



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
Next Update	12/17

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

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

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"²

Medical Screening services for EPSDT include (conducted by Physicians 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 at least by age 3 or older³
 3. Nutritional assessment;
 4. Developmental screenings should be documented in the medical record using a standardized screening tool.⁴
3. Appropriate immunizations according to age, health history and the schedule established by the Advisory Committee on Immunization Practice (ACIP) for pediatric vaccines.⁵
4. Appropriate laboratory tests:
 1. hemoglobin/hematocrit
 2. urinalysis
 3. tuberculin test (for high-risk groups)
 4. blood lead testing including venous and/or capillary specimen (fingerstick), **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 factors⁶**
5. Age appropriate health education/anticipatory guidance
6. Referral for further diagnosis and treatment or follow-up of all correctable abnormalities uncovered or suspected.
7. Tobacco Cessation: Medically necessary tobacco cessation services, including both counseling and pharmacotherapy, for children and adolescents shall be covered by the Contractor. The EPSDT benefit includes the provision of anticipatory guidance and risk-reduction counseling with regard to tobacco use during routine well-child visits. In addition to routine visits, additional counseling and tobacco cessation drug therapy must be provided when medically necessary for individuals under age 21.⁷
8. **EPSDT screening services shall reflect the age of the child and shall be provided periodically according to the Recommendations for Preventive Pediatric Health Care of the American Academy of Pediatrics and Bright Futures**

****Note: Some specialty services may require pre authorization****

^{1, 3, 5, 7} Commonwealth of Virginia Department of Medical Assistance Services (July 2014). Medallion II Managed Care Contract.

^{2, 6} Department of Medical Assistance Services (March 2012). Early, Periodic, Screening Diagnosis and Treatment EPSDT Program Fact Sheet. pp 1.

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

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 or www.dpeds.org. It is at the discretion of the physician &/or clinic to use one of the following **recommended** screening tools listed below.

Recommended Developmental Screening Tools

	<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>
Age range	4 months-5 years	15 months- 6 years	2 weeks-6 years	1-42 months	0-8 years

Recommended Tools for Focused Screening for suspected health conditions:

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

Infant Developmental Milestones Example

Age	Gross Motor	Fine Motor	Cognitive, Linguistic, & Communication	Social, Emotional
2 months	<ul style="list-style-type: none"> • Able to lift head, neck, shoulders while on tummy 	<ul style="list-style-type: none"> • Follows past midline 	<ul style="list-style-type: none"> • Coos & vocalizes 	<ul style="list-style-type: none"> • Smiles
4 months	<ul style="list-style-type: none"> • Rolls from front to back • Holds head up • Sits upright with support • Brings hand to mouth 	<ul style="list-style-type: none"> • Holds Rattle • Reaches & explores with fingers 	<ul style="list-style-type: none"> • Turns to noise • Laughs • Babbles 	<ul style="list-style-type: none"> • Regard own hand • Smiles • Babbles
6 months	<ul style="list-style-type: none"> • Sits without support • Crawls or scoots • Stands with support • Rolls back and forth 	<ul style="list-style-type: none"> • Reaches to grasp toys • Hold things between fingers • Pass things from one hand to the other 	<ul style="list-style-type: none"> • Turns to noises • Turn to voice • Repetitive syllables • Responds to own name 	<ul style="list-style-type: none"> • Feeds self • May start to act shy with strangers • Self comforts • Likes to look at self in mirror
9 months	<ul style="list-style-type: none"> • Pulls to stand • Cruises • Crawls • May start walking • Gets into sitting position 	<ul style="list-style-type: none"> • Points to items • Shakes rattles • Hold things between fingers • Pass things from one hand to the other 	<ul style="list-style-type: none"> • Turns to noises • Dada/Mama nonspecifically • Repetitive syllables, gestures, and sounds, 	<ul style="list-style-type: none"> • Waves bye-bye • Plays Peek-a-boo • Afraid of strangers • Clingy with familiar adults

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Age range	4 months-5 years	15 months- 6 years	2 weeks-6 years	1-42 months	0-8 years

Recommended Tools for Focused screening for suspected health conditions:

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

Developmental Milestones Example

Age	Gross Motor	Fine Motor	Cognitive, Linguistic, & Communication	Social, Emotional
12 months	<ul style="list-style-type: none"> • Stands Alone • Cruises/Walks • Climbs steps 	<ul style="list-style-type: none"> • Stacks blocks • Shakes rattles • Finger Feeds • Drinks from cup 	<ul style="list-style-type: none"> • 1 word • Mama/dada specifically • Follows simple directions • Object permanence 	<ul style="list-style-type: none"> • Participates in games i.e. Peek-a-boo & Pat-A-Cake • Afraid of strangers • Separation Anxiety
15 months	<ul style="list-style-type: none"> • Walk backwards • Walk up steps • Run 	<ul style="list-style-type: none"> • Scribbles • Turn pages • Stack > 2 blocks • Uses Cup, spoon, fork 	<ul style="list-style-type: none"> • Understands Directions • Vocalizes 3 or more words 	<ul style="list-style-type: none"> • Initiates games • Afraid of strangers • Separation Anxiety
18 months	<ul style="list-style-type: none"> • Walk up steps • Run • Kicks • Jumps 	<ul style="list-style-type: none"> • Stacks > 4-6 blocks • Picks up small pieces • Uses Cup, spoon, fork • Scribbles • Helps undress self 	<ul style="list-style-type: none"> • Able to point to 1 body part • Vocalizes 3-6 words • Understands actions verbs • Shakes head "No" • Points to things they want 	<ul style="list-style-type: none"> • Expresses affection • Pretend Play • Tantrums
24 months/ 2yrs	<ul style="list-style-type: none"> • Throws • Jumps • Kicks • Pedals a bike • Run 	<ul style="list-style-type: none"> • Stacks > 4-6 blocks • Draws lines/circles • Undress/Simple Dressing • Feeds self 	<ul style="list-style-type: none"> • Combines words/Names 1 picture • Able to point to > 1 body part • Speech half understandable • Follow simple commands 	<ul style="list-style-type: none"> • Toilet training • Pretend Play/ parallel play • Gender Identification • Showing more independence
30 months	<ul style="list-style-type: none"> • Throws • Jumps • Balances on 1 foot • Pedals a bike • Climbs well 	<ul style="list-style-type: none"> • Stacks > 6-8 blocks • Draws lines/circles • Matches color & shapes • Undress/ Dressing partially • Feeds self 	<ul style="list-style-type: none"> • Able to point to > 6 body parts • Names > 4 picture • Speech half understandable • Follow 2-3 step commands 	<ul style="list-style-type: none"> • Toilet training • Pretend Play • Gender Identification • Understands "mine", "his", "hers"
36 months/ 3yrs	<ul style="list-style-type: none"> • Throws • Jumps • Balances on 1 foot • Pedals a bike • Alternate feet up/down stairs 	<ul style="list-style-type: none"> • Stacks > 8 blocks • Draws figures/ copies circle • Uses scissors • Undress/ Dressing partially • Feeds self 	<ul style="list-style-type: none"> • Speech understandable • Names colors • Understands concepts of 1 • Sorts • 3 word sentences • Follow 2-3 step commands 	<ul style="list-style-type: none"> • Toilet training • Pretend Play/Plays with other children • Shows empathy • Knows name and age • Understands "mine", "his", "hers"
4 yrs	<ul style="list-style-type: none"> • Hops • Jumps on 1 foot • Pedals a bike • Alternate feet up/down stairs • Catches 	<ul style="list-style-type: none"> • Draws person with 3 parts • Undress/ Dressing Self • Copies circles 	<ul style="list-style-type: none"> • 4-5 word sentences • Talks about daily activity • Can give first and last name • Tells stories • Memorizes poems/songs 	<ul style="list-style-type: none"> • Sings • Pretend Play Plays with others • Distinguishes fantasy from reality • More creative • Cooperates with friends

Developmental/Psychosocial/Behavioral Screening

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- Language Development Survey (LDS),

Developmental Milestones Example

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

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Recommended Developmental Screening Tools

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

Recommended Tools for Focused screening for suspected health conditions:

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

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

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal.

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

These guidelines 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 *Bright Futures* guidelines (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents*. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008).

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

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AGE ¹	INFANCY								EARLY CHILDHOOD						MIDDLE CHILDHOOD						ADOLESCENCE													
	Prenatal ²	Newborn ³	3-5 d ⁴	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		
HISTORY																																		
Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
MEASUREMENTS																																		
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Head Circumference		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Weight for Length		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Body Mass Index ⁵											●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Blood Pressure ⁶		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
SENSORY SCREENING																																		
Vision		★	★	★	★	★	★	★	★	★	★	★	★	● ⁷	●	●	●	★	●	★	●	●	★	●	★	●	★	●	★	●	★	●	★	
Hearing		● ⁸	★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	★	●	★	●	●	★	●	★	●	★	●	★	●	★	●	★	
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT																																		
Developmental Screening ⁹													●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Autism Screening ¹⁰												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Developmental Surveillance			●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Alcohol and Drug Use Assessment ¹¹																						★	★	★	★	★	★	★	★	★	★	★	★	★
Depression Screening ¹²																						●	●	●	●	●	●	●	●	●	●	●	●	●
PHYSICAL EXAMINATION¹³		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES¹⁴																																		
Newborn Blood Screening ¹⁵		←	●	→																														
Critical Congenital Heart Defect Screening ¹⁶		●																																
Immunization ¹⁷		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hematocrit or Hemoglobin ¹⁸						★				●	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead Screening ¹⁹							★	★	● or ★ ²⁰		★	● or ★ ²⁰	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Tuberculosis Testing ²¹				★			★		★		★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia Screening ²²																																		
STI/HIV Screening ²³																						★	★	★	★	★	★	★	★	★	★	★	★	★
Cervical Dysplasia Screening ²⁴																																		
ORAL HEALTH²⁵							★	★	● or ★		● or ★	● or ★	● or ★	● or ★	●																			
Fluoride Varnish ²⁶																																		
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

- 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 2009 AAP statement "The Prenatal Visit" (<http://pediatrics.aappublications.org/content/124/4/1227.full>).
- Every infant should have a newborn evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
- Every infant 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 infants should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in the 2012 AAP statement "Breastfeeding and the Use of Human Milk" (<http://pediatrics.aappublications.org/content/129/3/e827.full>). Newborn infants discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per the 2010 AAP statement "Hospital Stay for Healthy Term Newborns" (<http://pediatrics.aappublications.org/content/125/2/405.full>).
- Screen, per the 2007 AAP statement "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full).
- Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
- If the patient is uncooperative, rescreen within 6 months, per the 2007 AAP statement "Eye Examination in Infants, Children, and Young Adults by Pediatricians" (<http://pediatrics.aappublications.org/content/111/4/902.abstract>).
- All newborns should be screened, per the AAP statement "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (<http://pediatrics.aappublications.org/content/120/4/898.full>).
- See 2006 AAP statement "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening" (<http://pediatrics.aappublications.org/content/118/1/405.full>).
- Screening should occur per the 2007 AAP statement "Identification and Evaluation of Children with Autism Spectrum Disorders" (<http://pediatrics.aappublications.org/content/120/5/1183.full>).

- A recommended screening tool is available at <http://www.ceasar-boston.org/CRAFFT/index.php>.
- Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit and at http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf.
- At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See 2011 AAP statement "Use of Chaperones During the Physical Examination of the Pediatric Patient" (<http://pediatrics.aappublications.org/content/127/5/991.full>).
- These may be modified, depending on entry point into schedule and individual need.
- The Recommended Uniform Newborn Screening Panel (<http://www.hrsa.gov/advisorycommittees/mchadv/heritabledisorders/recommendedpanel/uniformscreeningpanel.pdf>), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (<http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/nbsdisorders.pdf>), establish the criteria for and coverage of newborn screening procedures and programs. Follow-up must be provided, as appropriate, by the pediatrician.
- 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 the 2011 AAP statement "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>).
- Schedules, per the AAP Committee on Infectious Diseases, are available at: <http://aapredbook.aappublications.org/site/resources/izschedules.xhtml>. Every visit should be an opportunity to update and complete a child's immunizations.
- See 2010 AAP statement "Diagnosis and Prevention of Iron Deficiency and Iron Deficiency Anemia in Infants and Young Children (0-3 Years of Age)" (<http://pediatrics.aappublications.org/content/126/5/1040.full>).
- For children at risk of lead exposure, see the 2012 CDC Advisory Committee on Childhood Lead Poisoning Prevention statement "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf).
- Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.

- Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of *AAP Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high-risk factors.
- See AAP-endorsed 2011 guidelines from the National Heart Blood and Lung Institute, "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm).
- 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*. Additionally, all adolescents should be screened for HIV according to the AAP statement (<http://pediatrics.aappublications.org/content/128/5/1023.full>) once between the ages of 16 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.
- See USPSTF recommendations (<http://www.uspreventiveservicestaskforce.org/uspstf/uspstfscerv.htm>). Indications for pelvic examinations prior to age 21 are noted in the 2010 AAP statement "Gynecologic Examination for Adolescents in the Pediatric Office Setting" (<http://pediatrics.aappublications.org/content/126/3/583.full>).
- Assess if the child has a dental home. If no dental home is identified, perform a risk assessment (<http://www2.aap.org/oralhealth/docs/RiskAssessmentTool.pdf>) and refer to a dental home. If primary water source is deficient in fluoride, consider oral fluoride supplementation. Recommend brushing with fluoride toothpaste in the proper dosage for age. See 2009 AAP statement "Oral Health Risk Assessment Timing and Establishment of the Dental Home" (<http://pediatrics.aappublications.org/content/111/5/1113.full>), 2014 clinical report "Fluoride Use in Caries Prevention in the Primary Care Setting" (<http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2014-1699>), and 2014 AAP statement "Maintaining and Improving the Oral Health of Young Children" (<http://pediatrics.aappublications.org/content/134/6/1224.full>).
- See USPSTF recommendations (<http://www.uspreventiveservicestaskforce.org/uspstf/uspstfdnch.htm>). Once teeth are present, fluoride varnish may be applied to all children every 3-6 months in the primary care or dental office. Indications for fluoride use are noted in the 2014 AAP clinical report "Fluoride Use in Caries Prevention in the Primary Care Setting" (<http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2014-1699>).

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

This Schedule reflects changes approved in May 2015 and published in September 2015. For updates, visit www.aap.org/periodicityschedule.

Changes made May 2015

- **Oral Health**- A subheading has been added for fluoride varnish, with a recommendation from 6 months through 5 years.

Changes made March 2014

Changes to Developmental/Behavioral Assessment

- **Alcohol and Drug Use Assessment**- Information regarding a recommended screening tool (CRAFFT) was added.
- **Depression**- Screening for depression at ages 11 through 21 has been added, along with suggested screening tools.

Changes to Procedures

- **Dyslipidemia screening**- An additional screening between 9 and 11 years of age has been added. The reference has been updated to the AAP-endorsed National Heart Blood and Lung Institute policy (http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm).
- **Hematocrit or hemoglobin**- A risk assessment has been added at 15 and 30 months. The reference has been updated to the current AAP policy (<http://pediatrics.aappublications.org/content/126/5/1040.full>).
- **STI/HIV screening**- A screen for HIV has been added between 16 and 18 years. Information on screening adolescents for HIV has been added in the footnotes. STI screening now references recommendations made in the AAP Red Book. This category was previously titled "STI Screening."
- **Cervical dysplasia**- Adolescents should no longer be routinely screened for cervical dysplasia until age 21. Indications for pelvic exams prior to age 21 are noted in the 2010 AAP statement "Gynecologic Examination for Adolescents in the Pediatric Office Setting" (<http://pediatrics.aappublications.org/content/126/3/583.full>).
- **Critical Congenital Heart Disease**- 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 the 2011 AAP statement, "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>).

Footnote 25 wording has been edited and also includes reference to the 2014 clinical report, "Fluoride Use in Caries Prevention in the Primary Care Setting" (<http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2014-1699>) and 2014 policy statement, "Maintaining and Improving the Oral Health of Young Children" (<http://pediatrics.aappublications.org/content/134/6/1224.full>).

For several recommendations, the AAP Policy has been updated since 2007 but there have been no changes in the timing of recommendations on the Periodicity Schedule. These include:

- Footnote 2- The Prenatal Visit (2009): <http://pediatrics.aappublications.org/content/124/4/1227.full>
- Footnote 4- Breastfeeding and the Use of Human Milk (2012): <http://pediatrics.aappublications.org/content/129/3/e827.full> and Hospital Stay for Healthy Term Newborns (2010): <http://pediatrics.aappublications.org/content/125/2/405.full>
- Footnote 8- Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs (2007): <http://pediatrics.aappublications.org/content/120/4/898.full>
- Footnote 10- Identification and Evaluation of Children with Autism Spectrum Disorders (2007): <http://pediatrics.aappublications.org/content/120/5/1183.full>
- Footnote 17- Immunization Schedules (2014): <http://aapredbook.aappublications.org/site/resources/IZSchedule0-6yrs.pdf>, <http://aapredbook.aappublications.org/site/resources/IZSchedule7-18yrs.pdf>, and <http://aapredbook.aappublications.org/site/resources/IZScheduleCatchup.pdf>
- Footnote 19- CDC Advisory Committee on Childhood Lead Poisoning Prevention statement "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (2012): http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf
- Footnote 22- AAP-endorsed guideline "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (2011): http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm
- Footnote 25- Preventive Oral Health Intervention for Pediatricians (2008): <http://pediatrics.aappublications.org/content/122/6/1387.full> and Oral Health Risk Assessment Timing and Establishment of the Dental Home (2009): <http://pediatrics.aappublications.org/content/111/5/1113.full>. Additional information from the policies regarding fluoride supplementation and fluoride varnish has been added to the footnote.

Footnote 26 has been added to the new fluoride varnish subheading: See USPSTF recommendations (<http://www.uspreventiveservicestaskforce.org/uspstf/uspsdnch.htm>). Once teeth are present, fluoride varnish may be applied to all children every 3-6 months in the primary care or dental office. Indications for fluoride use are noted in the 2014 AAP clinical report "Fluoride Use in Caries Prevention in the Primary Care Setting" (<http://pediatrics.aappublications.org/cgi/doi/10.1542/peds.2014-1699>).

New references were added for several footnotes, also with no change to recommendations in the Periodicity Schedule:

- Footnote 5- Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report (2007): http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full
- Footnote 13- Use of Chaperones During the Physical Examination of the Pediatric Patient (2011): <http://pediatrics.aappublications.org/content/127/5/991.full>
- Footnote 15- The Recommended Uniform Newborn Screening Panel (<http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/recommendedpanel/uniformscreeningpanel.pdf>), as determined by The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (<http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/nbsdisorders.pdf>), establish the criteria for and coverage of newborn screening procedures and programs. Follow-up must be provided, as appropriate, by the pediatrician.

For consistency, the title of "Tuberculin Test" has been changed to "Tuberculosis Testing." The title of "Newborn Metabolic/Hemoglobin Screening" has been changed to "Newborn Blood Screening."



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
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	

* 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
Tdap	90715
Td	90714, 90718
Tetanus	90703
Diphtheria	90719
HPV	(Detection) 87620, 87621, 87622, (Vaccine) 90649, 90650, 90651

Sources: American Medical Association (AMA) (2015). HEDIS® 2015, Volume 2. National Committee for Quality Assurance (NCQA) (2015).

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

Other 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) (2016). HEDIS® 2015, 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

[http://brightfutures.aap.org/3rd Edition Guidelines and Pocket Guide.html](http://brightfutures.aap.org/3rd_Edition_Guidelines_and_Pocket_Guide.html)

Bright Futures Virginia

Division of Woman's and Infants' Health

109 Governor Street, 825C

Richmond, VA 23219

Phone: (888) 942-3663

Website: <http://www.vahealth.org/brightfutures/>

E-mail: WICInfo@vdh.virginia.gov

Centers for Disease Control & Prevention

1600 Clifton Rd. Atlanta, GA 30333, USA

800-CDC-INFO (800-232-4636)

TTY: (888) 232-6348

Website: <http://www.cdc.gov>

Department of Health and Human Services

Health Resources and Services Administration

Website: <http://mchb.hrsa.gov/epsdt/>

E-mail: ask@hrsa.gov

Department of Medical Assistance Services

600 East Broad Street, Richmond, Virginia 23219

DMAS[®], Commonwealth of Virginia 2008

Website: <http://www.dmas.virginia.gov>

E-mail: dmasinfo@dmas.virginia.gov

Infant and Toddler Connection of Virginia

Virginia Department of Behavioral Health and Developmental Services

1220 Bank Street, 9th Floor

P.O. Box 1797

Richmond, Virginia 23219-1797

Main Office: (804) 786-3710. Main Fax: (804) 371-7959

Website: www.infantva.org

Virginia Medicaid

Phone (In-State) - 800-552-8627

Phone (Out of State) 804-786-6273

<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/Home>

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Bright Futures Tool and Resource Kit



The *Bright Futures Tool and Resource Kit* provides forms and tools for health care providers, patients, and families to complete before, during, or after well-child visits. These items help pediatricians and other health care providers support and implement the guidance provided in *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 3rd Edition*. Providers can use or adapt these materials to meet the needs of their practices and ensure they are following the recommendations presented in the *Guidelines* when delivering care to patients.

The following *Bright Futures Tool and Resource Kit* materials are available for download for review and reference purposes only. For any other use, to make multiple copies of specific items, or to incorporate forms into an Electronic Medical Record System, please contact aapsales@aap.org.

Pediatric providers who participated in quality improvement projects using Bright Futures measures found that the previsit questionnaires, documentation forms, and patient handouts in the *Guidelines* were the Core Tools most commonly used in their practices. Other tools and forms included in the *Bright Futures Tool and Resource Kit* were used selectively as appropriate and are therefore called Supplemental Tools. *Bright Futures Guidelines* is flexible in practice; providers determine what works best in their practice environments, office systems, and patient populations.

Core Tools include:

- Previsit Questionnaires
- Visit Documentation Forms
- Patient/Parent Education Handouts

Supplemental Tools include:

- Supplemental Questionnaires
- Medical Screening Questionnaires
- Medical Screening Reference Tables
- Other Age-Appropriate Tools

Additional Forms Accompanying the Documentation Forms:

- [Initial History Questionnaire | User Guide](#)
- [Well Child \(2-5 Days Through 10 Years\) User Guide](#)
- [Well Child \(11-14 Years and 15-21 Years\) User Guide](#)
- [Medication Record | User Guide](#)
- [Problem List | User Guide](#)
- [Problem Visit | User Guide](#)

To view Core Tools and Supplemental Tools, visit these pages:

[Infancy \(Prenatal to 11 Months\)](#)
[Early Childhood \(1 to 4 Years\)](#)
[Middle Childhood \(5 to 10 Years\)](#)
[Adolescence \(11 to 21 Years\)](#)

NOTE: To access the individual **Patient/Parent Education Handouts** separate from the other core tools, go to the [Resources for Families](#) Web page.

BRIGHT FUTURES VISITPLANNER



VisitPlanner helps providers track their patients' well visit needs. Get quick access to Bright Futures information for well visits.



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