social/family history	Nutrition/feedings	Plan/referrals
Abdomen	Breast, how long, frequency	Constipation	Parent/child adjustment	Delay solids	Immunizations status
Femoral pulses	Formula, oz. and frequency:	Sleep	Any major changes in family	Elimination	DTaP, IPV, Hib, Hep B, PCV-7
Umbilical cord	• Brand – with iron	Spitting up	Maternal depression	Techniques to calm	Rota
Genitalia (male – testes)	Cereal	Excessive crying	Support for mother	Rolling over – prevent falls	Vitamin D – if breastfed
Spine	Water source:	Colic	Sibling response to baby	When to call the doctor	
Extremities	• Well, city or bottled	Stuffy nose	Child care plans		
Hips	Stools/day	Diaper rash	Work plans		
Skin	WIC		Violence or abuse		
Neuro					



Early and Periodic Screening, Diagnostic and Treatment Assessment Categories (cont.)

4-month assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
Weight, length – W/L percentile	Blood pressure	Push up to elbows when prone	Parental concerns	Car seat, facing back	Follow up previous visit
Head circumference	Hearing	Head control	Vision	Smoke-free environment	Medication review
TPR	Vision	Rolls and reaches for objects	Hearing	Smoke detectors in home	Interval history
General appearance	Anemia risk assessment	Responds to affection	Development	Sleep and daily routines	Special health care needs
Head, fontanel		Babbles and coos		Hot water temperature < 120°	Changes in family health
Neck		Self-comfort		Bath safety	
Eyes, red reflex, strabismus				No bottle propping	
Ears, nose, mouth/throat				Sleep on back, tummy time	
Lungs				Crib safety	
Heart	Nutrition	Common problems	Social/family history	Never shake baby	Plan/referrals
Abdomen	Breast, how long, frequency	Constipation	Any major changes in family	Nutrition/feedings	Immunizations status
Femoral pulses	Formula, oz. and frequency:	Sleep	Family support	Solid foods – when and how to add	DTaP, IPV, Hib, Hep B, PCV-7
Umbilical cord	• Brand – with iron	Spitting up	Working out of the home	Weight gain	Rota
Genitalia (male – testes)	Cereal	Excessive crying	Child care	Elimination	Vitamin D – if breastfed
Spine		Colic	Violence or abuse	Walkers	
Extremities	Water source: • Well, city or bottled	Stuffy nose	Maternal depression	Rolling over – prevent falls	
Hips	Other liquids	Diaper rash		Choking	
Skin	WIC				
Neuro					

Early and Periodic Screening, Diagnostic and Treatment Assessment Categories (cont.)

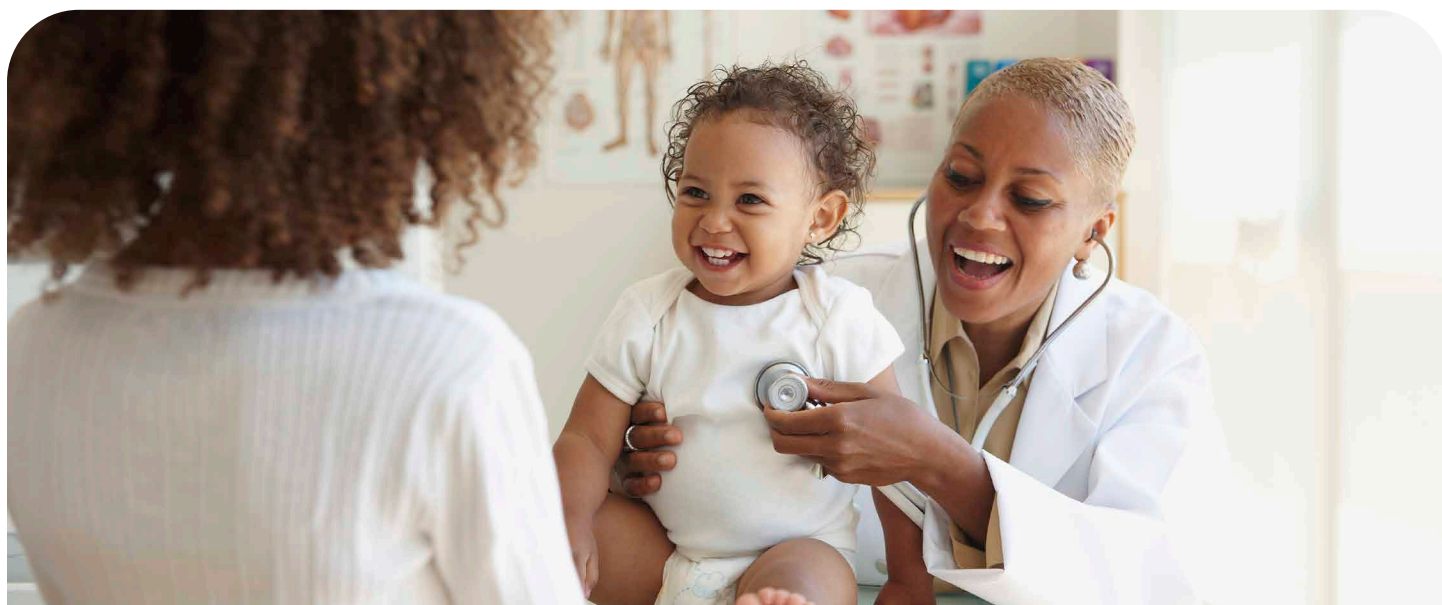
6-month assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
Weight, length – W/L percentile	Blood pressure	Able to sit briefly	Parental concerns	Car seat, facing back	Follow up previous visit
Head circumference	Hearing	Head control	Vision	Smoke-free environment	Medication review
TPR	Vision	Rolls and reaches for objects	Hearing	Smoke detectors in home	Interval history
General appearance	Anemia risk screening	Responds to affection	Development	Sleep and daily routines	Special health care needs
Head, fontanel	Tuberculosis risk screening	Jabbers and laughs		Hot water temperature < 120°	Changes in family health
Neck	Dental/oral	Self-comfort		Drowning	
Eyes, red reflex, alignment	Lead risk screening	Puts things in mouth		No bottle propping	
Ears, nose, mouth/throat				Sleep on back, tummy time	
Lungs				Kitchen safety	
Heart	Nutrition	Common problems	Social/family history	Brushing teeth	Plan/referrals
Abdomen	Breast, how long, frequency	Constipation	Any major changes in family	Nutrition/feedings	Immunizations status
Femoral pulses	Formula, oz. and frequency:	Sleep	Family support	Solid foods – when and how to add	DTaP, IPV, Hib, Hep B, PCV-7
Umbilical cord	• Brand – with iron	Spitting up	Working out the home	Drinking from a cup	Rota
Genitalia (male – testes)	Cereal	Excessive crying	Child care	Elimination	Vitamin D – if breastfed
Spine	Water source:	Colic	Violence or abuse	Walkers	Lead screening – if at risk
Extremities	• Well, city or bottled, fluoridated	Stuffy nose	Talk, read to baby	Rolling over – prevent falls	TB test – if at risk
Hips	Other liquids	Diaper rash	Maternal depression	Choking – finger foods	Fluoride – if indicated
Skin	WIC			Teething	
Neuro					

Early and Periodic Screening, Diagnostic and Treatment Assessment Categories (cont.)

9-month assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
Weight, length – W/L percentile	Blood pressure	Sits well	Parental concerns	Car seat safety	Follow up previous visit
Head circumference	Hearing	Pulls to stand	Vision	Smoke-free environment	Medication re-view
TPR	Vision	Crawls	Hearing	Smoke detectors in home	Interval history
General appearance	Dental/oral	Imitates sounds	Development	Sleep and daily routines	Special health care needs
Head, fontanel	Lead risk screening	Plays peek-a-boo	Goes to parent for comfort	Burns	Changes in family health
Neck		Puts things in mouth	Stranger anxiety	Drowning	
Eyes, red reflex, alignment		Looks for dropped items		Age-appropriate discipline	
Ears, nose, mouth/throat				No bottle in bed or propping	
Teeth – caries, staining spots				First dental visit	
Lungs				Child-proof home	
Heart	Nutrition		Social/family history	Brushing teeth	Plan/referrals
Abdomen	Breast, how long, frequency		Any major changes in family	Solid foods	Immunizations status
Femoral pulses	Formula, oz. and frequency:		Family support	Self-feeding	Hep B
Umbilical cord	• Brand – with iron		Child care	Choking – finger foods	Catch-up immunizations
Genitalia (male – testes)	Cereal		Violence or abuse	Drinking from a cup	Dental – if at risk
Spine	Water source:		Talk, read to baby	Separation anxiety	Lead screening – if at risk
Extremities	• Well, city or bottled, fluoridated			Falls/window guards	Fluoride – if indicated
Hips	Other liquids			Poisons	Fluoride – if indicated
Skin	WIC			No TV	
Neuro				Teething	



Early and Periodic Screening, Diagnostic and Treatment Assessment Categories (cont.)

12-month assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
Weight, length – W/L percentile	Blood pressure	Waves bye-bye	Parental concerns	Car seat safety	Follow up previous visit
Head circumference	Hearing	Pulls to stand, walks holding on	Vision	Smoke-free environment	Medication re-view
TPR	Vision	Copies gestures	Hearing	Smoke detectors in home	Interval history
General appearance	Anemia screening	Imitates sounds	Development	Sleep and daily routines	Special health care needs
Head, fontanel	Dental/oral	Plays peek-a-boo	Praise for good behavior	Burns	Changes/concerns – child health
Neck	Lead risk screening	Follows simple directions	Stranger anxiety	Drowning	Changes in family health
Eyes, red reflex, alignment	TB risk assessment	Speaks one or two words	Separation anxiety	Age-appropriate discipline	
Ears, nose, mouth/throat		Drinks from a cup		No bottle in bed or propping	
Teeth – caries, staining, spots				Weaning	
Lungs				Child-proof home	
Heart	Nutrition		Social/family history	Brushing teeth	Plan/referrals
Abdomen	Breast, how long, frequency		Any major changes in family	Solid foods	Immunizations status
Femoral pulses	Formula, oz. and frequency:		Family support	Self-feeding	Varicella, PCV-7, Hib, Hep B, Hep A, IPV, MMR, influenza
Umbilical cord	• Brand – with iron		Child care	Choking – finger foods	
Genitalia (male – testes)	Cereal		Violence or abuse	Drinking from a cup	Catch-up immunizations
Spine	Water source:			Separation anxiety	Vitamin D – if breastfed
Extremities	• Well, city or bottled, fluoridated			Falls/window guards	Dental home or referral
Hips	Other liquids			Poisons	Blood lead screen
Skin	WIC			No TV	TB test – if at risk
Neuro	Weaned				Hematocrit or hemoglobin



Early and Periodic Screening, Diagnostic and Treatment Assessment Categories (cont.)

15-month assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
Weight, length – W/L percentile	Blood pressure	Says two or three words	Parental concerns	Car seat safety	Follow up previous visit
Head circumference	Hearing	Walks well	Vision	Carbon monoxide detectors	Medication review
TPR	Vision	Bends down without falling	Hearing	Smoke detectors in home	Interval history
General appearance		Scribbles	Development	Child-proof home	Special health care needs
Head, fontanel		Tries to do what others do	Temper tantrums	Age-appropriate discipline	Changes in family health
Neck		Follows simple commands	Discourage hitting, biting other aggressive behaviors	Consistent bedtime routine	
Eyes, red reflex, alignment		Listens to a story		Burns	
Ears, nose, mouth/throat		Puts a block in a cup		First dentist visit	
Teeth – caries, staining, spots				Puts a block in a cup	
Lungs				Healthy food/snack choices	
Heart	Nutrition		Social/family history	Whole milk	Plan/referrals
Abdomen	Breast, how long, frequency		Any major changes in family	Falls	Immunizations status
Femoral pulses	Formula, oz. and frequency:		Family support	Poisons	MMR, Hib, Vari-cella, PCV-7, Hep B, Hep A, DTaP, influenza
Umbilical cord	• Brand – with iron		Violence or abuse	No TV	
Genitalia (male – testes)	Cereal		Talk, read to baby		Catch-up immunizations
Spine	Water source:				Fluoride – if indicated
Extremities	• Well, city or bottled, fluoridated				Dental home or referral
Hips	Other liquids				Blood lead screen
Skin	WIC				TB test – if at risk
Neuro	Weaned				

Early and Periodic Screening, Diagnostic and Treatment Assessment Categories (cont.)

18-month assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
Weight, length – W/L percentile	Blood pressure	Says six words	Parental concerns	Car seat safety	Follow up previous visit
Head circumference	Hearing	Walks up steps	Vision	Carbon monoxide detectors	Medication review
TPR	Vision	Runs	Hearing	Smoke detectors in home	Interval history
General appearance	Anemia risk screening	Laughs in response to others	Development	Child-proof home	Special health care needs
Head, fontanel	Lead risk assessment	Points to one body part	Temper tantrums – time outs	Age-appropriate discipline	Changes in family health
Neck	Tuberculosis risk assessment	Uses spoon and cup	Discourage hitting, biting other aggressive behaviors	Consistent bedtime routine	
Eyes, red reflex, alignment	Autism screening	Stacks two blocks		Burns	
Ears, nose, mouth/throat		Points at objects		First dentist visit	
Teeth – caries, staining, spots		Helps to dress/undress		Healthy food/snack choices	
Lungs				Whole milk	
Heart	Nutrition		Social/family history	Falls	Plan/referrals
Abdomen	Breast, how long, frequency		Any major changes in family	Poisons	Immunizations status
Femoral pulses	Formula, oz. and frequency:		Family support	No TV	DTaP, MMR, Hep B, Hep A, influenza
Umbilical cord	• Brand – with iron		Violence or abuse	Toilet-training readiness	
Genitalia (male – testes)	Cereal		Talk, read, sing to baby		Catch-up immunizations
Spine	Water source:				Fluoride – if indicated
Extremities	• Well, city or bottled, fluoridated				Dental home or referral
Hips	Other liquids				Lead screen – if at risk
Skin	WIC				TB test – if at risk
Neuro	Weaned				

Early and Periodic Screening, Diagnostic and Treatment Assessment Categories (cont.)

24-month assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
Height/weight % – W/H%	Blood pressure	Says six words	Parental concerns	Car seat safety	Follow up previous visit
Head circumference	Hearing	Stands on tip-toe	Vision	Carbon monoxide detectors	Medication review
TPR	Vision	Runs	Hearing	Smoke detectors in home	Interval history
General appearance	Anemia risk screening	Knows names of familiar people and body parts	Development	Child-proof home	Special health care needs
Head, fontanel	Lead risk assessment		Temper tantrums – time outs	Age-appropriate discipline	Changes in family health
Neck	Tuberculosis risk assessment	Plays alongside other children	Playing with other children	Consistent bedtime routine	
Eyes, red reflex, alignment	Autism screening		Self-expression	Burns	
Ears, nose, mouth/throat	Dyslipidemia risk assessment	Throws a ball overhand		Physical activity	
Teeth – caries, staining, spots		Stacks 5 to 6 blocks		Bike helmet	
Lungs		Turns pages of book one at a time		Picky eater	
Heart	Nutrition		Social/family history	Supervise outside	Plan/referrals
Abdomen	Weaned, bottle, breast		Any major changes in family	Guns	Immunizations status
Femoral pulses	Fruits		Family support	Poisons	Hep A, influenza
Umbilical cord	Vegetables		Violence or abuse	Limit TV to 1 to 2 hours/day	Catch-up immunizations
Genitalia (male – testes)	Meat		Talk, read, sing to baby	Toilet training	Fluoride – if indicated
Spine	Appetite		Model appropriate language		Dental home or referral
Extremities	Dairy		Screen time		Blood lead screen
Hips	Water source:				Autism screen
Skin	<ul style="list-style-type: none"> Well, city or bottled, fluoridated 				Lipid profile – if at risk
Neuro	WIC				TB test – if at risk

Early and Periodic Screening, Diagnostic and Treatment Assessment Categories (cont.)

30-month assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
Height/weight % – BMI percentile	Blood pressure	Puts 3 to 4 words together	Parental concerns	Car seat safety	Follow up previous visit
TPR	Hearing	Jumps up and down	Vision	Carbon monoxide detectors	Medication review
General appearance	Vision	Washes and dries hands	Hearing	Smoke detectors in home	Interval history
Head, fontanel	Dental home	Knows animal sounds	Development	Child-proof home	Special health care needs
Neck			Plays with other children	Outdoor safety	Changes in family health
Eyes, red reflex, alignment			Screen time < 2 hours	Consistent routines	
Ears, nose, mouth/throat			Temperament	Sun exposure	
Teeth – caries, staining, spots			Set limits	Physical activity	
Lungs				Bike helmet	
Heart	Nutrition		Social/family history	Picky eater	Plan/referrals
Abdomen	Weaned, bottle, breast		Changes since last visit	Supervise outside	Immunizations status
Femoral pulses	Fruits		Parents working outside home	Guns	Influenza
Genitalia (male-testes)	Vegetables		Child care type	Poisons	Catch-up immunizations
Spine	Meat		Daily reading	Limit TV to 1 to 2 hours/day	Fluoride – if indicated
Extremities	Appetite		Preschool	Toilet training	Dental home or referral
Hips	Dairy				
Skin	Water source:				
Neuro	<ul style="list-style-type: none"> Well, city or bottled, fluoridated 				
	WIC				

Early and Periodic Screening, Diagnostic and Treatment Assessment Categories (cont.)

3-year assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
Height/weight % – BMI percentile	Hearing	Puts 2 to 3 sentences together	Parental concerns	Car seat safety	Follow up previous visit
TPR – BP	Vision	Stands on one foot	Vision	Carbon monoxide detectors	Medication review
General appearance	Dental referral	Knows if boy or girl	Hearing	Smoke detectors in home	Interval history
Head	Anemia risk screening	Names objects	Development	Smoke-free environment	Special health care needs
Neck	Lead risk screening	Imaginary play	Plays with other children	Child-proof home	Changes in family health
Eyes	Tuberculosis risk screening		Screen time < 2 hours	Outdoor safety	
Ears, nose, mouth/throat			Manage anger	Consistent routines	
Teeth – caries, staining, spots			Reinforce good behavior	Sun exposure	
Lungs				Physical activity	
Heart	Nutrition		Social/family history	Bike helmet	Plan/referrals
Abdomen	Fruits		Changes since last visit	Supervise outside, street safety	Immunizations status
Femoral pulses	Vegetables		Parents working outside home	Guns	Influenza
Genitalia (male – testes)	Meat		Child care type	Poisons	Catch-up immunizations
Spine	Appetite		Read, sing, play	Limit TV to 1 to 2 hours/day	Fluoride – if indicated
Extremities	Dairy		Preschool		Dental referral
Hips	Water source:		Family activities		
Skin	<ul style="list-style-type: none"> Well, city or bottled, fluoridated 		Parent/child interaction		
Neuro	WIC				



Early and Periodic Screening, Diagnostic and Treatment Assessment Categories (cont.)

4-year assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
Height/weight % – BMI percentile	Hearing – audiometry	Puts 2 to 3 sentences together	Parental concerns	Appropriate car restraints	Follow up previous visit
TPR – BP	Vision	Hops on one foot	Vision	Carbon monoxide detectors	Medication re-view
General appearance	Dyslipidemia risk assessment	Knows name, age and gender	Hearing	Smoke detectors in home	Interval history
Head, fontanel	Anemia risk screening	Names four colors	Development	Smoke-free environment	Special health care needs
Neck	Lead risk screening	Dresses self	Plays with other children	Safety rules with adults	Changes in family health
Eyes, red reflex, alignment	Tuberculosis risk screening	Brushes own teeth	Screen time < 2 hours	Daily reading	
Ears, nose, mouth/throat	Assess: <ul style="list-style-type: none"> • Language/speech • Fine/gross motor skills • Gait 	Draws a person	Curiosity about sex	Consistent routines	
Teeth – caries, staining, spots				Sun exposure	
Lungs				Daily physical activity	
Heart				Bike helmet	
Abdomen	Nutrition		Social/family history	Supervise outside, street safety	Plan/referrals
Femoral pulses	Fruits		Changes since last visit	Guns	Immunizations status
Genitalia (male – testes)	Vegetables		Parents working outside home	Poisons	Dtap, Influenza
Spine	Meat		Preschool	Limit TV to 1 to 2 hours/day	Catch-up immunizations
Extremities	Appetite		Family activities		Fluoride – if indicated
Hips	Dairy		Parent/child interaction		Dental home or referral
Skin	Water source:		Helps at home		Lipid profile – if risk
Neuro	<ul style="list-style-type: none"> • Well, city or bottled, fluoridated 				Audiometry



Early and Periodic Screening, Diagnostic and Treatment Assessment Categories (cont.)

5- to 6-year assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
Height/weight % – BMI percentile	Hearing – audiometry	Good language skills	Parental concerns	Appropriate booster/car restraints	Follow up previous visit
TPR – BP	Vision exam	Speaks clearly	Vision	Smoke/carbon monoxide detectors	Medication re-view
General appearance	Anemia risk screening	Balances on one foot	Hearing	No smoking in home	Interval history
Head, fontanel	Lead risk screening	Ties a knot	Development/learning	Sexual safety	Special health care needs
Neck	Dental assessment	Counts to 10	Attention	Swimming safety	Changes in family health
Eyes	Assess: <ul style="list-style-type: none"> • Language/speech • Fine/gross motor skills • Gait 	Copies squares and triangles	Social interaction	Consistent routines	
Ears, nose, mouth/throat		Draws a person (six parts)	Cooperation/oppositional	Sun exposure	
Teeth – caries, staining, spots			Sleep	Safety helmets	
Lungs				Street safety	
Heart				Guns	
Abdomen	Nutrition		Social/family history	Brushing/flossing teeth	Plan/referrals
Femoral pulses	Fruits		Changes since last visit	Limit TV	Immunizations status
Genitalia (male – testes)	Vegetables		Parents working outside home	Well-balanced diet, including breakfast	Dtap, Influenza
Spine	Meat		After-school care/activities	Healthy weight	Catch-up immunizations
Musculoskeletal	Appetite		Parent/child/sibling interaction	Daily physical activity	Fluoride – if indicated
Skin	Dairy		School readiness	Bullying	Dental home or referral
Neuro	Water source: <ul style="list-style-type: none"> • Well, city or bottled, fluoridated 		Family time		Lipid profile – if risk
					Audiometry

Early and Periodic Screening, Diagnostic and Treatment Assessment Categories (cont.)

7- to 8-year assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
Height/weight % – BMI percentile	Hearing	Good hand-eye coordination	Parental concerns	Appropriate booster/car restraints	Follow up previous visit
TPR – BP	Vision exam	Enjoys hobbies and collecting	Vision	Smoke/carbon monoxide detectors	Medication review
General appearance	Anemia risk screening	Uses reflective thinking	Hearing	No smoking in home	Interval history
Head	Tuberculosis risk assessment	May experience guilt/shame	Development/learning	Sexual safety	Special health care needs
Neck	Dental assessment		Participates in after-school activities	Swimming safety	Changes in family health
Eyes, red reflex, alignment	Alcohol/drugs assessment			Consistent routines	
Ears, nose, mouth/throat			Doing well in school	Sun exposure	
Teeth– caries, gingival			Homework	Safety helmets and pads	
Lungs			Sleep	Street safety	
Heart				Guns	
Abdomen	Nutrition		Social/family history	Brushing/flossing teeth	Plan/referrals
Femoral pulses	Fruits		Changes since last visit	Limit TV and screen time	Immunizations status
Breasts/genitalia	Vegetables		Parents working outside home	Well-balanced diet, including breakfast	Influenza
Sexual maturity	Meat		After-school care/activities	Healthy weight	Catch-up immunizations
Spine	Appetite		Parent/child/sibling interaction	Daily physical activity	Fluoride – if indicated
Musculoskeletal	Dairy		Parent/teacher concerns	Bullying	
Skin	Eats breakfast		Eats meals as a family		
Neuro	Water source: • Well, city or bottled, fluoridated				

Early and Periodic Screening, Diagnostic and Treatment Assessment Categories (cont.)

9- to 10-year assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
Height/weight % – BMI percentile	Hearing	Rough and tumble play	Parental concerns	Appropriate booster/car restraints	Follow up previous visit
TPR – BP	Vision exam	Enjoys team games	Vision	Smoke/carbon monoxide detectors	Medication review
General appearance	Anemia risk screening	Likes complex crafts and tasks	Hearing	No smoking in home	Interval history
Head	Tuberculosis risk assessment	Ability to learn and apply skills	Development/learning	Sexual safety	Special health care needs
Neck	Dental assessment	Capable of longer interest	Self-control	Swimming safety	Changes in family health
Eyes	Alcohol/drugs assessment	More abstract reasoning	Sense of accomplishment	Consistent routines	
Ears, nose, mouth/throat	Lipid screenings once between 9-11 years old		Competitive	Sun exposure	
Teeth – caries, gingival				Safety helmets and pads	
Lungs				Street safety	
Heart				Guns	
Abdomen	Nutrition		Social/family history	Brushing/flossing teeth	Plan/referrals
Femoral pulses	Fruits		Changes since last visit	Limit TV and screen time	Immunizations status
Umbilical cord	Vegetables		Parents working outside home	Well-balanced diet, including breakfast	Influenza
Breasts/genitalia	Meat		After-school care/activities	Healthy weight	Catch-up immunizations
Sexual maturity	Appetite		Parent/teacher concerns	Daily physical activity	Fluoride – if indicated
Spine	Dairy		More independent	Bullying	
Musculoskeletal	Eats breakfast		Very conscious of fairness		
Skin	Water source:				
Neuro	<ul style="list-style-type: none"> Well, city or bottled, fluoridated 				



Early and Periodic Screening, Diagnostic and Treatment Assessment Categories (cont.)

11- to 14-year assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
Height/weight % – BMI percentile	Hearing	Pubic and underarm hair growth	Parental concerns	Seat belts	Follow up previous visit
TPR – BP	Vision exam	Girls: • Breast development • Menarche • Rapid growth spurt	Vision	Smoke/carbon monoxide detectors	Medication review
General appearance	Anemia risk screening		Hearing	No smoking in home	Interval history
Head	Tuberculosis risk assessment		Development/learning	Sexual safety	Special health care needs
Neck	Dental assessment		Develop moral philosophies	How to prevent pregnancy, STDs, HIV	Changes in family health
Eyes, red reflex, alignment	Alcohol/drugs assessment	Boys: • Voice changes • Genital growth • Nocturnal emissions	Self-esteem	Sun exposure	
Ears, nose, mouth/throat	Cervical dysplasia risk screening		Sexual activity	Sports safety – helmets, water	
Teeth – caries, gingival	STI risk screening			Street safety	
Lungs	Lipid screening once between 9-11 years old			Guns	
Heart	Depression screening	Understand abstract ideas		Oral hygiene	
Abdomen	Nutrition		Social/family history	Limit TV and screen time	Plan/referrals
Femoral pulses	Fruits		Changes since last visit	Well-balanced diet, including breakfast	Immunizations status
Umbilical cord	Vegetables		After-school activities	Healthy weight	Influenza
Breasts/genitalia	Meat		Family relationships	Daily physical activity	Catch-up immunizations
Sexual maturity	Appetite			Bullying	Fluoride – if indicated
Spine	Dairy – including low-fat options			Adequate sleep	
Musculoskeletal	Eats breakfast			Stress management	
Skin	Water source:			Anger management	
Neuro	• Well, city or bottled, fluoridated				



Early and Periodic Screening, Diagnostic and Treatment Assessment Categories (cont.)

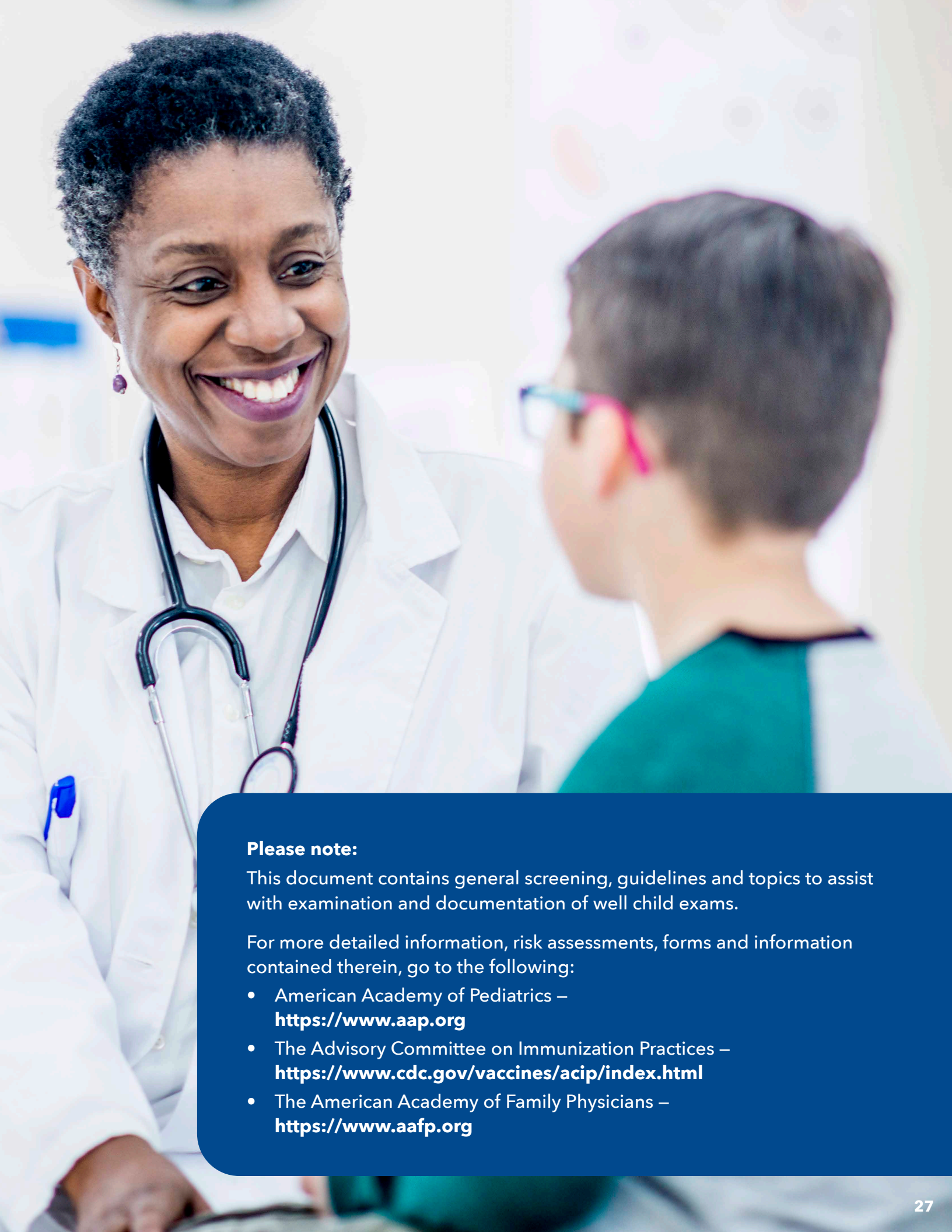
15- to 17-year assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
Height/weight – BMI percentile	Hearing	Girls: Full physical development	Parental concerns	Seat belts	Follow up previous visit
TPR – BP	Vision exam	Boys: Voice lowers, facial hair, gain muscle and height	Vision	Smoke/carbon monoxide detectors	Medication review
General appearance	Anemia risk screening		Hearing	No smoking in home	Interval history
Head	Tuberculosis risk assessment	Interest in new music, fashion	Development/learning	Sexual safety	Special health care needs
Neck	Dental assessment	Solve problems	Challenge school/parents rules	How to prevent pregnancy, STDs, HIV	Changes in family health
Eyes	Alcohol/drugs assessment	More aware – sexual orientation	Dissatisfied with appearance	Sun exposure	
Ears, nose, mouth/throat	Cervical dysplasia risk screening	Plans for future work/education		Sports safety – helmets, water	
Teeth – caries, gingival	STI risk screening			Alcohol	
Lungs	Lipid screening once between 17-21 years old			Tobacco	
Heart	Depression screening			Drugs	
Abdomen	Nutrition		Social/family history	Oral hygiene	Plan/referrals
Femoral pulses	Fruits		Changes since last visit	Limit TV and screen time	Immunizations status
Breasts/genitalia	Vegetables		More time with friends or alone	Well-balanced diet, including breakfast	Influenza
Sexual maturity	Meat		Begin interest in religion, politics, causes	Healthy weight	Catch-up immunizations
Spine	Appetite			Daily physical activity	Fluoride – if indicated
Musculoskeletal	Low-fat dairy		Seek more control over life	Anger management	
Skin	Eats breakfast		Positive family relationships		
Neuro	Water source: • Well, city or bottled, fluoridated				

Early and Periodic Screening, Diagnostic and Treatment Assessment Categories (cont.)

18- to 21-year assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
Height/weight – BMI	Hearing	Girls: Full physical development	Responsibility for actions	Seat belts	Follow up previous visit
TPR – BP	Vision exam	Boys: May continue to gain muscle and height	Coping skills	Smoke/carbon monoxide detectors	Medication review
General appearance	Anemia risk screening			Work stress	Interval history
Head	Tuberculosis risk assessment	Sense of self		Safe sex	Special health care needs
Neck	Dental assessment	Self-reliant		How to prevent pregnancy, STDs, HIV	Changes in family health
Eyes	Alcohol/drugs assessment	Makes own decisions		Sun exposure	
Ears, nose, mouth/throat	Cervical dysplasia risk screening	Sets goals		Sports safety	
Teeth – caries, gingival	STI risk screening	Plans for future work/education		Alcohol	
Lungs	Lipid screening once between 17-21 years			Tobacco	
Heart	Depression screening			Drugs	
Abdomen	Nutrition		Social/family history	Oral hygiene	Plan/referrals
Femoral pulses	Fruits		Changes since last visit	No texting while driving	Immunizations status
Breasts/genitalia	Vegetables		Concern about relationships	Well-balanced diet, including breakfast	Influenza
Sexual maturity	Meat		Living on their own	Healthy weight	Catch-up immunizations
Spine	Appetite			Daily physical activity	Fluoride – if indicated
Musculoskeletal	Low-fat dairy			Stress management	Lipid profile – if at risk
Skin	Eats breakfast				TB test – if at risk
Neuro	Water source: <ul style="list-style-type: none"> Well, city or bottled, fluoridated 				



Please note:

This document contains general screening, guidelines and topics to assist with examination and documentation of well child exams.

For more detailed information, risk assessments, forms and information contained therein, go to the following:

- American Academy of Pediatrics – <https://www.aap.org>
- The Advisory Committee on Immunization Practices – <https://www.cdc.gov/vaccines/acip/index.html>
- The American Academy of Family Physicians – <https://www.aafp.org>



<https://www.summitcommunitycare.com/provider>