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, 11/23
Date Reviewed	3/25
Next Review Date	3/26

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, 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.[4]

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

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 72months or as appropriate for age and risk factors**[6]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.[7]

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 (2018). Medallion 4.0 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.

Sentara Health Plans

Date:	Name	Date of Birth	EPSDT Encounter Form Infancy (Newborn-9mons)

Allergies
☐ NKDA ☐ Adverse Reactions

Current Medications

Reason for Visit

History

Birth History

☐ C-Section ☐ Vaginal

☐ Complications _____

Birth Weight: _____

Gestation _____

Hep B @ Birth _____

CCHD Screening results _____

Newborn Blood Screen _____ Bilirubin _____

Nutrition

☐ Breast

☐ Formula _____

☐ Supplements _____

Amount: _____ Frequency: _____

☐ WIC

Elimination

☐ Stool _____

☐ Urine _____

Sleep

☐ Normal ☐ Abnormal

Review of Systems

_____

_____

_____

_____

Sensory Screening

☐ Vision *

☐ Hearing (Review Newborn Hearing Screening Results)*

Developmental/Psychosocial/Behavioral Screening

Age	Gross		Fine		Cognitive		Social	
	N	A	N	A	N	A	N	A
2 months	☐	☐	☐	☐	☐	☐	☐	☐
4 Months	☐	☐	☐	☐	☐	☐	☐	☐
6 Months	☐	☐	☐	☐	☐	☐	☐	☐
9 Months	☐	☐	☐	☐	☐	☐	☐	☐

(Refer to page 2) **ASQ-3 at 9 months

Vital Signs

BP *(>3yr)		
Temp		
Pulse		
Ht		%
Head Circ		%
Weight		%
BMI(≥24m)		%

☐ Refer to Growth chart

Comprehensive Physical Exam

(unclothed)

N	A	
☐	☐	General Appearance
☐	☐	Skin
☐	☐	Head/Fontanels
☐	☐	Eyes
☐	☐	Ears
☐	☐	Nose
☐	☐	Oropharynx/Throat
☐	☐	Oral Health*
☐	☐	Lungs
☐	☐	Heart
☐	☐	Abdomen
☐	☐	Genitalia
☐	☐	Extremities
☐	☐	Spine
☐	☐	Neurological
☐	☐	Mental Health

Health Education/Anticipatory Guidance

(Check all that apply)

Health

☐ Routine Baby Care
☐ Shaken Baby Prevention
☐ Passive Smoke/Tobacco
☐ Fever Protocols
☐ Oral Health (Baby Bottle Tooth Decay Fluoride Varnish)*
☐ Weight
☐ Immunizations
☐ TB
☐ Counseling for Physical Activity

Counseling for Nutritional/Diet

☐ Increase Formula
☐ Cereal/Solids
☐ Colic/Fussiness/Gas
☐ Supplements
☐ Drinking from cup, no bottle propping

Safety

☐ Sleep Positioning/Habits
☐ Motor Vehicle Safety Crib
☐ Safety
☐ Smoke Free Environments/Smoke Detectors
☐ Injury Prevention
☐ Signs of Illness/Emergency/911
☐ Physical/Emotional Abuse
☐ Lead

Psychosocial/Behaviora

☐ Temperament
☐ Methods to console baby
☐ Infant bonding
☐ Opportunities for exploration
☐ Develop routines
☐ AAP©/Bright Futures© Pamphlet

Treatment Plan

Immunizations recommended per (ACIP)

☐ **Hep B** ☐ **RV** ☐ **DTap/DTP**
☐ **Hib** ☐ **PCV** ☐ **IPV**
☐ **Influenza** (beginning at 6 months)

☐ **Hep B #3**

☐ VIS Given

Labs/Procedures

☐ Lead (6-9 m)*

☐ Hgb/Hct (4m)*

Referrals/ Other

_____

_____

_____

_____

_____

Maternal Depression Screen

☐ 1 month ☐ 4 months

☐ 2 months ☐ 6 months

MD Print Name	MD Signature	Date

* 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 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

	Ages and Stages ASQ-3	**Child Development Inventories**	**Denver II**	**Bayley Scales of Infant and Toddler Development**	**Parents' Evaluation of Developmental Status**
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)

Maternal Depression- Edinburgh (EODS)

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

Sentara Health Plans

Date:	Name	Date of Birth	EPSDT Encounter Form
☐ Allergies ☐ NKDA		Current Medications	
Adverse Reactions Reason for Visit			

History

Birth History

☐ C-Section ☐ Vaginal

☐ Complications_____

Birth Weight: ☐

Gestation ☐

Nutrition

☐ Breast

☐ Formula_____

☐ Supplements_____

Amount:_____Frequency:_____

☐ WIC

Elimination

☐ Stool_____

☐ Urine_____

Sleep

☐ Normal ☐ Abnormal

Review of Systems

Sensory Screening

☐ Vision (3y-4y) *

OD_____OSOU_____Corrected

☐ Yes ☐ No

☐ Hearing or (4y-6y, 8y,10y)*

Developmental/Psychosocial/Behavioral Screening

Age	Gross	Fine	Cognitive	Social
	N A	N A	N A	N A
12 months	☐ ☐	☐ ☐	☐ ☐	☐ ☐
15 Months	☐ ☐	☐ ☐	☐ ☐	☐ ☐
18 Months	☐ ☐	☐ ☐	☐ ☐	☐ ☐
24 Months	☐ ☐	☐ ☐	☐ ☐	☐ ☐
30 Months	☐ ☐	☐ ☐	☐ ☐	☐ ☐
3 Years	☐ ☐	☐ ☐	☐ ☐	☐ ☐
4 Years	☐ ☐	☐ ☐	☐ ☐	☐ ☐

(Refer to page 2) Autism Screening (18m & 24m) **

Vital Signs

BP* (>3yr)		
Temp		
Pulse		
Ht		%
Head Circ		%
Wt		%
BMI		%

☐ Refer to Growth chart

Comprehensive Physical Exam

(unclothed)

N	A	
☐	☐	General Appearance
☐	☐	Skin
☐	☐	Head/Fontanels
☐	☐	Eyes
☐	☐	Ears
☐	☐	Nose
☐	☐	Oropharynx/Throat
☐	☐	Oral Health (12m, 18m, 3yrs)*
☐	☐	Lungs
☐	☐	Heart
☐	☐	Abdomen
☐	☐	Genitalia
☐	☐	Extremities
☐	☐	Spine
☐	☐	Neurological
☐	☐	Mental Health

Treatment Plan

Immunizations recommended per (ACIP)

☐ **Hep B** ☐ **DTap/DTP** ☐ **Hib**

☐ **PCV** ☐ **IPV**

☐ **MMR** ☐ **Varicella**

☐ **Hep A**

☐ **Influenza** (Yearly)

☐ VIS Given

Labs/Procedures

☐ Lead (12m & 24m, 3y, 4y)*;
(12m & 24m; req'd by Medicaid)

☐ Hgb/Hct (12 months)

☐ Lipid Panel (24m and 4y)*

Health Education/Anticipatory Guidance

(Check all that apply)

Health

☐ No Bottle in Bed/Bottle Propping
☐ Shaken Baby Prevention
☐ Passive Smoke/Tobacco
☐ Fever Protocols
☐ Oral Health (Dental home after 12 months)
☐ Fluoride Varnish @ 12-25 months
☐ Weight
☐ Immunizations
Counseling for Physical Activity

Counseling for Nutritional/Diet

☐ Milk
☐ Cereal/Solids
☐ Self-Feeding; finger foods, Snacks
☐ Supplements

Safety

☐ Motor Vehicle Safety
☐ Injury Prevention
☐ Signs of Illness/Emergency/911
☐ Physical/Emotional Abuse-Gun Safety

Psychosocial/Behaviora

☐ Potty Training
☐ Opportunities for exploration
☐ Developing Routines
☐ AAP©/Bright Futures© Pamphlet

Referrals/ Other

☐ NEXT APPOINTMENT

MD Print Name | **MD Signature** | **Date**

* Risk Assessment to be performed at 12 and 24 months with appropriate actions to follow, if positive; otherwise at the standard age according to AAP/Bright Futures

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

Developmental/Psychosocial/Behavioral Screening

There are many developmental tools used in screening and assessments. The Developmental Screening tools used may vary according to the type of screening or assessment done. DMAS-Virginia recommendations are in accordance with AAP recommendations. The examples listed below can be performed by a parent or other office staff and interpreted by the physician. These tools were designed to be very sensitive and specific with proven statistical validity. For further information, please refer to the AAP at www.AAP.com 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

	Ages and Stages ASQ-3	**Child Development Inventories**	**Denver II**	**Bayley Scales of Infant and Toddler Development**	**Parents' Evaluationof Developmental Status**
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)

Sentara Health Plans

Date:	Name	Date of Birth	EPSDT Encounter Form Middle Childhood (5yrs-10yrs)

Allergies
☐ NKDA ☐ Adverse Reactions

Current Medications

Reason for Visit

History

Nutrition
☐ Adequate Diet ☐ Inadequate
☐ Supplements

☐ Physical Activity

Elimination
☐ Stool_____

☐ Urine_____

Sleep
☐ Normal ☐ Abnormal

Review of Systems

_____

_____

_____

_____

Sensory Screening
☐ Vision (5y-6y, 8y, 10y)*

OD_____ OS_____OU_____

Corrected ☐ Yes ☐ No

☐ Hearing (5y-6y, 8y, 10y)*

Developmental Screening

Age	Gross	Fine	Cognitive	Social
	N A	N A	N A	N A
5 Years	☐ ☐	☐ ☐	☐ ☐	☐ ☐
6 Years	☐ ☐	☐ ☐	☐ ☐	☐ ☐
7 Years	☐ ☐	☐ ☐	☐ ☐	☐ ☐
8 Years	☐ ☐	☐ ☐	☐ ☐	☐ ☐
9 Years	☐ ☐	☐ ☐	☐ ☐	☐ ☐
10 Years	☐ ☐	☐ ☐	☐ ☐	☐ ☐

(Refer to page 2)

Vital Signs

BP		
T		
P		
Ht		%
Wt		%
BMI		%

☐ Refer to Growth chart

Comprehensive Physical Exam
(unclothed)

N	A	
☐	☐	General Appearance
☐	☐	Skin
☐	☐	Head/Fontanels
☐	☐	Eyes
☐	☐	Ears
☐	☐	Nose
☐	☐	Oropharynx/Throat
☐	☐	Dental Structure
☐	☐	Lungs
☐	☐	Heart
☐	☐	Abdomen
☐	☐	Genitalia
☐	☐	Extremities
☐	☐	Spine
☐	☐	Neurological
☐	☐	Mental Health

Health Education/Anticipatory Guidance
(Check all that apply)

Health
☐ Oral Health (6 yrs)
☐ Weight
☐ Counseling for Physical Activity
☐ Tobacco Cessation
☐ Puberty*

Counseling for Nutritional/Diet
☐ Healthy Eating
☐ Supplements

Safety
☐ Motor Vehicle Safety
☐ Injury Prevention
☐ Stranger Danger
☐ Physical/Emotional Abuse-gun safety

Psychosocial/Behaviora
☐ Bullying
☐ Peer Pressure
☐ Conflict resolution
☐ Express feelings
☐ Transition to School

☐ AAP©/Bright Futures© Pamphlet

Treatment Plan

Immunizations recommended per (ACIP)
☐ **DTap/DTP** ☐ **IPV** ☐ **MMR**
☐ **Varicella** ☐ **Influenza** (Yearly)
☐ SARS/Cov2 ☐ Other (High Risk)_____

☐ VIS Given

Labs/Procedure
☐ Lead (5y-6y)*

☐ Hgb/Hct *

☐ Lipid Panel (9y-11y)*

☐ Other

Referrals

_____

_____

_____

_____

_____

☐ NEXT APPOINTMENT

MD Print Name	MD Signature	Date

* 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 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

	Ages and Stages	Child Development Inventories	Denver II	Bayley Scales of Infant and Toddler Development	Parents' Evaluationof Developmental Status
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)

Developmental Milestones Example

Age	Gross Motor	Fine Motor	Cognitive, Linguistic, & Communication	Social, Emotional
5 -6 yrs	• 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	• Draws person w/ > 3 parts • Undress/ Dressing Self • Begins to print letters • Takes care of own toileting needs	• 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	• Sings, dances, acts • Distinguishes fantasy from reality • Shows more independence • Makes friends at school
7-8 yrs	• Skates. • Can ride a bicycle.	• Can tie shoes	• Knows right from left. • Can draw a person with six body parts • ability to understand others' perspectives • Performing at grade level	• 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		• 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	• 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

Sentara Health Plans

Date:	Name	Date of Birth	EPSDT Encounter Form Adolescence (11yrs-20yrs)

Allergies
☐ NKDA ☐ Adverse Reactions

Current Medications

Reason for Visit

History

Nutrition
☐ Adequate Diet ☐ Inadequate
☐ Supplements

☐ Physical Activity

Elimination
☐ Stool_____

☐ Urine_____

Sleep
☐ Normal ☐ Abnormal

Review of Systems

_____

_____

_____

_____

Sensory Screening
☐ Vision (universal based on risk assessment)

OD_____ OS_____OU_____

Corrected ☐ Yes ☐ No

☐ Hearing* Once between 11-14y, 15-18y & 18-21y

Developmental Screening

Age	Gross	Fine	Cognitive	Social
	N A	N A	N A	N A
12 -13 yrs	☐ ☐	☐ ☐	☐ ☐	☐ ☐
14-15 yrs	☐ ☐	☐ ☐	☐ ☐	☐ ☐
16-17 yrs	☐ ☐	☐ ☐	☐ ☐	☐ ☐
18-21 yrs	☐ ☐	☐ ☐	☐ ☐	☐ ☐

(Refer to page 2)

Vital Signs

BP		
T		
P		
Ht		%
Wt		%
BMI		%

☐ Refer to Growth chart

Comprehensive Physical Exam
(unclothed)

N	A	
☐	☐	General Appearance
☐	☐	Skin
☐	☐	Head/Fontanels
☐	☐	Eyes
☐	☐	Ears
☐	☐	Nose
☐	☐	Oropharynx/Throat
☐	☐	Dental Structure
☐	☐	Lungs
☐	☐	Heart
☐	☐	Abdomen
☐	☐	Genitalia
☐	☐	Extremities
☐	☐	Spine
☐	☐	Neurological
☐	☐	Mental Health

Health Education/Anticipatory Guidance
(Check all that apply)

Health
☐ Body Image
☐ Oral Health
☐ Weight
☐ Counseling for Physical
☐ Tobacco Cessation

Counseling for Nutritional/Diet
☐ Healthy Eating
☐ Supplements

Safety
☐ Motor Vehicle Safety
☐ Injury Prevention
☐ Signs of Illness/Emergency/911
☐ Physical/Emotional Abuse- gun safety
☐ Substance abuse (tobacco, alcohol, drugs)*
☐ STI counseling/screening*
☐ Pregnancy*

Social/Academic
☐ Bullying/ Peer Pressure
☐ Conflict Resolution and avoiding
☐ Limit Setting, rules for responsibility
☐ Transition to School/Work

Emotional Well
Support System
☐ Interpersonal Relationships
Depression Screen
☐ AAP©/Bright Futures© Pamphlet

Treatment Plan

Immunizations recommended per (ACIP)
☐ **Tdap / TD** ☐ **HPV (3 doses)**
☐ **MCV/Booster** ☐ **MCB**
☐ **Influenza** (Yearly) ☐ **SARS/Cov2**
☐ Other (High Risk Groups)_____

☐ VIS Given

Labs/Procedures
☐ Lipid Profile (once between 17-21y) *
☐ STI (if sexually active)*
☐ Pelvic/ Pap (Age 21 or older)*
☐ HIV Screening (once between 15y & 18Y)
☐ Other

Referrals

_____

_____

_____

_____

_____

☐ NEXT APPOINTMENT

MD Print Name	MD Signature	Date

* 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 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

- 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		• Ability to understand others' perspectives • More ability to think hypothetically • Performing at grade level • Increase in independent decision making	• 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			• 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	• 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)		• Increase in independent decision making	• 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 •

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Bright Futures
prevention and health promotion for infants, children, adolescents, and their families™

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.

	INFANCY								EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
AGE[1]	**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]	●[9] →	→	★	★	★	★	★	★	★	★	★	★	●	●	●	★	●	★	●	←	←	●[10] →	→	←	←	● →	→	←	←	● →	→
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH																																
Maternal Depression Screening[11]				●	●	●	●																									
Developmental Screening[12]								●			●		●																			
Autism Spectrum Disorder Screening[13]											●	●																				
Developmental Surveillance		●	●	●	●	●	●		●	●		●		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Behavioral/Social/Emotional Screening[14]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment[15]																						★	★	★	★	★	★	★	★	★	★	★
Depression and Suicide Risk Screening[16]																							●	●	●	●	●	●	●	●	●	●
PHYSICAL EXAMINATION[17]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[18]																																
Newborn Blood		●[19]	●[20] →	→																												
Newborn Bilirubin[21]		●																														
Critical Congenital Heart Defect[22]		●																														
Immunization[23]		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia[24]						★			●	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead[25]							★	★	● or ★[26]		★	● or ★[26]		★	★	★	★																
Tuberculosis[27]				★			★		★			★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Dyslipidemia[28]												★			★		★		★	←	● →	★	★	★	★	★	★	←	←	←	● →	★
Sexually Transmitted Infections[29]																						★	★	★	★	★	★	★	★	★	★	★
HIV[30]																						★	★	★	★	● →	→	→	→	→	→	→
Hepatitis B Virus Infection[31]		★ →	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→
Hepatitis C Virus Infection[32]																													● →	→	→	→
Sudden Cardiac Arrest/Death[33]																						★ →	→	→	→	→	→	→	→	→	→	→
Cervical Dysplasia[34]																																●
ORAL HEALTH[35]							●[36]	●[36]	★		★	★	★	★	★	★	★															
Fluoride Varnish[37]							←	→	→	→	●	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→	→
Fluoride Supplementation[38]							★	★	★		★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★					
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

1. 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.
2. 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).
3. Newborns should have an evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered).
4. 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 "Policy Statement: Breastfeeding and the Use of Human Milk" (https://doi.org/10.1542/peds.2022-057988). 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).
5. Screen, per "Clinical Practice Guideline for the Evaluation and Treatment of Children and Adolescents with Obesity" (https://doi.org/10.1542/peds.2022-060640).
6. 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.
7. 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).
8. 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).
9. Verify results as soon as possible, and follow up, as appropriate.
10. 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).
11. Screening should occur per "Incorporating Recognition and Management of Perinatal Depression Into Pediatric Practice" (https://doi.org/10.1542/peds.2018-3259).
12. 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).
13. Screening should occur per "Identification, Evaluation, and Management of Children With Autism Spectrum Disorder" (https://doi.org/10.1542/peds.2019-3447).

(continued)

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

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(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), "Screening for Anxiety in Adolescent and Adult Women: A Recommendation From the Women's Preventive Services Initiative" (https://pubmed.ncbi.nlm.nih.gov/32510990), and "Anxiety in Children and Adolescents: Screening" (https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/screening-anxiety-children-adolescents). 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 tool to assess use of alcohol, tobacco and nicotine, marijuana, and other substances, including opioids is available at http://crafft.org. If there is a concern for substance or opioid use, providers should consider recommending or prescribing Naloxone (see https://www.cdc.gov/ore/search/pages/2018-evidence-based-strategies.html and https://nida.nih.gov/publications/drugfacts/naloxone).
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://adolescenthealth.org/press_release/naspag-sahm-statement-the-21st-century-cures-act-adolescent-confidentiality/).
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 "Clinical Practice Guideline Revision: Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation" (https://doi.org/10.1542/peds.2022-058859).
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://stacks.cdc.gov/view/cdc/11859).
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).
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.2022-060417).
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.2022-060417).
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 recommendations approved in December 2024 and published in February 2025. For updates and a list of previous changes made, visit www.aap.org/periodicityschedule.

RECOMMENDATIONS APPROVED IN DECEMBER 2024

No changes have been made to clinical guidance or footnotes in the recommendations published in 2025.

HRSA
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This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $1,566,000 with 0% financed with non-governmental sources. The contents of this document are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.
For more information, please visit HRSA.gov.

Sentara Health Plans

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

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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