



Sentara Health Plans

**SENTARA HEALTH PLANS CLINICAL PRACTICE GUIDELINE:**

**WELL CHILD FORMS - Early Periodic Screening,  
Diagnosis, and Treatment (EPSDT) Forms**

Guideline History

Date Approved	03/07
Date Revised	01/07, 05/10, 7/10, 10/11, 1/12, 11/13, 11/15, 11/17, 11/19, 11/21
Date Reviewed	11/23
Next Review Date	11/25

These Guidelines are promulgated by Sentara Healthcare (SHC) as recommendations for the clinical Management of specific conditions. Clinical data in a particular case may necessitate or permit deviation from these Guidelines. The SHC Guidelines are institutionally endorsed recommendations and are not intended as a substitute for clinical judgment.

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

The Early and Periodic Screening Diagnosis and Treatment (EPSDT) program is a comprehensive and preventive child health program for individuals under the age of 21.<sup>1</sup> All states that participate in the Medicaid program must offer EPSDT to all children enrolled in Medicaid under the age of 21. Virginia provides comprehensive, periodic health assessments, or screenings, from birth through age 20. Eligible Virginians include:

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

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

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

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

Appropriate laboratory tests:

hemoglobin/hematocrit

tuberculin test (for high-risk groups)

blood lead testing including venous and/or capillary specimen (finger stick), **All Medicaid-enrolled children are REQUIRED to be tested at 12 and 24 months of age; for a new patient with unknown history up to 72 months or as**

**appropriate for age and risk factors**<sup>6</sup> Age appropriate health education/anticipatory guidance Referral for further diagnosis and treatment or follow-up of all correctable abnormalities uncovered or suspected.

Tobacco Cessation: Medically necessary tobacco cessation services, including both counseling and pharmacotherapy, for children and adolescents shall be covered by the Contractor. The EPSDT benefit includes the provision of anticipatory guidance and risk-reduction counseling with regard to tobacco use during routine well-child visits. In addition to routine visits, additional counseling and tobacco cessation drug therapy must be provided when medically necessary for individuals under age 21.<sup>7</sup>

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

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

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

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

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



## Developmental/Psychosocial/Behavioral Screening

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

### Recommended Developmental Screening Tools

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

### Recommended Tools for Focused Screening for suspected health conditions:

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

### Maternal Depression- Edinburgh (EODS)

- Screening at 1, 2, 4, and 6 months

### Infant Developmental Milestones Example

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



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### Recommended Developmental Screening Tools

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

### Recommended Tools for Focused screening for suspected health conditions:

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

### Developmental Milestones Example

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

<b>4 yrs.</b>	<ul style="list-style-type: none"><li>• Hops</li><li>• Jumps on 1 foot</li><li>• Pedals a bike</li><li>• Alternate feet up/down stairs</li><li>• Catches</li></ul>	<ul style="list-style-type: none"><li>• Draws person with 3 parts</li><li>• Undress/ Dressing Self</li><li>• Copies circles</li></ul>	<ul style="list-style-type: none"><li>• 4-5 word sentences</li><li>• Talks about daily activity</li><li>• Can give first and last name</li><li>• Tells stories</li><li>• Memorizes poems/songs</li></ul>	<ul style="list-style-type: none"><li>• Sings</li><li>• Pretend Play Plays with others</li><li>• Distinguishes fantasy from reality</li><li>• More creative</li><li>• Cooperates with friends</li></ul>
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### Developmental Milestones Example

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

Date:	Name	Date of Birth	<b>EPSDT Encounter Form Adolescence (11yrs-20yrs)</b>																																																																																																		
Allergies <input type="checkbox"/> NKDA <input type="checkbox"/> Adverse Reactions		Current Medications																																																																																																			
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<p><b>History</b></p> <p><b>Nutrition</b>  <input type="checkbox"/> Adequate Diet    <input type="checkbox"/> Inadequate  <input type="checkbox"/> Supplements</p> <p><input type="checkbox"/> Physical Activity</p> <p><b>Elimination</b>  <input type="checkbox"/> Stool _____  <input type="checkbox"/> Urine _____</p> <p><b>Sleep</b>  <input type="checkbox"/> Normal    <input type="checkbox"/> Abnormal</p> <p><b>Review of Systems</b>          _____          _____          _____</p> <p><b>Sensory Screening</b>  <input type="checkbox"/> Vision (universal based on risk assessment)          OD _____ OS _____ OU _____          Corrected    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Hearing* Once between 11-14y, 15-18y &amp; 18-21y</p> <p><b>Developmental Screening</b></p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Age</th> <th>Gross</th> <th>Fine</th> <th>Cognitive</th> <th>Social</th> </tr> </thead> <tbody> <tr> <td></td> <td>N A</td> <td>N A</td> <td>N A</td> <td>N A</td> </tr> <tr> <td>12 -13 yrs</td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>14-15 yrs</td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>16-17 yrs</td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>18-21 yrs</td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> </tbody> </table> <p>(Refer to page 2)</p>	Age	Gross	Fine	Cognitive	Social		N A	N A	N A	N A	12 -13 yrs	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	14-15 yrs	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	16-17 yrs	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	18-21 yrs	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<p><b>Vital Signs</b></p> <table border="1" style="width:100%; 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<b>MD Print Name</b>	<b>MD Signature</b>	<b>Date</b>																																																																																																			

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

## Developmental/Psychosocial/Behavioral Screening

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

### **Recommended Developmental Screening Tools**

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

### **Recommended Tools for Focused screening for suspected health conditions:**

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

Age	Gross Motor	Fine Motor	Cognitive, Linguistic, & Communication	Social, Emotional
<b>11-14 yrs</b>	Ask parents if they have any concerns about their child's development or behavior		<ul style="list-style-type: none"> <li>• Ability to understand others' perspectives</li> <li>• More ability to think hypothetically</li> <li>• Performing at grade level</li> <li>• Increase in independent decision making</li> </ul>	<ul style="list-style-type: none"> <li>• More independence from parents &amp; family.</li> <li>• Stronger sense of right and wrong.</li> <li>• Beginning awareness of the future.</li> <li>• Growing understanding about one's place in the world.</li> <li>• More attention to friendships &amp; teamwork.</li> <li>• Peer acceptance</li> <li>• Moodiness</li> </ul>
<b>15-17 yrs</b>			<ul style="list-style-type: none"> <li>• More defined work habits</li> <li>• More concern about future educational and vocational plans</li> <li>• Greater ability to sense right and wrong</li> <li>• Performing at grade level</li> <li>• Increase in independent decision making</li> </ul>	<ul style="list-style-type: none"> <li>• Increased interest in the opposite sex</li> <li>• Decreased conflict with parents</li> <li>• Increased independence from parents</li> <li>• Capacity for caring and sharing</li> <li>• Development of more intimate relationships</li> <li>• More time spent with peers</li> </ul>
<b>18-21 yrs</b>			Complete process of physical maturation, usually attaining full adult height  Ask parents if they have any concerns about their child's development or behavior (if applicable)	<ul style="list-style-type: none"> <li>• Increase in independent decision making</li> </ul>

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving nurturing parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require more frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest concerns.

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

Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. American Academy of Pediatrics; 2017).

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

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

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AGE <sup>1</sup>	INFANCY								EARLY CHILDHOOD						MIDDLE CHILDHOOD						ADOLESCENCE												
	Prenatal <sup>2</sup>	Newborn <sup>3</sup>	3-5 d <sup>4</sup>	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y	
<b>HISTORY</b>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
<b>MEASUREMENTS</b>																																	
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Weight for Length		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Body Mass Index <sup>5</sup>												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Blood Pressure <sup>6</sup>		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
<b>SENSORY SCREENING</b>																																	
Vision <sup>7</sup>		★	★	★	★	★	★	★	★	★	★	★	★	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Hearing		● <sup>8</sup>	● <sup>9</sup>	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	
<b>DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH</b>																																	
Maternal Depression Screening <sup>11</sup>				●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Developmental Screening <sup>12</sup>								●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Autism Spectrum Disorder Screening <sup>13</sup>										●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Developmental Surveillance		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Behavioral/Social/Emotional Screening <sup>14</sup>		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Tobacco, Alcohol, or Drug Use Assessment <sup>15</sup>																							★	★	★	★	★	★	★	★	★	★	
Depression and Suicide Risk Screening <sup>16</sup>																							●	●	●	●	●	●	●	●	●	●	
<b>PHYSICAL EXAMINATION</b> <sup>17</sup>		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
<b>PROCEDURES</b> <sup>18</sup>																																	
Newborn Blood		● <sup>19</sup>	● <sup>20</sup>	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→		
Newborn Bilirubin <sup>21</sup>		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Critical Congenital Heart Defect <sup>22</sup>		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Immunization <sup>23</sup>		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Anemia <sup>24</sup>						★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Lead <sup>25</sup>							★	★	● or ★ <sup>26</sup>	★	★	● or ★ <sup>26</sup>	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Tuberculosis <sup>27</sup>				★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Dyslipidemia <sup>28</sup>											★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Sexually Transmitted Infections <sup>29</sup>																							★	★	★	★	★	★	★	★	★	★	
HIV <sup>30</sup>																							★	★	★	★	★	★	★	★	★	★	
Hepatitis B Virus Infection <sup>31</sup>		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Hepatitis C Virus Infection <sup>32</sup>																																	
Sudden Cardiac Arrest/Death <sup>33</sup>																							★	★	★	★	★	★	★	★	★	★	
Cervical Dysplasia <sup>34</sup>																																	
<b>ORAL HEALTH</b> <sup>35</sup>								● <sup>36</sup>	● <sup>36</sup>	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Fluoride Varnish <sup>37</sup>																																	
Fluoride Supplementation <sup>38</sup>																																	
<b>ANTICIPATORY GUIDANCE</b>	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	

- If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
- A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per "The Prenatal Visit" (<https://doi.org/10.1542/peds.2018-1218>).
- Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
- Newborns should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding newborns should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in "Breastfeeding and the Use of Human Milk" (<https://doi.org/10.1542/peds.2011-3552>). Newborns discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per "Hospital Stay for Healthy Term Newborn Infants" (<https://doi.org/10.1542/peds.2015-0699>).
- Screen, per "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (<https://doi.org/10.1542/peds.2007-2329C>).
- Screening should occur per "Clinical Practice Guideline for Screening and Management of High Blood Pressure in Children and Adolescents" (<https://doi.org/10.1542/peds.2017-1904>). Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
- A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See "Visual System Assessment in Infants, Children, and Young Adults by Pediatricians" (<https://doi.org/10.1542/peds.2015-3596>) and "Procedures for the Evaluation of the Visual System by Pediatricians" (<https://doi.org/10.1542/peds.2015-3597>).
- Confirm initial screen was completed, verify results, and follow up, as appropriate. Newborns should be screened, per "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (<https://doi.org/10.1542/peds.2007-2333>).
- Verify results as soon as possible, and follow up, as appropriate.
- Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See "The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies" (<https://www.sciencedirect.com/science/article/abs/pii/S1054139X16000483>).
- Screening should occur per "Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice" (<https://doi.org/10.1542/peds.2018-3259>).
- Screening should occur per "Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening" (<https://doi.org/10.1542/peds.2019-3449>).
- Screening should occur per "Identification, Evaluation, and Management of Children With Autism Spectrum Disorder" (<https://doi.org/10.1542/peds.2019-3447>).

KEY: ● = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ← ★ or ● → = range during which a service may be provided

(continued)

(continued)

14. Screen for behavioral and social-emotional problems per “Promoting Optimal Development: Screening for Behavioral and Emotional Problems” (<https://doi.org/10.1542/peds.2014-3716>), “Mental Health Competencies for Pediatric Practice” (<https://doi.org/10.1542/peds.2019-2757>), “Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents With Anxiety Disorders” (<https://pubmed.ncbi.nlm.nih.gov/32439401>), and “Screening for Anxiety in Adolescent and Adult Women: A Recommendation From the Women’s Preventive Services Initiative” (<https://pubmed.ncbi.nlm.nih.gov/32510990>). The screening should be family centered and may include asking about caregiver emotional and mental health concerns and social determinants of health, racism, poverty, and relational health. See “Poverty and Child Health in the United States” (<https://doi.org/10.1542/peds.2016-0339>), “The Impact of Racism on Child and Adolescent Health” (<https://doi.org/10.1542/peds.2019-1765>), and “Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health” (<https://doi.org/10.1542/peds.2021-052582>).
15. A recommended assessment tool is available at <http://craftt.org>.
16. Screen adolescents for depression and suicide risk, making every effort to preserve confidentiality of the adolescent. See “Guidelines for Adolescent Depression in Primary Care (GLAD-PC): Part I. Practice Preparation, Identification, Assessment, and Initial Management” (<https://doi.org/10.1542/peds.2017-4081>), “Mental Health Competencies for Pediatric Practice” (<https://doi.org/10.1542/peds.2019-2757>), “Suicide and Suicide Attempts in Adolescents” (<https://doi.org/10.1542/peds.2016-1420>), and “The 21st Century Cures Act & Adolescent Confidentiality” ([https://www.adolescenthealth.org/Advocacy/Advocacy-Activities/2019-\(1\)/NASPAG-SAHM-Statement.aspx](https://www.adolescenthealth.org/Advocacy/Advocacy-Activities/2019-(1)/NASPAG-SAHM-Statement.aspx)).
17. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See “Use of Chaperones During the Physical Examination of the Pediatric Patient” (<https://doi.org/10.1542/peds.2011-0322>).
18. These may be modified, depending on entry point into schedule and individual need.
19. Confirm initial screen was accomplished, verify results, and follow up, as appropriate. The Recommended Uniform Screening Panel (<https://www.hrsa.gov/advisory-committees/heritable-disorders/rusp/index.html>), as determined by The Secretary’s Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (<https://www.babysfirsttest.org/>) establish the criteria for and coverage of newborn screening procedures and programs.
20. Verify results as soon as possible, and follow up, as appropriate.
21. Confirm initial screening was accomplished, verify results, and follow up, as appropriate. See “Hyperbilirubinemia in the Newborn Infant ≥35 Weeks’ Gestation: An Update With Clarifications” (<https://doi.org/10.1542/peds.2009-0329>).
22. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per “Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease” (<https://doi.org/10.1542/peds.2011-3211>).
23. Schedules, per the AAP Committee on Infectious Diseases, are available at <https://publications.aap.org/redbook/pages/immunization-schedules>. Every visit should be an opportunity to update and complete a child’s immunizations.
24. Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP *Pediatric Nutrition: Policy of the American Academy of Pediatrics* (Iron chapter).
25. For children at risk of lead exposure, see “Prevention of Childhood Lead Toxicity” (<https://doi.org/10.1542/peds.2016-1493>) and “Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention” ([https://www.cdc.gov/nceh/lead/docs/final\\_document\\_030712.pdf](https://www.cdc.gov/nceh/lead/docs/final_document_030712.pdf)).
26. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.
27. Tuberculosis testing per recommendations of the AAP Committee on Infectious Diseases, published in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*. Testing should be performed on recognition of high-risk factors.
28. See “Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents” ([http://www.nhlbi.nih.gov/guidelines/cvd\\_ped/index.htm](http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm)).
29. Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*.
30. Screen adolescents for HIV at least once between the ages of 15 and 21, making every effort to preserve confidentiality of the adolescent, as per “Human Immunodeficiency Virus (HIV) Infection: Screening” (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening>); after initial screening, youth at increased risk of HIV infection should be retested annually or more frequently, as per “Adolescents and Young Adults: The Pediatrician’s Role in HIV Testing and Pre- and Postexposure HIV Prophylaxis” (<https://doi.org/10.1542/peds.2021-055207>).
31. Perform a risk assessment for hepatitis B virus (HBV) infection according to recommendations per the USPSTF (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-b-virus-infection-screening>) and in the 2021–2024 edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*, making every effort to preserve confidentiality of the patient.
32. All individuals should be screened for hepatitis C virus (HCV) infection according to the USPSTF (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening>) and Centers for Disease Control and Prevention (CDC) recommendations (<https://www.cdc.gov/mmwr/volumes/69/rr/rr6902a1.htm>) at least once between the ages of 18 and 79. Those at increased risk of HCV infection, including those who are persons with past or current injection drug use, should be tested for HCV infection and reassessed annually.
33. Perform a risk assessment, as appropriate, per “Sudden Death in the Young: Information for the Primary Care Provider” (<https://doi.org/10.1542/peds.2021-052044>).
34. See USPSTF recommendations (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/cervical-cancer-screening>). Indications for pelvic examinations prior to age 21 are noted in “Gynecologic Examination for Adolescents in the Pediatric Office Setting” (<https://doi.org/10.1542/peds.2010-1564>).
35. Assess whether the child has a dental home. If no dental home is identified, perform a risk assessment (<https://www.aap.org/en/patient-care/oral-health/oral-health-practice-tools/>) and refer to a dental home. Recommend brushing with fluoride toothpaste in the proper dosage for age. See “Maintaining and Improving the Oral Health of Young Children” (<https://doi.org/10.1542/peds.2014-2984>).
36. Perform a risk assessment (<https://www.aap.org/en/patient-care/oral-health/oral-health-practice-tools/>). See “Maintaining and Improving the Oral Health of Young Children” (<https://doi.org/10.1542/peds.2014-2984>).
37. The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-dental-caries-in-children-younger-than-age-5-years-screening-and-interventions1>). Once teeth are present, apply fluoride varnish to all children every 3 to 6 months in the primary care or dental office based on caries risk. Indications for fluoride use are noted in “Fluoride Use in Caries Prevention in the Primary Care Setting” (<https://doi.org/10.1542/peds.2020-034637>).
38. If primary water source is deficient in fluoride, consider oral fluoride supplementation. See “Fluoride Use in Caries Prevention in the Primary Care Setting” (<https://doi.org/10.1542/peds.2020-034637>).

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

This schedule reflects changes approved in December 2022 and published in April 2023. For updates and a list of previous changes made, visit [www.aap.org/periodicityschedule](http://www.aap.org/periodicityschedule).

### CHANGES MADE IN DECEMBER 2022

#### HIV

The HIV screening recommendation has been updated to extend the upper age limit from 18 to 21 years (to account for the range in which the screening can take place) to align with recommendations of the US Preventive Services Task Force and AAP policy (“Adolescents and Young Adults: The Pediatrician’s Role in HIV Testing and Pre- and Postexposure HIV Prophylaxis”).

- Footnote 30 has been updated to read as follows: “Screen adolescents for HIV at least once between the ages of 15 and 21, making every effort to preserve confidentiality of the adolescent, as per ‘Human Immunodeficiency Virus (HIV) Infection: Screening’ (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening>); after initial screening, youth at increased risk of HIV infection should be retested annually or more frequently, as per ‘Adolescents and Young Adults: The Pediatrician’s Role in HIV Testing and Pre- and Postexposure HIV Prophylaxis’ (<https://doi.org/10.1542/peds.2021-055207>).”

### CHANGES MADE IN NOVEMBER 2021

#### HEPATITIS B VIRUS INFECTION

Assessing risk for HBV infection has been added to occur from newborn to 21 years (to account for the range in which the risk assessment can take place) to be consistent with recommendations of the USPSTF and the 2021–2024 edition of the AAP *Red Book-Report of the Committee on Infectious Diseases*.

- Footnote 31 has been added to read as follows: “Perform a risk assessment for hepatitis B virus (HBV) infection according to recommendations per the USPSTF (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-b-virus-infection-screening>) and in the 2021–2024 edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*, making every effort to preserve confidentiality of the patient.”

#### SUDDEN CARDIAC ARREST AND SUDDEN CARDIAC DEATH

Assessing risk for sudden cardiac arrest and sudden cardiac death has been added to occur from 11 to 21 years (to account for the range in which the risk assessment can take place) to be consistent with AAP policy (“Sudden Death in the Young: Information for the Primary Care Provider”).

- Footnote 33 has been added to read as follows: “Perform a risk assessment, as appropriate, per ‘Sudden Death in the Young: Information for the Primary Care Provider’ (<https://doi.org/10.1542/peds.2021-052044>).”

#### DEPRESSION AND SUICIDE RISK

Screening for suicide risk has been added to the existing depression screening recommendation to be consistent with the GLAD-PC and AAP policy.

- Footnote 16 has been updated to read as follows: “Screen adolescents for depression and suicide risk, making every effort to preserve confidentiality of the adolescent. See ‘Guidelines for Adolescent Depression in Primary Care (GLAD-PC): Part I. Practice Preparation, Identification, Assessment, and Initial Management’ (<https://doi.org/10.1542/peds.2017-4081>), ‘Mental Health Competencies for Pediatric Practice’ (<https://doi.org/10.1542/peds.2019-2757>), ‘Suicide and Suicide Attempts in Adolescents’ (<https://doi.org/10.1542/peds.2016-1420>), and ‘The 21st Century Cures Act & Adolescent Confidentiality’ ([https://www.adolescenthealth.org/Advocacy/Advocacy-Activities/2019-\(1\)/NASPAG-SAHM-Statement.aspx](https://www.adolescenthealth.org/Advocacy/Advocacy-Activities/2019-(1)/NASPAG-SAHM-Statement.aspx)).”

### BEHAVIORAL/SOCIAL/EMOTIONAL

The Psychosocial/Behavioral Assessment recommendation has been updated to Behavioral/Social/Emotional Screening (annually from newborn to 21 years) to align with AAP policy, the American College of Obstetricians and Gynecologists (Women’s Preventive Services Initiative) recommendations, and the American Academy of Child & Adolescent Psychiatry guidelines.

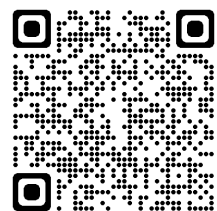
- Footnote 14 has been updated to read as follows: “Screen for behavioral and social-emotional problems per ‘Promoting Optimal Development: Screening for Behavioral and Emotional Problems’ (<https://doi.org/10.1542/peds.2014-3716>), ‘Mental Health Competencies for Pediatric Practice’ (<https://doi.org/10.1542/peds.2019-2757>), ‘Clinical Practice Guideline for the Assessment and Treatment of Children and Adolescents With Anxiety Disorders’ (<https://pubmed.ncbi.nlm.nih.gov/32439401>), and ‘Screening for Anxiety in Adolescent and Adult Women: A Recommendation From the Women’s Preventive Services Initiative’ (<https://pubmed.ncbi.nlm.nih.gov/32510990/>). The screening should be family centered and may include asking about caregiver emotional and mental health concerns and social determinants of health, racism, poverty, and relational health. See ‘Poverty and Child Health in the United States’ (<https://doi.org/10.1542/peds.2016-0339>), ‘The Impact of Racism on Child and Adolescent Health’ (<https://doi.org/10.1542/peds.2019-1765>), and ‘Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health’ (<https://doi.org/10.1542/peds.2021-052582>).”

### FLUORIDE VARNISH

- Footnote 37 has been updated to read as follows: “The USPSTF recommends that primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-dental-caries-in-children-younger-than-age-5-years-screening-and-interventions1>). Once teeth are present, apply fluoride varnish to all children every 3 to 6 months in the primary care or dental office based on caries risk. Indications for fluoride use are noted in ‘Fluoride Use in Caries Prevention in the Primary Care Setting’ (<https://doi.org/10.1542/peds.2020-034637>).”

### FLUORIDE SUPPLEMENTATION

- Footnote 38 has been updated to read as follows: “If primary water source is deficient in fluoride, consider oral fluoride supplementation. See ‘Fluoride Use in Caries Prevention in the Primary Care Setting’ (<https://doi.org/10.1542/peds.2020-034637>).”



**HRSA**  
Health Resources & Services Administration

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## Vaccine Administration Codes Childhood Immunizations

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

\* ICD-10-CM Diagnosis codes indicate evidence of disease.

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

## Vaccine Administration Codes Adolescent Immunizations

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

Sources: American Medical Association (AMA) (2019). HEDIS® 2019, Volume 2. National Committee for Quality Assurance (NCQA) (2019).

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

**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) (2019). HEDIS® 2019, Volume 2 Value Set Directory.

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

**Resources**

**Bright Futures**

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

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

**Bright Futures Virginia**

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

Website: <http://www.vahealth.org/brightfutures/>  
E-mail: [WICInfo@vdh.virginia.gov](mailto:WICInfo@vdh.virginia.gov)

**Centers for Disease Control & Prevention**

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

**Department of Health and Human Services**

Health Resources and Services Administration  
Website: <http://mchb.hrsa.gov/epsdt/>  
E-mail: [ask@hrsa.gov](mailto:ask@hrsa.gov)

**Department of Medical Assistance Services**

600 East Broad Street, Richmond, Virginia 23219  
DMAS<sup>®</sup>, Commonwealth of Virginia 2008  
Website: <http://www.dmas.virginia.gov>  
E-mail: [dmasinfo@dmas.virginia.gov](mailto:dmasinfo@dmas.virginia.gov)

**Infant and Toddler Connection of Virginia**

Virginia Department of Behavioral Health and Developmental Services  
1220 Bank Street, 9th Floor  
P.O. Box 1797  
Richmond, Virginia 23219-1797  
Main Office: (804) 786-3710. Main Fax: (804) 371-7959  
Website: [www.infantva.org](http://www.infantva.org)

**Virginia Medicaid**

Phone (In-State) - 800-552-8627  
Phone (Out of State) 804-786-6273

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



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