430 - ATTACHMENT A – AHCCCS EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT PERIODICITY SCHEDULE

Procedure/Age	Newborn	3-5 days	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yrs	4 yrs	5 yrs	6 yrs	7 yrs	8 yrs	9 yrs	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs	17 yrs	18 yrs	19 yrs	20 yrs
History Initial/Interval	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Length/Height & Weight	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Weight for Length	x	x	x	x	x	x	x	x	x	x																				
Head Circumference	x	x	x	x	x	x	x	x	x	x	x																			
Body Mass Index (BMI)											x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Blood Pressure – Primary Care Physician (PCP) should assess the need for B/P measurement for children birth to 24 months	+	+	+	+	+	+	+	+	+	+	+	+	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Nutritional Assessment	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Vision/Hearing/Speech	**SEE SEPARATE SCHEDULE BELOW**																													
Developmental Surveillance	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
General Developmental Screening [1]							x			x		x																		
Autism Spectrum Disorder Screening										x	x																			
Psychosocial/Behavioral Assessment (Social-Emotional Health)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Alcohol and Drug Use Assessment																					+	+	+	+	+	+	+	+	+	+
Postpartum Depression Screening for mother/parent			x	x	x	x																								
Adolescent Depression and Suicide Screening																				x	x	x	x	x	x	x	x	x	x	x
Adolescent Substance Use Disorder Screening																						x	x	x	x	x	x	x	x	x
Physical Examination	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x

Effective Dates: 03/01/19, 05/07/19, 03/01/19, 02/01/22, 10/01/22, 11/28/23, 10/01/24, 10/01/25, 10/01/26

Approval Dates: 10/23/06, 04/01/07, 10/1/08, 02/01/11, 04/01/14, 04/01/15, 10/18/18, 02/21/19, 04/16/20, 10/07/21, 07/14/22, 08/17/23, 08/24/24, 09/17/25, 08/06/26

Procedure/Age	Newborn	3-5 days	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yrs	4 yrs	5 yrs	6 yrs	7 yrs	8 yrs	9 yrs	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs	17 yrs	18 yrs	19 yrs	20 yrs
Newborn BloodspotScreening[2]	x	x																												
Immunizations	REFER TO AMPM 430 ATTACHMENT G																													
Tuberculin Test								+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hematocrit/Hemoglobin							+	x	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Verbal Lead Screen						+	+	+	+	+	+	+	+	+	+	+														
Blood Lead Testing						+	+	x	+	+	x	+	+	+	+	+														
Dyslipidemia Screening											x			x		x		x				x	x	x	x	x				x
Dyslipidemia Testing																			←	x	→						←		x	→
STI Screening																				+	+	+	+	+	+	+	+	+	+	+
Syphilis Testing																									x	x	x	x	x	x
Oral Health Screening by PCP[3]						x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Topical Fluoride Varnish[4]						←	—	x																						
Dental Referral [5]						+	+	x	+	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Anticipatory Guidance	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x

[1] Utilization of one general developmental screening tool (e.g., ASQ and PEDS Tool) for members at 9, 18, and 30 months of age as described in AMPM Policy 430.

[2] Newborn and infant bloodspot tests shall be done according to state law ARS 36-694 and R9-13-201 through R9-13-207. The first screen shall be collected 24-48 hours of life, and the second screen 5-10 days of life Results should be reviewed at visits and appropriate re-testing or referral done as needed.

[3] Oral health screenings to be conducted by the PCP at each visit starting at 6 months of age.

[4] Fluoride varnish is limited in a primary care provider's office to once every three months, during an Early and Periodic Screening, Diagnostic and Treatment (EPSDT) visit for children who have reached six months of age with at least one tooth erupted, with recurrent applications up to five years of age.

[5] First dental examination may be performed as early as six months of age. Repeat every six months or as indicated by child's risk status/susceptibility to disease.

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<u>These are minimum requirements.</u> If at any time other procedures, tests, etc. are medically indicated, the physician is obligated to perform them. 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.

Key: x = to be completed

+ = to be performed for members at risk when indicated

←——→ x = the range during which a service may be provided

NOTE: If American Academy of Pediatrics (AAP) guidelines are used for the screening schedule and/or more screenings are medically necessary, those additional interperiodic screenings will be covered.

NOTE: The American Association of Pediatric Dentistry (AAPD) recommends that dental visits begin by age one. Referrals should be encouraged by one year of age. Parents of young children may self-refer to a dentist within the Contractor's network at any time.

VISION PERIODICITY SCHEDULE

Procedure/Age	Newborn	3-5 days	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yrs	4 yrs	5 yrs	6 yrs	7 yrs	8 yrs	9 yrs	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs	17 yrs	18 yrs	19 yrs	20 yrs
Vision +	S	S	S	S	S	S	S	S	S	S	S	S	O*	O	O	O	S	O	S	O	S	O	S	S	O	S	S	O	S	S

These are minimum requirements: If at any time other procedures, tests, etc. are medically indicated, the physician is obligated to perform them.

Key: **S = Subjective, by history**

O = Objective, by a standard testing method

*** = If the member is uncooperative, rescreen in six months.**

+ = May be done more frequently if indicated or at increased risk.

Ocular photo screening with interpretation and report, bilateral is covered for children ages three through six as part of the EPSDT visit due to challenges with a child's ability to cooperate with traditional vision screening techniques. Ocular photo screening is limited to a lifetime coverage limit of one.

HEARING/SPEECH SCHEDULE

Procedure/Age	Newborn	3-5 Days	2 wks	By 1 mo	6 wks	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yrs	4 yrs	5 yrs	6 yrs	7 yrs	8 yrs	9 yrs	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs	17 yrs	18 yrs	19 yrs	20 yrs
Hearing/ Speech+	O**	S	O*			S	S	S	S	S	S	S	S	S	S	O	O	O	S	O	S	O	S	O	S	S	O	S	S	O	S	S

These are minimum requirements: If at any time other procedures, tests, etc. are medically indicated, the physician is obligated to perform them.

Key: **S = Subjective, by history**

O = Objective, by a standard testing method

*** = All children, including newborns, meeting risk criteria for hearing loss should be objectively screened.**

+ = May be done more frequently if indicated or at increased risk.

**** = All newborns should be screened for hearing loss at birth. If indicated, re-screening shall be completed no later than 30 days of birth.**

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