



# EPSDT Provider Toolkit

AmeriHealth Caritas Louisiana



**AmeriHealth Caritas**

Louisiana

# What is EPSDT?

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit provides comprehensive and preventative health care services for children under age 21 who are enrolled in Medicaid.

EPSDT is key to ensuring that children and adolescents receive appropriate preventative, dental, mental health, developmental, AND specialty services.

## Additional Benefits Include:

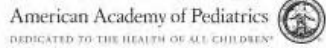
- Assistance in Scheduling Appointments
- Arranging for Treatment
- Transportation Assistance

| Core EPSDT Program Activities |  |
|-------------------------------|--|
| <b>Early</b>                  | Assess and Identify Problems Early, Starting at Birth  |
| <b>Periodic</b>               | Check children's health at periodic, age-appropriate intervals in comprehensive well child-visits, including health education          |
| <b>Screening</b>              | Provide physical, dental, mental, developmental, hearing, vision, and other screening or laboratory tests to detect potential problems |
| <b>Diagnosis</b>              | Perform diagnostic tests and assessments to follow up when a risk is identified during screening and examinations                      |
| <b>Treatment</b>              | Control, correct, or ameliorate any problems that are found  |

# Screenings Must Include:

- **Comprehensive Health and Developmental History**
- **Comprehensive Unclothed Physical Exam**
- **Laboratory Tests** — Including Lead Toxicity Screening
- **Health Education** — Anticipatory Guidance including Child Development, Healthy Lifestyles, and Accident and Disease Prevention
- **Vision Services** — at minimum, diagnosis and treatment for defects in vision, including eyeglasses
- **Dental Services** — at minimum, relief of pain and infections, restoration of teeth, and maintenance of dental health
- **Hearing Services** — at minimum, diagnosis and treatment for defects in hearing, including hearing aids
- **Other Necessary Health Care Services** — diagnostic and treatment services must be provided when a screening examination indicates the need for further evaluation

# Bright Futures / AAP Periodicity Schedule



## Recommendations for Preventive Pediatric Health Care Bright Futures/American Academy of Pediatrics



Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal. 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>a</sup>                                      | INFANCY               |                      |                    |         |      |      |      |      | EARLY CHILDHOOD |                |       |       |       |     | MIDDLE CHILDHOOD |     |     |     |     |     | ADOLESCENCE |      |      |      |      |      |      |      |      |      |      |      |   |
|---|-----------------------|----------------------|--------------------|---------|------|------|------|------|-----------------|----------------|-------|-------|-------|-----|------------------|-----|-----|-----|-----|-----|-------------|------|------|------|------|------|------|------|------|------|------|------|---|
|   | Prenatal <sup>b</sup> | Newborn <sup>b</sup> | 3-5 d <sup>b</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>  | ●                     | ●                    | ●                  | ●       | ●    | ●    | ●    | ●    | ●               | ●              | ●     | ●     | ●     | ●   | ●                | ●   | ●   | ●   | ●   | ●   | ●           | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ● |
| Initial Interval                                      | ●                     | ●                    | ●                  | ●       | ●    | ●    | ●    | ●    | ●               | ●              | ●     | ●     | ●     | ●   | ●                | ●   | ●   | ●   | ●   | ●   | ●           | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    |   |
| <b>MEASUREMENTS</b>                                   |                       |                      |                    |         |      |      |      |      |                 |                |       |       |       |     |                  |     |     |     |     |     |             |      |      |      |      |      |      |      |      |      |      |      |   |
| Length/Height and Weight                              |                       | ●                    | ●                  | ●       | ●    | ●    | ●    | ●    | ●               | ●              | ●     | ●     | ●     | ●   | ●                | ●   | ●   | ●   | ●   | ●   | ●           | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    |   |
| Head Circumference                                    |                       | ●                    | ●                  | ●       | ●    | ●    | ●    | ●    | ●               | ●              | ●     | ●     | ●     | ●   | ●                | ●   | ●   | ●   | ●   | ●   | ●           | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    |   |
| Weight for Length                                     |                       | ●                    | ●                  | ●       | ●    | ●    | ●    | ●    | ●               | ●              | ●     | ●     | ●     | ●   | ●                | ●   | ●   | ●   | ●   | ●   | ●           | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    |   |
| Body Mass Index <sup>c</sup>                          |                       |                      |                    |         |      |      |      |      |                 |                |       |       |       |     |                  |     |     |     |     |     |             |      |      |      |      |      |      |      |      |      |      |      |   |
| Blood Pressure <sup>d</sup>                           |                       | ★                    | ★                  | ★       | ★    | ★    | ★    | ★    | ★               | ★              | ★     | ★     | ★     | ★   | ★                | ★   | ★   | ★   | ★   | ★   | ★           | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    |   |
| <b>SENSORY SCREENING</b>                              |                       |                      |                    |         |      |      |      |      |                 |                |       |       |       |     |                  |     |     |     |     |     |             |      |      |      |      |      |      |      |      |      |      |      |   |
| Vision <sup>e</sup>                                   |                       | ★                    | ★                  | ★       | ★    | ★    | ★    | ★    | ★               | ★              | ★     | ★     | ★     | ★   | ★                | ★   | ★   | ★   | ★   | ★   | ★           | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    |   |
| Hearing <sup>f</sup>                                  |                       | ● <sup>g</sup>       | ● <sup>g</sup>     | →       | →    | →    | →    | →    | →               | →              | →     | →     | →     | →   | →                | →   | →   | →   | →   | →   | →           | →    | →    | →    | →    | →    | →    | →    | →    | →    | →    |      |   |
| <b>DEVELOPMENTAL/BEHAVIORAL HEALTH</b>                |                       |                      |                    |         |      |      |      |      |                 |                |       |       |       |     |                  |     |     |     |     |     |             |      |      |      |      |      |      |      |      |      |      |      |   |
| Developmental Screening <sup>h</sup>                  |                       |                      |                    |         |      |      |      |      | ●               | ●              | ●     | ●     | ●     | ●   | ●                | ●   | ●   | ●   | ●   | ●   | ●           | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    |   |
| Autism Spectrum Disorder Screening <sup>i</sup>       |                       |                      |                    |         |      |      |      |      |                 | ●              | ●     | ●     | ●     | ●   | ●                | ●   | ●   | ●   | ●   | ●   | ●           | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    |   |
| Developmental Surveillance                            |                       | ●                    | ●                  | ●       | ●    | ●    | ●    | ●    | ●               | ●              | ●     | ●     | ●     | ●   | ●                | ●   | ●   | ●   | ●   | ●   | ●           | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    |   |
| Psychosocial/Behavioral Assessment <sup>j</sup>       |                       | ●                    | ●                  | ●       | ●    | ●    | ●    | ●    | ●               | ●              | ●     | ●     | ●     | ●   | ●                | ●   | ●   | ●   | ●   | ●   | ●           | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    |   |
| Tobacco, Alcohol, or Drug Use Assessment <sup>k</sup> |                       |                      |                    |         |      |      |      |      |                 |                |       |       |       |     |                  |     |     |     |     |     |             |      | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    |   |
| Depression Screening <sup>l</sup>                     |                       |                      |                    |         |      |      |      |      |                 |                |       |       |       |     |                  |     |     |     |     |     |             |      | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    |   |
| Maternal Depression Screening <sup>m</sup>            |                       |                      |                    |         |      |      |      |      |                 |                |       |       |       |     |                  |     |     |     |     |     |             |      | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    |   |
| <b>PHYSICAL EXAMINATION<sup>n</sup></b>               |                       | ●                    | ●                  | ●       | ●    | ●    | ●    | ●    | ●               | ●              | ●     | ●     | ●     | ●   | ●                | ●   | ●   | ●   | ●   | ●   | ●           | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    |   |
| <b>PROCEDURES<sup>o</sup></b>                         |                       |                      |                    |         |      |      |      |      |                 |                |       |       |       |     |                  |     |     |     |     |     |             |      |      |      |      |      |      |      |      |      |      |      |   |
| Newborn Blood   |                       | ● <sup>q</sup>       | ● <sup>r</sup>     | →       | →    | →    | →    | →    | →               | →              | →     | →     | →     | →   | →                | →   | →   | →   | →   | →   | →           | →    | →    | →    | →    | →    | →    | →    | →    | →    | →    |      |   |
| Newborn Bilirubin <sup>s</sup>                        |                       | ●                    |                    |         |      |      |      |      |                 |                |       |       |       |     |                  |     |     |     |     |     |             |      |      |      |      |      |      |      |      |      |      |      |   |
| Critical Congenital Heart Defect <sup>t</sup>         |                       | ●                    |                    |         |      |      |      |      |                 |                |       |       |       |     |                  |     |     |     |     |     |             |      |      |      |      |      |      |      |      |      |      |      |   |
| Immunization <sup>u</sup>                             |                       | ●                    | ●                  | ●       | ●    | ●    | ●    | ●    | ●               | ●              | ●     | ●     | ●     | ●   | ●                | ●   | ●   | ●   | ●   | ●   | ●           | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    |   |
| Anemia <sup>v</sup>                                   |                       |                      |                    |         |      | ★    | ★    | ★    | ★               | ★              | ★     | ★     | ★     | ★   | ★                | ★   | ★   | ★   | ★   | ★   | ★           | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    |   |
| Lead <sup>w</sup>                                     |                       |                      |                    |         | ★    | ★    | ★    | ★    | ● <sup>x</sup>  | ★ <sup>y</sup> | ★     | ★     | ★     | ★   | ★                | ★   | ★   | ★   | ★   | ★   | ★           | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    |   |
| Tuberculosis <sup>z</sup>                             |                       |                      |                    | ★       | ★    | ★    | ★    | ★    | ★               | ★              | ★     | ★     | ★     | ★   | ★                | ★   | ★   | ★   | ★   | ★   | ★           | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    |   |
| Dyslipidemia <sup>aa</sup>                            |                       |                      |                    |         |      |      |      |      |                 |                | ★     | ★     | ★     | ★   | ★                | ★   | ★   | ★   | ★   | ★   | ★           | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    |   |
| Sexually Transmitted Infections <sup>ab</sup>         |                       |                      |                    |         |      |      |      |      |                 |                |       |       |       |     |                  |     |     |     |     |     |             |      | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    |   |
| HIV <sup>ac</sup>                                     |                       |                      |                    |         |      |      |      |      |                 |                |       |       |       |     |                  |     |     |     |     |     |             |      | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    |   |
| Hepatitis C Virus Infection <sup>ad</sup>             |                       |                      |                    |         |      |      |      |      |                 |                |       |       |       |     |                  |     |     |     |     |     |             |      | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    |   |
| Cervical Dysplasia <sup>ae</sup>                      |                       |                      |                    |         |      |      |      |      |                 |                |       |       |       |     |                  |     |     |     |     |     |             |      |      |      |      |      |      |      |      |      |      |      |   |
| <b>ORAL HEALTH<sup>af</sup></b>                       |                       |                      |                    |         |      |      |      |      |                 |                |       |       |       |     |                  |     |     |     |     |     |             |      |      |      |      |      |      |      |      |      |      |      |   |
| Fluoride Varnish <sup>ag</sup>                        |                       |                      |                    |         |      |      | ★    | ★    | ★               | ★              | ★     | ★     | ★     | ★   | ★                | ★   | ★   | ★   | ★   | ★   | ★           | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    |   |
| Fluoride Supplementation <sup>ah</sup>                |                       |                      |                    |         |      |      | ★    | ★    | ★               | ★              | ★     | ★     | ★     | ★   | ★                | ★   | ★   | ★   | ★   | ★   | ★           | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    | ★    |   |
| <b>ANTICIPATORY GUIDANCE</b>                          | ●                     | ●                    | ●                  | ●       | ●    | ●    | ●    | ●    | ●               | ●              | ●     | ●     | ●     | ●   | ●                | ●   | ●   | ●   | ●   | ●   | ●           | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    | ●    |   |

For a more comprehensive overview of the Bright Futures / AAP Recommendations for Preventative Pediatric Health Care, visit [Periodicity Schedule 2023](#).

# Childhood Immunizations:

| Recommended Childhood Immunizations | Birth                | 1 Month              | 2 Months                    | 4 Months             | 6 Months                        | 12 Months                               | 15 Months            | 18 Months | 23 Months | 2-3 Years | 4-6 Years            |
|-------------------------------------|----------------------|----------------------|-----------------------------|----------------------|---------------------------------|---|----------------------|-----------|-----------|-----------|----------------------|
| Hepatitis B                         | 1 <sup>st</sup> Dose | 2 <sup>nd</sup> Dose |                             |                      | 3 <sup>rd</sup> Dose            |   |                      |           |           |           |                      |
| Rotavirus                           |                      |                      | 1 <sup>st</sup> Dose        | 2 <sup>nd</sup> Dose | 3 <sup>rd</sup> Dose*           |   |                      |           |           |           |                      |
| DTap: < 7 Years                     |                      |                      | 1 <sup>st</sup> Dose        | 2 <sup>nd</sup> Dose | 3 <sup>rd</sup> Dose            |   | 4 <sup>th</sup> Dose |           |           |           | 5 <sup>th</sup> Dose |
| Hib                                 |                      |                      | 1 <sup>st</sup> Dose        | 2 <sup>nd</sup> Dose | 3 <sup>rd</sup> Dose            | 3 <sup>rd</sup> or 4 <sup>th</sup> Dose |                      |           |           |           |                      |
| PCV13                               |                      |                      | 1 <sup>st</sup> Dose        | 2 <sup>nd</sup> Dose | 3 <sup>rd</sup> Dose            | 4 <sup>th</sup> Dose                    |                      |           |           |           |                      |
| Inactivated Poliovirus              |                      |                      | 1 <sup>st</sup> Dose        | 2 <sup>nd</sup> Dose | 3 <sup>rd</sup> Dose            |   |                      |           |           |           | 4 <sup>th</sup> Dose |
| Influenza                           |                      |                      |                             |                      | Annual Vaccination 1 or 2 Doses |   |                      |           |           |           |                      |
| MMR                                 |                      |                      |                             |                      |                                 | 1 <sup>st</sup> Dose                    |                      |           |           |           | 2 <sup>nd</sup> Dose |
| VAR                                 |                      |                      |                             |                      |                                 | 1 <sup>st</sup> Dose                    |                      |           |           |           | 2 <sup>nd</sup> Dose |
| HepA                                |                      |                      |                             |                      |                                 | 2-Dose Series                           |                      |           |           |           |                      |
| Meningococcal                       |                      |                      | See Notes for Clarification |                      |                                 |   |                      |           |           |           |                      |

# Adolescent Immunizations

| <b>Recommended Adolescent Immunizations</b> | <b>7 – 10 Years</b>        | <b>11 – 12 Years</b> | <b>13 – 18 Years</b> |
|---|----------------------------|----------------------|----------------------|
| <b>Tetanus, Diphtheria, Pertussis</b>       |                            | <b>Tdap</b>          | <b>Tdap</b>          |
| <b>Human Papillomavirus</b>                 |                            | <b>HPV (3 Doses)</b> | <b>HPV Series</b>    |
| <b>Meningococcal</b>                        | <b>MCV</b>                 | <b>MCV</b>           | <b>MCV</b>           |
| <b>Influenza</b>                            | <b>Annual Vaccinations</b> |                      |                      |
| <b>Pneumococcal</b>                         | <b>PPSC</b>                |                      |                      |
| <b>Hepatitis A</b>                          | <b>Hepatitis A Series</b>  |                      |                      |
| <b>Hepatitis B</b>                          | <b>Hepatitis B Series</b>  |                      |                      |
| <b>Inactivated Poliovirus</b>               | <b>IPV Series</b>          |                      |                      |
| <b>Measles, Mumps, Rubella</b>              | <b>MMR Series</b>          |                      |                      |
| <b>Varicella</b>                            | <b>Varicella Series</b>    |                      |                      |

# Childhood Immunization Codes

| Childhood Immunization Codes   |   |
|--|---|
| <b>Hepatitis B</b>   | <b>Rotavirus</b>  |
| <b>CVX:</b> 08, 44, 45, 51, 110<br><b>CPT:</b> 90723, 90740, 90744, 90747, 90748<br><b>HCPCS:</b> G0010                        | <b>CVX:</b> 116, 122 (three dose), 119 (two dose)<br><b>CPT:</b> 90680 (three dose), 90681 (two dose) |
| <b>DTap</b>  | <b>Hib</b>  |
| <b>CVX:</b> 20, 50, 106, 107, 110, 120<br><b>CPT:</b> 90698, 90700, 90723  | <b>CVX:</b> 17, 46, 47, 48, 49, 50, 51, 120, 148<br><b>CPT:</b> 90644, 90647, 90648, 90698, 90748     |
| <b>PCV13</b>   | <b>Inactivated Poliovirus</b>   |
| <b>CVX:</b> 133, 152<br><b>CPT:</b> 90670<br><b>HCPCS:</b> G0009   | <b>CVX:</b> 10, 89, 110, 120<br><b>CPT:</b> 90698, 90713, 90723                                       |
| <b>Influenza</b>   | <b>MMR</b>  |
| <b>CVX:</b> 88, 140, 141, 150, 153, 155, 158, 161<br><b>CPT:</b> 90655, 90657, 90661, 90673, 90685, 90686, 90687, 90688, 90689 | <b>CVX:</b> 03, 94<br><b>CPT:</b> 90707, 90710  |
| <b>Varicella</b>   | <b>Hepatitis A</b>  |
| <b>CVX:</b> 21, 94<br><b>CPT:</b> 90710, 90716   | <b>CVX:</b> 31, 83, 85<br><b>CPT:</b> 90633   |
| <b>Meningococcal</b>   |   |
| <b>CVX:</b> 108, 114, 136, 147, 167<br><b>CPT:</b> 90734   |   |

# Adolescent Immunization Codes

| Adolescent Immunization Codes  |  |
|--|--|
| <b>Tdap</b>  | <b>HPV</b>   |
| CVX: 115<br>CPT: 90715   | CVX: 62, 118, 137, 165<br>CPT: 90649, 90650, 90651   |
| <b>Meningococcal</b>   | <b>Influenza</b>   |
| CVX: 108, 114, 136, 147, 167<br>CPT: 90734   | CVX: 88, 140, 141, 150, 153, 155, 158, 161<br>CPT: 90655, 90657, 90661, 90673, 90685, 90686, 90687, 90688, 90689 |
| <b>Pneumococcal Conjugate</b>  | <b>Hepatitis A</b>   |
| CVX: 133, 152<br>CPT: 90670<br>HCPS: G0009   | CVX: 31, 83, 85<br>CPT: 90633  |
| <b>Hepatitis B</b>   | <b>Inactivated Poliovirus</b>  |
| CVX: 08, 44, 45, 51, 110<br>CPT: 90723, 90740, 90744, 90747, 90748<br>HCPCS: G0010 | CVX: 10, 89, 110, 120<br>CPT: 90698, 90713, 90723  |
| <b>MMR</b>   | <b>Varicella</b>   |
| CVX: 03, 94<br>CPT: 90707, 90710   | CVX: 21, 94<br>CPT: 90710, 90716   |



# EPSDT Billing Codes

| CPT Code           |  | New Patient  |  | CPT Code   |  | Established Patient                      |  |
|--------------------|--|--|--|--|--|--|--|
| 99461              |  | Initial Newborn Care; Hospital / Birthing Center   |  |  |  |  |  |
| 99463              |  | Initial Newborn Care; Admit and Discharge Same Day |  |  |  |  |  |
| 99381              |  | Preventative Visit;<br>Age <1 Year                 |  | 99391  |  | Preventative Visit;<br>Age <1 Year       |  |
| 99382              |  | Preventative Visit;<br>Age 1 – 4 Years             |  | 99392  |  | Preventative Visit;<br>Age 1 – 4 Years   |  |
| 99383              |  | Preventative Visit;<br>Age 5 – 11 Years            |  | 99393  |  | Preventative Visit;<br>Age 5 – 11 Years  |  |
| 99384              |  | Preventative Visit;<br>Age 12 – 17 Years           |  | 99394  |  | Preventative Visit;<br>Age 12 – 17 Years |  |
| 99385              |  | Preventative Visit;<br>Age 18 – 21 Years           |  | 99395  |  | Preventative Visit;<br>Age 18 – 21 Years |  |
| <b>HCPCS Codes</b> |  |  |  | <b>ICD-10-CM</b>   |  |  |  |
| G0438; G0439       |  |  |  | Z00.00; Z00.01; Z00.110; Z00.111; Z00.121; Z00.129;<br>Z00.2; Z00.3; Z02.5; Z76.1; Z76.2 |  |  |  |

# EPSDT Billing Codes

| Prevention and Screening     |                                |  |  |
|------------------------------|--------------------------------|--|--|
| CBMI Percentiles             |                                | Nutrition Counseling   |  |
| <b>ICD-10</b>                | Z68.51, Z68.52, Z68.53, Z68.54 | <b>CPT:</b> 97802, 97803, 97804  | <b>HCPCS:</b> G0270, G0271, G0447, S9449, S9452, S9470 |
| Physical Activity Counseling |                                | Developmental Screening  |  |
| <b>HCPCS:</b> G0447, S9451   | <b>ICD-10:</b> Z02.5, Z71.82   | <b>CPT:</b> 96110<br><br><i>When billing for Perinatal Depression Screening on the same day as Developmental Screening, <b>append modifier 59</b> to claims.</i> |  |
| Lead Screening               |                                |  |  |
| <b>CPT:</b> 83655            |                                |  |  |

# Developmental Screening

| <b>Standardized Global Developmental Tools</b><br>(cited by Bright Futures and the AAP on Developmental Screening)   |  |
|--|--|
| Ages and Stages Questionnaire (ASQ) – 2 Months to Age 5  | Child Development Inventory (CDI) – 18 Months to Age 6                           |
| Ages and Stages Questionnaire – 3 <sup>rd</sup> Edition (ASQ-3)<br>(Recommended by the Louisiana Bureau of Family Health)  | Infant Development Inventory – Birth to 18 Months                                |
| Battelle Developmental Inventory Screening Tool (BDI-ST) – Birth to 95 Months  | Parents’ Evaluation of Developmental Status (PEDS) – Birth to Age 8              |
| Brigance Screens-II – Birth to 90 Months   | Parent’s Evaluation of Developmental Status – Developmental Milestones (PEDS-DM) |
| Communication and Symbolic Behavior Scales – Developmental Profile   | Survey of Wellbeing of Young Children (SWYC)                                     |
| <b>Chart Documentation Requirements</b>  |  |
| A note indicating the date of which the test was performed, evidence of a screening result or screening score, and the standardized tool used  |  |
| Standardized tools used to screen for specific disorders (e.g. Modified Checklist for Autism in Toddlers M-CHAT) do not meet the numerator requirement for standardized global developmental screening |  |

*For a comprehensive list of Screening Tools, please visit [AAP Screening Time](#).*

# Recommended Assessment Topics

|  |  |  |
|--|--|--|
| <a href="#"><u>Newborn Assessment</u></a>        |  | <a href="#"><u>1-Month Assessment</u></a>        |
|  |  |  |
| <a href="#"><u>2-Month Assessment</u></a>        |  | <a href="#"><u>4-Month Assessment</u></a>        |
|  |  |  |
| <a href="#"><u>6-Month Assessment</u></a>        |  | <a href="#"><u>9-Month Assessment</u></a>        |
|  |  |  |
| <a href="#"><u>12-Month Assessment</u></a>       |  | <a href="#"><u>15-Month Assessment</u></a>       |
|  |  |  |
| <a href="#"><u>18-Month Assessment</u></a>       |  | <a href="#"><u>24-Month Assessment</u></a>       |
|  |  |  |
| <a href="#"><u>30-Month Assessment</u></a>       |  | <a href="#"><u>3-Year-Old Assessment</u></a>     |
|  |  |  |
| <a href="#"><u>4-Year-Old Assessment</u></a>     |  | <a href="#"><u>5/6-Year-Old Assessment</u></a>   |
|  |  |  |
| <a href="#"><u>7/8-Year-Old Assessment</u></a>   |  | <a href="#"><u>9/10-Year-Old Assessment</u></a>  |
|  |  |  |
| <a href="#"><u>11/14-Year-Old Assessment</u></a> |  | <a href="#"><u>15/17-Year-Old Assessment</u></a> |
|  |  |  |
| <a href="#"><u>18/21-Year-Old Assessment</u></a> |  |  |
|  |  |  |

## Newborn Assessment

| Physical Exam                  | Risk Assessment / Screening        | Development                     | Behavioral / Social      | Anticipatory Guidance                  | History                                    |
|--------------------------------|------------------------------------|---------------------------------|--------------------------|--|--|
| Weight / Length / Percentile   | Blood Pressure                     | Suck / Swallow                  | Parental Concerns        | Car Seat / Rear Facing                 | Hospital Course / Exams / Screenings       |
| Head Circumference             | Hearing                            | Breathes Easily                 | Support for Mother       | Smoke Free Environment                 | Hepatitis B                                |
| TPR                            | Vision                             | Turns / Calms to Mother's Voice | Family Make Up           | Smoke Detectors                        | Weeks of Gestation                         |
| General Appearance             | Metabolic / Hemoglobinopathy       | Eats Well                       | Major Changes in Family  | Hot Water Temperature < 120            | Birth Weight                               |
| Head / Fontanel                |                                    |                                 | Changes in Family Health | No Bottle Propping                     | Issues / Concerns                          |
| Neck                           |                                    |                                 |                          | Sleep On Back                          |  |
| Eyes / Red Reflex / Strabismus |                                    |                                 |                          | Well Fitted Crib Mattress / No Pillows |  |
| Ears / Nose / Mouth / Throat   |                                    |                                 |                          | Never Shake Baby                       |  |
| Lungs                          | <b>Nutrition</b>                   | <b>Common Problems</b>          |                          | Nutrition / Feedings                   | <b>Plan / Referrals</b>                    |
| Heart                          | Breast / How Long / Frequency      | Constipation                    |                          | No Solid Foods                         | Immunization Status                        |
| Abdomen                        | Formula / oz. / Frequency          | Sleep                           |                          | Sponge Bath                            | Hepatitis B #1 (If Indicated)              |
| Femoral Pulses                 | Water Source – Well/ City / Bottle | Splitting Up                    |                          | Cord, Circumcision Care                | Ophthalmology Referral (If <32 Weeks Gest) |
| Umbilical Cord                 | Number of Wet Diapers / Day        | Excessive Crying                |                          | Bowel Movements                        |  |
| Genitalia (Male – Testes)      | Stools / Day                       |                                 |                          | General Newborn Care                   |  |
| Spine                          | WIC                                |                                 |                          | Temperature – Fever > 100.4            |  |
| Hips                           |                                    |                                 |                          | When To Call Doctor                    |  |
| Skin                           |                                    |                                 |                          |  |  |
| Neuro                          |                                    |                                 |                          |  |  |

## One Month Assessment

| Physical Exam                  | Risk Assessment / Screening        | Development               | Behavioral / Social             | Anticipatory Guidance                  | History                  |
|--------------------------------|------------------------------------|---------------------------|---------------------------------|--|--------------------------|
| Weight / Length / Percentile   | Blood Pressure                     | Lifts Head When Prone     | Maternal / Caregiver Depression | Car Seat / Rear Facing                 | Follow-Up Previous Visit |
| Head Circumference             | Hearing                            | Begins to Smile           | Parental Concerns               | Smoke Free Environment                 | Medication Review        |
| TPR                            | Vision                             | Follows Parents with Eyes | Vision                          | Smoke Detectors                        | Interval History         |
| General Appearance             | Metabolic / Hemoglobinopathy       | Turns to Parents' Voices  | Hearing                         | Hot Water Temperature < 120            | Changes in Family Health |
| Head / Fontanel                | Tuberculosis                       |                           | Development                     | No Bottle Propping                     |                          |
| Neck                           |                                    |                           |                                 | Sleep On Back / Tummy Time             |                          |
| Eyes / Red Reflex / Strabismus |                                    |                           |                                 | Well Fitted Crib Mattress / No Pillows |                          |
| Ears / Nose / Mouth / Throat   |                                    |                           |                                 | Never Shake Baby                       |                          |
| Lungs                          | <b>Nutrition</b>                   | <b>Common Problems</b>    | <b>Social / Family History</b>  | Nutrition / Feedings                   | <b>Plan / Referrals</b>  |
| Heart                          | Breast / How Long / Frequency      | Constipation              | Parent / Child Adjustment       | No Solid Foods                         | Immunization Status      |
| Abdomen                        | Formula / oz. / Frequency          | Sleep                     | Major Changes in Family         | Sponge Bath                            | Hepatitis B              |
| Femoral Pulses                 | Water Source – Well/ City / Bottle | Splitting Up              | Maternal Depression             | Cord, Circumcision Care                | Vitamin D if Breastfed   |
| Umbilical Cord                 | Number of Wet Diapers / Day        | Excessive Crying          | Mother Support                  | Bowel Movements                        | TB Test If at Risk       |
| Genitalia (Male – Testes)      | Stools / Day                       | Colic                     | Sibling Response to Baby        | General Newborn Care                   |                          |
| Spine                          | WIC                                | Stuffy Nose               | Child Care Plans                | Temperature – Fever > 100.4            |                          |
| Hips                           |                                    |                           | Work Plans                      | When To Call Doctor                    |                          |
| Skin                           |                                    |                           | Violence / Abuse                | Avoid Anything Around Baby's Neck      |                          |
| Neuro                          |                                    |                           |                                 | Elimination                            |                          |

## Two Month Assessment

| Physical Exam                  | Risk Assessment / Screening        | Development                    | Behavioral / Social             | Anticipatory Guidance        | History                      |
|--------------------------------|------------------------------------|--------------------------------|---------------------------------|------------------------------|------------------------------|
| Weight / Length / Percentile   | Blood Pressure                     | Begins to Push Up When Prone   | Maternal / Caregiver Depression | Car Seat / Rear Facing       | Follow-Up Previous Visit     |
| Head Circumference             | Hearing                            | Holds Head Up When Held        | Parental Concerns               | Smoke Free Environment       | Medication Review            |
| TPR                            | Vision                             | Begins to Smile                | Vision                          | Smoke Detectors              | Interval History             |
| General Appearance             | Metabolic / Hemoglobinopathy       | Follows Parent with Eyes       | Hearing                         | Hot Water Temperature < 120  | Special Health Care Needs    |
| Head / Fontanel                |                                    | Turns to Parent Voices         | Development                     | No Bottle Propping           | Changes in Family Health     |
| Neck                           |                                    | Coos                           |                                 | Sleep On Back / Tummy Time   |                              |
| Eyes / Red Reflex / Strabismus |                                    | Self-Comfort                   |                                 | Crib Safety                  |                              |
| Ears / Nose / Mouth / Throat   |                                    | Cries When Bored (No Activity) |                                 | Never Shake Baby             |                              |
| Lungs                          |                                    | Symmetrical Movement           |                                 | Bath Safety                  |                              |
| Heart                          | <b>Nutrition</b>                   | <b>Common Problems</b>         |                                 | Nutrition / Feedings         | <b>Plan / Referrals</b>      |
| Abdomen                        | Breast / How Long / Frequency      | Constipation                   |                                 | Delay Solids                 | Immunization Status          |
| Femoral Pulses                 | Formula / oz. / Frequency          | Sleep                          |                                 | Elimination                  | DTap, IPV, HiB, Hep B, PCV-7 |
| Umbilical Cord                 | Water Source – Well/ City / Bottle | Splitting Up                   |                                 | Techniques to Calm           | Vitamin D if Breastfed       |
| Genitalia (Male – Testes)      | Cereal                             | Excessive Crying               |                                 | Rolling Over / Prevent Falls |                              |
| Spine                          | Stools / Day                       | Colic                          |                                 | When To Call Doctor          |                              |
| Hips                           | WIC                                | Stuffy Nose                    |                                 |                              |                              |
| Skin                           |                                    | Diaper Rash                    |                                 |                              |                              |
| Neuro                          |                                    |                                |                                 |                              |                              |

## Four Month Assessment

| Physical Exam                  | Risk Assessment / Screening        | Development                   | Behavioral / Social | Anticipatory Guidance             | History                     |
|--------------------------------|------------------------------------|-------------------------------|---------------------|-----------------------------------|-----------------------------|
| Weight / Length / Percentile   | Blood Pressure                     | Push Up to Elbows When Prone  | Parental Concerns   | Car Seat / Rear Facing            | Follow-Up Previous Visit    |
| Head Circumference             | Hearing                            | Head Control                  | Vision              | Smoke Free Environment            | Medication Review           |
| TPR                            | Vision                             | Rolls and Reaches for Objects | Development         | Smoke Detectors                   | Interval History            |
| General Appearance             | Anemia Risk Assessment             | Responds to Affection         |                     | Hot Water Temperature < 120       | Special Health Care Needs   |
| Head / Fontanel                |                                    | Babbles and Coos              |                     | No Bottle Propping                | Changes in Family Health    |
| Neck                           |                                    | Self-Comfort                  |                     | Sleep On Back / Tummy Time        |                             |
| Eyes / Red Reflex / Strabismus |                                    |                               |                     | Crib Safety                       |                             |
| Ears / Nose / Mouth / Throat   |                                    |                               |                     | Never Shake Baby                  |                             |
| Lungs                          | <b>Nutrition</b>                   | <b>Common Problems</b>        |                     | Nutrition / Feedings              | <b>Plan / Referrals</b>     |
| Heart                          | Breast / How Long / Frequency      | Constipation                  |                     | Solid Foods – When and How to Add | Immunization Status         |
| Abdomen                        | Formula / oz. / Frequency          | Sleep                         |                     | Bath Safety                       | DTap, IPV, HiB, HepB, PCV-7 |
| Femoral Pulses                 | Water Source – Well/ City / Bottle | Splitting Up                  |                     | Weight Gain                       | Rotavirus                   |
| Umbilical Cord                 | Cereal                             | Excessive Crying              |                     | Elimination                       | Vitamin D if Breastfed      |
| Genitalia (Male – Testes)      | Other Liquids                      | Colic                         |                     | Walkers                           |                             |
| Spine                          | WIC                                | Stuffy Nose                   |                     | Rolling Over / Prevent Falls      |                             |
| Hips                           |                                    | Diaper Rash                   |                     | When To Call Doctor               |                             |
| Skin                           |                                    |                               |                     | Choking                           |                             |
| Neuro                          |                                    |                               |                     |                                   |                             |



## Six Month Assessment

| Physical Exam                  | Risk Assessment / Screening        | Development                   | Behavioral / Social             | Anticipatory Guidance             | History                     |
|--------------------------------|------------------------------------|-------------------------------|---------------------------------|-----------------------------------|-----------------------------|
| Weight / Length / Percentile   | Blood Pressure                     | Able to Sit Briefly           | Maternal / Caregiver Depression | Car Seat / Rear Facing            | Follow-Up Previous Visit    |
| Head Circumference             | Hearing                            | Head Control                  | Parental Concern                | Smoke Free Environment            | Medication Review           |
| TPR                            | Vision                             | Rolls and Reaches for Objects | Vision                          | Smoke Detectors                   | Interval History            |
| General Appearance             | Anemia Risk Assessment             | Responds to Affection         | Hearing                         | Hot Water Temperature < 120       | Special Health Care Needs   |
| Head / Fontanel                | Tuberculosis Risk Screening        | Jabbers and Laughs            | Development                     | No Bottle Propping                | Changes in Family Health    |
| Neck                           | Dental / Oral                      | Self-Comfort                  |                                 | Sleep On Back / Tummy Time        |                             |
| Eyes / Red Reflex / Strabismus | Lead Risk Screening                | Puts Things in Mouth          |                                 | Kitchen Safety                    |                             |
| Ears / Nose / Mouth / Throat   |                                    |                               |                                 | Brushing Teeth                    |                             |
| Lungs                          | <b>Nutrition</b>                   | <b>Common Problems</b>        |                                 | Nutrition / Feedings              | <b>Plan / Referrals</b>     |
| Heart                          | Breast / How Long / Frequency      | Constipation                  |                                 | Solid Foods – When and How to Add | Immunization Status         |
| Abdomen                        | Formula / oz. / Frequency          | Sleep                         |                                 | Drinking From a Cup               | DTap, IPV, HiB, HepB, PCV-7 |
| Femoral Pulses                 | Water Source – Well/ City / Bottle | Splitting Up                  |                                 | Elimination                       | Rotavirus                   |
| Umbilical Cord                 | Cereal                             | Excessive Crying              |                                 | Walkers                           | Vitamin D if Breastfed      |
| Genitalia (Male – Testes)      | Other Liquids                      | Colic                         |                                 | Rolling Over / Prevent Falls      | Lead Screening if At Risk   |
| Spine                          | WIC                                | Stuffy Nose                   |                                 | Choking - Finger Foods            | TB Test if At Risk          |
| Hips                           |                                    | Diaper Rash                   |                                 | Teething                          | Fluoride if Indicated       |
| Skin                           |                                    |                               |                                 |                                   |                             |
| Neuro                          |                                    |                               |                                 |                                   |                             |

## Nine Month Assessment

| Physical Exam                  | Risk Assessment / Screening        | Development                    | Behavioral                 | Anticipatory Guidance        | History                     |
|--------------------------------|------------------------------------|--------------------------------|----------------------------|------------------------------|-----------------------------|
| Weight / Length / Percentile   | Blood Pressure                     | Sits Well                      | Parental Concern           | Car Seat / Rear Facing       | Follow-Up Previous Visit    |
| Head Circumference             | Hearing                            | Pulls to Stand                 | Vision                     | Smoke Free Environment       | Medication Review           |
| TPR                            | Vision                             | Crawls                         | Hearing                    | Smoke Detectors              | Interval History            |
| General Appearance             | Dental / Oral                      | Imitates Sounds                | Development                | Sleep and Daily Routines     | Special Health Care Needs   |
| Head / Fontanel                | Lead Risk Screening                | Plays Peek-A-Boo               | Goes to Parent for Comfort | Burns                        | Changes in Family Health    |
| Neck                           |                                    | Puts Things in Mouth           | Stranger Anxiety           | Drowning                     |                             |
| Eyes / Red Reflex / Strabismus |                                    | Looks for Dropped Items        |                            | Age-Appropriate Discipline   |                             |
| Ears / Nose / Mouth / Throat   |                                    |                                |                            | No Bottle in Bed or Propping |                             |
| Lungs                          | <b>Nutrition</b>                   | <b>Social / Family History</b> |                            | First Dental Visit           | <b>Plan / Referrals</b>     |
| Heart                          | Breast / How Long / Frequency      | Major Changes in Family        |                            | Child-Proof Home             | Immunization Status         |
| Abdomen                        | Formula / oz. / Frequency          | Family Support                 |                            | Drinking From a Cup          | DTap, IPV, HiB, HepB, PCV-7 |
| Femoral Pulses                 | Water Source – Well/ City / Bottle | Child Care                     |                            | Self - Feeding / Solid Foods | Rotavirus                   |
| Umbilical Cord                 | Cereal                             | Violence or Abuse              |                            | Separation Anxiety           | Vitamin D if Breastfed      |
| Genitalia (Male – Testes)      | Other Liquids                      | Talk / Read to Baby            |                            | Falls / Window Guards        | Lead Screening if At Risk   |
| Spine                          | WIC                                |                                |                            | Choking - Finger Foods       | TB Test if At Risk          |
| Hips                           |                                    |                                |                            | Teething / Brushing Teeth    | Fluoride if Indicated       |
| Skin                           |                                    |                                |                            | Poisons                      |                             |
| Neuro                          |                                    |                                |                            | No TV                        |                             |

**Twelve Month Assessment**

| <b>Physical Exam</b>           | <b>Risk Assessment / Screening</b> | <b>Development</b>                | <b>Behavioral</b>        | <b>Anticipatory Guidance</b> | <b>History</b>   |
|--------------------------------|------------------------------------|-----------------------------------|--------------------------|------------------------------|--|
| Weight / Length / Percentile   | Blood Pressure                     | Waves Bye-Bye                     | Parental Concern         | Car Seat / Rear Facing       | Follow-Up Previous Visit                                 |
| Head Circumference             | Hearing                            | Pulls to Stand / Walks Holding On | Vision                   | Smoke Free Environment       | Medication Review  |
| TPR                            | Vision                             | Copies Gestures                   | Hearing                  | Smoke Detectors              | Interval History   |
| General Appearance             | Dental / Oral                      | Imitates Sounds                   | Development              | Sleep and Daily Routines     | Special Health Care Needs                                |
| Head / Fontanel                | Lead Risk Screening                | Plays Peek-A-Boo                  | Praise for Good Behavior | Burns                        | Changes in Family Health                                 |
| Neck                           | Anemia Screening                   | Follows Simple Directions         | Stranger Anxiety         | Drowning                     | Changes / Concerns in Child Health                       |
| Eyes / Red Reflex / Strabismus | TB Risk Assessment                 | Says 1 or 2 Words                 | Separation Anxiety       | Age-Appropriate Discipline   |  |
| Ears / Nose / Mouth / Throat   |                                    | Drinks From a Cup                 |                          | No Bottle in Bed or Propping |  |
| Lungs                          | <b>Nutrition</b>                   | <b>Social / Family History</b>    |                          | Weaning                      | <b>Plan / Referrals</b>                                  |
| Heart                          | Breast / How Long / Frequency      | Major Changes in Family           |                          | Child-Proof Home             | Immunization Status                                      |
| Abdomen                        | Formula / oz. / Frequency          | Family Support                    |                          | Drinking From a Cup          | Varicella, PCV-7, Hib, Hep B, Hep A, IPV, MMR, Influenza |
| Femoral Pulses                 | Water Source – Well/ City / Bottle | Child Care                        |                          | Self - Feeding / Solid Foods | Catch-Up Immunizations                                   |
| Genitalia (Male – Testes)      | Cereal                             | Violence or Abuse                 |                          | Separation Anxiety           | Vitamin D if Breastfed                                   |
| Spine                          | Other Liquids                      |                                   |                          | Falls / Window Guards        | Dental Home or Referral                                  |
| Hips                           | WIC                                |                                   |                          | Choking - Finger Foods       | Blood Lead Screen  |
| Skin                           | Weaned                             |                                   |                          | Teething / Brushing Teeth    | TB Test, If at Risk                                      |
| Neuro                          |                                    |                                   |                          | Poisons                      | Hematocrit or Hemoglobin                                 |
|                                |                                    |                                   |                          | No TV                        |  |

**Fifteen Month Assessment**

| <b>Physical Exam</b>           | <b>Risk Assessment / Screening</b>                 | <b>Development</b>             | <b>Behavioral</b>  | <b>Anticipatory Guidance</b> | <b>History</b>  |
|--------------------------------|--|--------------------------------|--|------------------------------|---|
| Weight / Length / Percentile   | Blood Pressure                                     | Says 2 or 3 Words              | Parental Concern   | Car Seat Safety              | Follow-Up Previous Visit                                      |
| Head Circumference             | Hearing  | Walks Well                     | Vision   | Carbon Monoxide Detectors    | Medication Review   |
| TPR                            | Vision   | Bends Down Without Falling     | Hearing  | Smoke Detectors              | Interval History  |
| General Appearance             |  | Scribbles                      | Development  | Consistent Bedtime Routine   | Special Health Care Needs                                     |
| Head / Fontanel                |  | Tries to do What Others Do     | Temper Tantrums - Timeouts                                 | Burns                        | Changes in Family Health                                      |
| Neck                           |  | Follows Simple Commands        | Discourage Hitting, Biting, and Other Aggressive Behaviors | First Dentist Visit          |   |
| Eyes / Red Reflex / Strabismus |  | Listens to a Story             |  | Age-Appropriate Discipline   |   |
| Ears / Nose / Mouth / Throat   |  | Puts a Block in a Cup          |  | Puts Block in a Cup          |   |
| Lungs                          | <b>Nutrition</b>                                   |                                |  | Healthy Food / Snack Choices | <b>Plan / Referrals</b>                                       |
| Heart                          | Breast / How Long / Frequency                      | <b>Social / Family History</b> |  | Child-Proof Home             | Immunization Status   |
| Abdomen                        | Formula / Oz. / Frequency / Brand - with Iron      | Major Changes in Family        |  | Falls                        | MMR, HiB, Varicella, PCV-7, Hep B, Hep A, DTap, Immunizations |
| Femoral Pulses                 | Cereal   | Family Support                 |  | Poisons                      | Catch-Up Immunizations  |
| Genitalia (Male – Testes)      | Water Source - Well / City / Bottled / Fluoridated | Talk / Read to Baby            |  | No TV                        | Dental Home or Referral                                       |
| Spine                          | WIC  | Violence or Abuse              |  | Whole Milk                   | Blood Lead Screen   |
| Hips                           | Weaned   |                                |  |                              | TB Test, If at Risk   |
| Skin                           |  |                                |  |                              | Fluoride, if Indicated  |
| Neuro                          |  |                                |  |                              |   |

## Eighteen Month Assessment

| Physical Exam                  | Risk Assessment / Screening                        | Development                    | Behavioral   | Anticipatory Guidance        | History                            |
|--------------------------------|--|--------------------------------|--|------------------------------|------------------------------------|
| Weight / Length / Percentile   | Blood Pressure                                     | Says 6 Words                   | Parental Concern   | Car Seat Safety              | Follow-Up Previous Visit           |
| Head Circumference             | Hearing  | Walks Up Steps                 | Vision   | Carbon Monoxide Detectors    | Medication Review                  |
| TPR                            | Vision   | Runs                           | Hearing  | Smoke Detectors              | Interval History                   |
| General Appearance             | Anemia Risk Screening                              | Laughs in Response to Others   | Development  | Consistent Bedtime Routine   | Special Health Care Needs          |
| Head / Fontanel                | Lead Risk Screening                                | Points to One Body Part        | Temper Tantrums - Timeouts                                 | Burns                        | Changes in Family Health           |
| Neck                           | Tuberculosis Risk Assessment                       | Uses Spoon and Cup             | Discourage Hitting, Biting, and Other Aggressive Behaviors | First Dentist Visit          | Changes / Concerns in Child Health |
| Eyes / Red Reflex / Strabismus | Autism Screening                                   | Stacks Two Blocks              |  | Age-Appropriate Discipline   |                                    |
| Ears / Nose / Mouth / Throat   |  | Points at Objects              |  | Puts Block in a Cup          |                                    |
| Lungs                          | <b>Nutrition</b>                                   | Helps to Dress / Undress       |  | Healthy Food / Snack Choices | <b>Plan / Referrals</b>            |
| Heart                          | Weaned - Bottle / Breast                           | <b>Social / Family History</b> |  | Child-Proof Home             | Immunization Status                |
| Abdomen                        | Fruits   | Major Changes in Family        |  | Falls                        | DTap, MMR, Hep B, Hep A, Influenza |
| Femoral Pulses                 | Vegetables   | Family Support                 |  | Poisons                      | Catch-Up Immunizations             |
| Genitalia (Male – Testes)      | Meat   | Talk / Read / Sing to Baby     |  | No TV                        | Dental Home or Referral            |
| Spine                          | Appetite   | Violence or Abuse              |  | Whole Milk                   | Blood Lead Screen                  |
| Hips                           | Dairy  |                                |  |                              | TB Test, If at Risk                |
| Skin                           | Water Source - Well / City / Bottled / Fluoridated |                                |  |                              | Fluoride, if Indicated             |
| Neuro                          | WIC  |                                |  |                              | Lead Screen, If at Risk            |

**Twenty-Four Month Assessment**

| <b>Physical Exam</b>           | <b>Risk Assessment / Screening</b>                 | <b>Development</b>                           | <b>Behavioral</b>           | <b>Anticipatory Guidance</b>       | <b>History</b>                     |
|--------------------------------|--|--|-----------------------------|------------------------------------|------------------------------------|
| Weight / Length / Percentile   | Blood Pressure                                     | Says 6 Words                                 | Parental Concern            | Car Seat Safety                    | Follow-Up Previous Visit           |
| Head Circumference             | Hearing  | Stands on Tip Toe                            | Vision                      | Carbon Monoxide Detectors          | Medication Review                  |
| TPR                            | Vision   | Runs   | Hearing                     | Smoke Detectors                    | Interval History                   |
| General Appearance             | Anemia Risk Screening                              | Knows Names of Familiar People or Body Parts | Development                 | Consistent Bedtime Routine         | Special Health Care Needs          |
| Head / Fontanel                | Lead Risk Screening                                | Plays Alongside with Other Children          | Temper Tantrums - Timeouts  | Burns                              | Changes in Family Health           |
| Neck                           | Tuberculosis Risk Assessment                       | Throws a Ball Overhand                       | Playing with Other Children | First Dentist Visit                | Changes / Concerns in Child Health |
| Eyes / Red Reflex / Strabismus | Autism Screening                                   | Stacks Five to Six Blocks                    | Self-Expression             | Age-Appropriate Discipline         |                                    |
| Ears / Nose / Mouth / Throat   | Dyslipidemia Risk Assessment                       | Turns Pages of Book 1 at a Time              |                             | Physical Activity                  |                                    |
| Lungs                          | <b>Nutrition</b>                                   |  |                             | Bike Helmet                        | <b>Plan / Referrals</b>            |
| Heart                          | Weaned - Bottle / Breast                           | <b>Social / Family History</b>               |                             | Picky Eater                        | Immunization Status                |
| Abdomen                        | Fruits   | Major Changes in Family                      |                             | Supervise Outside                  | Hep A, Influenza                   |
| Femoral Pulses                 | Vegetables   | Family Support                               |                             | Guns                               | Catch-Up Immunizations             |
| Genitalia (Male – Testes)      | Meat   | Talk / Read / Sing to Baby                   |                             | Poisons                            | Dental Home or Referral            |
| Spine                          | Appetite   | Violence or Abuse                            |                             | Limit TV to One or Two Hours / Day | Blood Lead Screen                  |
| Hips                           | Dairy  |  |                             | Toilet Training                    | TB Test, If at Risk                |
| Skin                           | Water Source - Well / City / Bottled / Fluoridated |  |                             |                                    | Fluoride, if Indicated             |
| Neuro                          | WIC  |  |                             |                                    | Lead Screen, If at Risk            |
|                                |  |  |                             |                                    | Autism Screen                      |

### 30-Month Assessment

| Physical Exam                 | Risk Assessment/Screening                       | Development                      | Anticipatory Guidance Topics     | History                   |
|-------------------------------|---|----------------------------------|----------------------------------|---------------------------|
| Height/Weight %-BMI           | Blood Pressure                                  | Puts 3 to 4 Words Together       | Car Seat Safety                  | Follow-Up Previous Visit  |
| Vital Signs: BP, T, R, P      | Hearing   | Jumps Up and Down                | Smoke/Carbon Monoxide Detectors  | Medication Review         |
| General Appearance            | Vision  | Washes and Dries Hands           | Smoke Free Environment           | Interval History          |
| Head / Fontanel               | Dental Home                                     | Knows Animal Sounds              | Child-Proof Home                 | Special Healthcare Needs  |
| Neck                          |   | Imaginary Play                   | Outdoor Safety                   | Changes in Family History |
| Eyes / Red Reflex / Alignment |   | Urinates in a Potty or Toilet    | Consistent Routines              |                           |
| Ears, Nose, Mouth/Throat      |   | Plays Pretend With Toys or Dolls | Sun Exposure                     |                           |
| Teeth: Caries, Staining Spots | Nutrition                                       | Pokes Food with Fork             | Physical Activity                |                           |
| Lungs                         | Fruits  | Names at Least One Color         | Supervise Outside, Street Safety | Plans/Referrals           |
| Heart                         | Vegetables                                      | Runs Without Falling             | Poisons                          | Immunization Status       |
| Abdomen                       | Meat  | Catches Large Ball               | Guns                             | Influenza                 |
| Femoral Pulses                | Appetite  | Behavioral                       | Limit TV to 1 to 2 Hours/Day     | Catch Up Immunizations    |
| Genitalia (male-testes)       | Dairy   | Parental Concerns                | Toilet Training                  | Fluoride -If Indicated    |
| Spine                         | Water Source: Well, City or Bottle, Fluoridated | Vision                           |                                  | Dental Home or Referral   |
| Musculoskeletal               | WIC   | Hearing                          | Social/Family History            |                           |
| Skin                          | Picky Eater                                     | Development                      | Changes Since Last Visit         |                           |
| Neuro                         |   | Plays with Other Children        | Parents Working Outside Home     |                           |
|                               |   | Screen Time < 2 hours            | Child Care Type                  |                           |
|                               |   | Temperament                      | Daily Reading                    |                           |
|                               |   | Set Limits                       | Preschool                        |                           |

### 3-Year Old Assessment

| Physical Exam                 | Risk Assessment/Screening                       | Development                                 | Anticipatory Guidance Topics     | History                   |
|-------------------------------|---|---|----------------------------------|---------------------------|
| Height/Weight %-BMI           | Blood Pressure                                  | Uses 3 Word Sentences                       | Car Seat Safety                  | Follow-Up Previous Visit  |
| Vital Signs: BP, T, R, P      | Hearing   | Pedals a Tricycle                           | Smoke/Carbon Monoxide Detectors  | Medication Review         |
| General Appearance            | Vision  | Jumps Forward                               | Smoke Free Environment           | Interval History          |
| Head / Fontanel               | Dental Home                                     | Understands Simple Prepositions (on, under) | Child-Proof Home                 | Special Healthcare Needs  |
| Neck                          | <b>Nutrition</b>                                | Draws a Single Circle                       | Outdoor Safety                   | Changes in Family History |
| Eyes / Red Reflex / Alignment | Fruits  | Goes to Bathroom and Urinates by Self       | Consistent Routines              |                           |
| Ears, Nose, Mouth/Throat      | Vegetables                                      | Eats Independently                          | Sun Exposure                     |                           |
| Teeth: Caries, Staining Spots | Meat  | Begins to Play Make Believe                 | Physical Activity                |                           |
| Lungs                         | Appetite  | Cuts with Child Scissors                    | Supervise Outside, Street Safety | <b>Plans/Referrals</b>    |
| Heart                         | Dairy   | <b>Behavioral</b>                           | Poisons                          | Immunization Status       |
| Abdomen                       | Water Source: Well, City or Bottle, Fluoridated | Parental Concerns                           | Guns                             | Influenza                 |
| Femoral Pulses                | WIC   | Vision                                      | Limit TV to 1 to 2 hours/day     | Catch Up Immunizations    |
| Genitalia (male-testes)       | <b>Social/Family History</b>                    | Hearing                                     | Giving Choices                   | Fluoride - If Indicated   |
| Spine                         | Changes Since Last Visit                        | Development                                 | Play with Other Children         | Dental Home or Referral   |
| Musculoskeletal               | Parents Working Outside Home                    | Plays with Other Children                   | Toilet Training                  |                           |
| Skin                          | Child Care Type                                 | Screen Time < 2 Hours                       | Sibling Relationships            |                           |
| Neuro                         | Read, Sing, Play                                | Manage Anger                                | Pets                             |                           |
|                               | Preschool                                       | Reinforce Good Behavior                     |                                  |                           |



### 4-Year Old Assessment

| Physical Exam                 | Risk Assessment/Screening                              | Development                       | Anticipatory Guidance Topics     | History                   |
|-------------------------------|--|-----------------------------------|----------------------------------|---------------------------|
| Height/Weight %-BMI           | Hearing-Audiometry                                     | Uses 4-Word Sentences             | Appropriate Car Restraints       | Follow-Up Previous Visit  |
| Vital Signs: BP, T, R, P      | Vision Exam  | Hops on One Foot                  | Smoke/Carbon Monoxide Detectors  | Medication Review         |
| General Appearance            | Anemia Risk Screening                                  | Knows Name, Age and Gender        | Smoke Free Environment           | Interval History          |
| Head, Fontanel                | Lead Risk Screening                                    | Names Four Colors                 | Safety Rules with Adults         | Special Healthcare Needs  |
| Neck                          | Tuberculosis Risk Screening                            | Dresses Self                      | Daily Reading                    | Changes in Family History |
| Eyes, Red Reflex, Alignment   | Dyslipidemia Risk Assessment                           | Brushes Own Teeth                 | Consistent Routines              |                           |
| Ears, Nose, Mouth/Throat      | Assess: Language/Speech, Fine/Gross Motor Skills, Gait | Draws a Person                    | Sun Exposure                     |                           |
| Teeth: Caries, Staining Spots | Nutrition  | Behavioral                        | Daily Physical Activity          |                           |
| Lungs                         | Fruits   | Parental Concerns                 | Supervise Outside, Street Safety | Plans/Referrals           |
| Heart                         | Vegetables   | Vision                            | Bike Helmet                      | Immunization Status       |
| Abdomen                       | Meat   | Hearing                           | Poisons                          | DTap, Influenza           |
| Femoral Pulses                | Appetite   | Development                       | Guns                             | Catch Up Immunizations    |
| Genitalia (male-testes)       | Low-Fat Dairy  | Screen Time < 2 hours             | Limit TV to 1 to 2 Hours/Day     | Fluoride - If Indicated   |
| Spine                         | Eats Breakfast   | Curiosity About Sex               | Daily Physical Activity          | Dental Home or Referral   |
| Musculoskeletal               | Water Source: Well, City or Bottle, Fluoridated        | Social/Family History             | Pet Safety                       | Audiometry                |
| Skin                          |  | Changes Since Last Visit          |                                  | Lipid Profile-if At Risk  |
| Neuro                         |  | Parents Working Outside Home      |                                  |                           |
|                               |  | Preschool                         |                                  |                           |
|                               |  | Family Activities / Helps at Home |                                  |                           |
|                               |  | Parent/Child Interaction          |                                  |                           |

## 5 to 6 Year Old Assessment

| Physical Exam            | Risk Assessment/Screening                              | Development                                   | Anticipatory Guidance Topics            | History                   |
|--------------------------|--|---|---|---------------------------|
| Height/Weight %-BMI      | Hearing-Audiometry                                     | Good Language Skills                          | Appropriate Booster/Car Restraints      | Follow-Up Previous Visit  |
| Vital Signs: BP, T, R, P | Vision Exam  | Speaks Clearly                                | Smoke/Carbon Monoxide Detectors         | Medication Review         |
| General Appearance       | Anemia Risk Screening                                  | Balances on One foot                          | No Smoking in Home                      | Interval History          |
| Head, Fontanel           | Lead Risk Screening                                    | Ties a Knot/Shoes                             | Sexual Safety                           | Special Healthcare Needs  |
| Neck                     | Dental Assessment                                      | Counts to 10                                  | Swimming Safety                         | Changes in Family History |
| Eyes                     | Assess: Language/Speech, Fine/Gross Motor Skills, Gait | Prints 3 or More Simple Words Without Copying | Consistent Routines                     |                           |
| Ears, Nose, Mouth/Throat | Nutrition  | Draws a Person (six parts)                    | Sun Exposure                            |                           |
| Teeth: Caries Gingival   | Fruits   | Behavioral                                    | Safety Helmets                          |                           |
| Lungs                    | Vegetables   | Parental Concerns                             | Street Safety                           | Plans/Referrals           |
| Heart                    | Meat   | Vision  | Guns                                    | Immunization Status       |
| Abdomen                  | Appetite   | Hearing                                       | Brushing / Flossing                     | DTap, IPV, MMR, Varicella |
| Femoral Pulses           | Low-Fat Dairy  | Development / Learning                        | Limit TV                                | Influenza                 |
| Genitalia (male-testes)  | Eats Breakfast   | Attention                                     | Well-Balanced Diet, Including Breakfast | Catch Up Immunizations    |
| Spine                    | Water Source: Well, City or Bottle, Fluoridated        | Social Interaction                            | Healthy Weight                          | Fluoride - If Indicated   |
| Musculoskeletal          | Social/Family History                                  | Cooperation / Oppositional                    | Daily Physical Activity                 | Dental Referral           |
| Skin                     | Parents Working Outside Home                           | Sleep   | Bullying                                | Audiometry                |
| Neuro                    | After-School Care/Activities                           | Patience and Control Over Anger               | Harm From Adults                        |                           |
|                          | Parent / Child / Sibling Interaction                   |   |   |                           |
|                          | School Readiness                                       |   |   |                           |

## 7 to 8 Year Old Assessment

| Physical Exam               | Risk Assessment/Screening                       | Development                             | Anticipatory Guidance Topics            | History                   |
|-----------------------------|---|---|---|---------------------------|
| Height/Weight %-BMI         | Hearing   | Good Hand-Eye Coordination              | Appropriate Booster/Car Restraints      | Follow-Up Previous Visit  |
| Vital Signs: BP, T, R, P    | Vision Exam                                     | Enjoys Hobbies and Collecting           | Smoke/Carbon Monoxide Detectors         | Medication Review         |
| General Appearance          | Anemia Risk Screening                           | Uses Reflective Thinking                | No Smoking in Home                      | Interval History          |
| Head                        | Tuberculosis Risk Screening                     | May Experience Guilt/Shame              | Sexual Safety                           | Special Healthcare Needs  |
| Neck                        | Dental Assessment                               | Behavioral                              | Swimming Safety                         | Changes in Family History |
| Eyes, Red Reflex, Alignment | Alcohol/Drugs Assessment                        | Parental Concerns                       | Consistent Routines                     |                           |
| Ears, Nose, Mouth/Throat    |   | Vision                                  | Sun Exposure                            |                           |
| Teeth: Caries Gingival      | Nutrition                                       | Hearing                                 | Safety Helmets and Pads                 |                           |
| Lungs                       | Fruits  | Development/Learning                    | Street Safety                           | Plans/Referrals           |
| Heart                       | Vegetables                                      | Participates in After-School Activities | Guns                                    | Immunization Status       |
| Abdomen                     | Meat  | Doing Well in School                    | Brushing/Flossing                       | Influenza                 |
| Femoral Pulses              | Appetite  | Homework                                | Limit TV and Screen time                | Catch Up Immunizations    |
| Breast/Genitalia            | Low-Fat Dairy                                   | Sleep                                   | Well-Balanced Diet, Including Breakfast | Fluoride - If Indicated   |
| Sexual Maturity             | Eats Breakfast                                  | Social/Family History                   | Healthy Weight                          |                           |
| Spine                       | Water Source: Well, City or Bottle, Fluoridated | Changes Since Last Visit                | Daily Physical Activity                 |                           |
| Musculoskeletal             |   | Parents Working Outside Home            | Bullying                                |                           |
| Skin                        |   | After-School Care/Activities            | Harm From Adults                        |                           |
| Neuro                       |   | Parent/Teacher Concerns                 |   |                           |
|                             |   | Eats Meals as a Family                  |   |                           |

## 9 to 10 Year Old Assessment

| Physical Exam            | Risk Assessment/Screening                            | Development                    | Anticipatory Guidance Topics            | History                   |
|--------------------------|--|--------------------------------|---|---------------------------|
| Height/Weight %-BMI      | Hearing  | Rough and Tumble Play          | Appropriate Booster/Car Restraints      | Follow-Up Previous Visit  |
| Vital Signs: BP, T, R, P | Vision Exam  | Enjoys Team Games              | Smoke/Carbon Monoxide Detectors         | Medication Review         |
| General Appearance       | Anemia Risk Screening                                | Likes Complex Crafts and Tasks | No Smoking in Home                      | Interval History          |
| Head                     | Tuberculosis Risk Screening                          | Capable of Longer Interests    | Sexual Safety                           | Special Healthcare Needs  |
| Neck                     | Dental Assessment                                    | Behavioral                     | Swimming Safety                         | Changes in Family History |
| Eyes                     | Alcohol/Drugs Assessment                             | Parental Concerns              | Consistent Routines                     |                           |
| Ears, Nose, Mouth/Throat | Lipid Screening (once between 9 and 11 years of age) | Vision                         | Sun Exposure                            |                           |
| Teeth: Caries Gingival   | Nutrition  | Hearing                        | Safety Helmets and Pads                 |                           |
| Lungs                    | Fruits   | Development/Learning           | Guns                                    | Plans/Referrals           |
| Heart                    | Vegetables   | Self-Control                   | Brushing/Flossing                       | Immunization Status       |
| Abdomen                  | Meat   | Sense of Accomplishment        | Limit TV and Screen Time                | Influenza                 |
| Femoral Pulses           | Appetite   | Competitive                    | Well-Balanced Diet, Including Breakfast | Catch Up Immunizations    |
| Breast/Genitalia         | Low-Fat Dairy  | Social/Family History          | Healthy Weight                          | Fluoride - If Indicated   |
| Sexual Maturity          | Eats Breakfast                                       | Changes Since Last Visit       | Daily Physical Activity                 |                           |
| Spine                    | Water Source: Well, City or Bottle, Fluoridated      | Parents Working Outside Home   | Bullying                                |                           |
| Musculoskeletal          |  | After-School Care/Activities   |   |                           |
| Skin                     |  | Parent/Teacher Concerns        |   |                           |
| Neuro                    |  | More Independent               |   |                           |
|                          |  | Very Conscious of Fairness     |   |                           |

## 11 to 14 Year Old Assessment

| Physical Exam            | Risk Assessment/Screening                            | Development  | Anticipatory Guidance Topics            | History                   |
|--------------------------|--|--|---|---------------------------|
| Height/Weight %-BMI      | Hearing  | Pubic and Underarm Hair Growth                           | Seat Belts                              | Follow-Up Previous Visit  |
| Vital Signs: BP, T, R, P | Vision Exam  | Girls: Breast Development, Menarche, Rapid Growth Spurt  | Smoke/Carbon Monoxide Detectors         | Medication Review         |
| General Appearance       | Anemia Risk Screening                                | Boys: Voice Changes, Genital Growth, Nocturnal Emissions | No Smoking in Home                      | Interval History          |
| Head                     | Tuberculosis Risk Screening                          | Understand Abstract Ideas                                | Sexual Safety                           | Special Healthcare Needs  |
| Neck                     | Dental Assessment                                    | Engages in Positive Way With the Life of the Community   | How to Prevent Pregnancy/STDs, HIV      | Changes in Family History |
| Eyes                     | Alcohol/Drugs Assessment                             | Exhibits Compassion and Empathy                          | Sun Exposure                            |                           |
| Ears, Nose, Mouth/Throat | Cervical Dysplasia Risk Screening                    | Behavioral   | Sports Safety-Helmet, Water             |                           |
| Teeth: Caries Gingival   | STI Risk Screening                                   | Parental Concerns  | Street Safety                           |                           |
| Lungs                    | Lipid Screening (once between 9 and 11 years of age) | Vision   | Guns                                    | Plans/Referrals           |
| Heart                    | Depression Screening                                 | Hearing  | Oral Hygiene                            | Immunization Status       |
| Abdomen                  | Nutrition  | Development/Learning                                     | Limit TV and Screen Time                | Influenza                 |
| Femoral Pulses           | Fruits   | Develop More Philosophies                                | Well-Balanced Diet, Including Breakfast | Catch Up Immunizations    |
| Breast/Genitalia         | Vegetables   | Self Esteem  | Healthy Weight                          | Fluoride - If Indicated   |
| Sexual Maturity          | Meat   | Sexual Activity  | Daily Physical Activity                 |                           |
| Spine                    | Appetite   | Social/Family History                                    | Bullying                                |                           |
| Musculoskeletal          | Low-Fat Dairy  | Changes Since Last Visit                                 | Adequate Sleep                          |                           |
| Skin                     | Eats Breakfast                                       | After-School Activities                                  | Stress Management                       |                           |
| Neuro                    | Water Source: Well, City or Bottle, Fluoridated      | Family Relationships                                     | Anger Management                        |                           |

## 15 to 17 Year Old Assessment

| Physical Exam            | Risk Assessment/Screening                             | Development   | Anticipatory Guidance Topics            | History                   |
|--------------------------|---|---|---|---------------------------|
| Height/Weight %-BMI      | Hearing   | Girls: Full Physical Development                        | Seat Belts                              | Follow-Up Previous Visit  |
| Vital Signs: BP, T, R, P | Vision Exam   | Boys: Voice Lowers, Facial Hair, Gain Muscle and Height | Smoke/Carbon Monoxide Detectors         | Medication Review         |
| General Appearance       | Anemia Risk Screening                                 | Interest in New Music, Fashion                          | No Smoking in Home                      | Interval History          |
| Head                     | Tuberculosis Risk Screening                           | Solve Problems  | Sexual Safety                           | Special Healthcare Needs  |
| Neck                     | Dental Assessment                                     | More Aware-Sexual Orientation                           | How to Prevent Pregnancy/STDs, HIV      | Changes in Family History |
| Eyes                     | Alcohol/Drugs Assessment                              | Plans for Future Work/Education                         | Sun Exposure                            |                           |
| Ears, Nose, Mouth/Throat | Cervical Dysplasia Risk Screening                     | Behavioral  | Sports Safety-Helmet, Water             |                           |
| Teeth: Caries Gingival   | STI Risk Screening                                    | Parental Concerns                                       | Alcohol                                 |                           |
| Lungs                    | Lipid Screening (once between 17 and 21 years of age) | Vision  | Tobacco, E-Cigarettes                   | Plans/Referrals           |
| Heart                    | Depression Screening                                  | Hearing   | Drugs-Prescription and Street           | Immunization Status       |
| Abdomen                  | Nutrition   | Development / Learning                                  | Oral Hygiene                            | Influenza                 |
| Femoral Pulses           | Fruits  | Challenge School/Parents Rules                          | Limit TV and Screen Time                | Catch Up Immunizations    |
| Breast/Genitalia         | Vegetables  | Dissatisfied With Appearance                            | Well-Balanced Diet, Including Breakfast | Fluoride - If Indicated   |
| Sexual Maturity          | Meat  | Social/Family History                                   | Healthy Weight                          |                           |
| Spine                    | Appetite  | Changes Since Last Visit                                | Daily Physical Activity                 |                           |
| Musculoskeletal          | Low-Fat Dairy   | More Time With Friends or Alone                         | Patience and Control Over Anger         |                           |
| Skin                     | Eats Breakfast  | Begin Interest in Religion, Politics, Causes            | Interpersonal Violence                  |                           |
| Neuro                    | Water Source: Well, City or Bottle, Fluoridated       | Seek More Control Over Life                             | Living Situation and Food Security      |                           |
|                          |   | Positive Family Relationships                           | Coping With Stress and Decision Making  |                           |

## 18 to 21 Year Old Assessment

| Physical Exam            | Risk Assessment/Screening                             | Development  | Anticipatory Guidance Topics            | History                    |
|--------------------------|---|--|---|----------------------------|
| Height/Weight %-BMI      | Hearing   | Girls: Full Physical Development                       | Seat Belts                              | Follow-Up Previous Visit   |
| Vital Signs: BP, T, R, P | Vision Exam   | Boys: May Continue to Gain Muscle and Height           | Smoke/Carbon Monoxide Detectors         | Medication Review          |
| General Appearance       | Anemia Risk Screening                                 | Sense of Self  | Work Stress                             | Interval History           |
| Head                     | Tuberculosis Risk Screening                           | Self-Reliant   | Safe Sex                                | Special Healthcare Needs   |
| Neck                     | Dental Assessment                                     | Makes Own Decisions                                    | How to Prevent Pregnancy/STDs, HIV      | Changes in Family History  |
| Eyes                     | Alcohol/Drugs Assessment                              | Sets Goals   | Sun Exposure                            |                            |
| Ears, Nose, Mouth/Throat | Cervical Dysplasia Risk Screening                     | Plans for Future Work/Education                        | Sports Safety                           |                            |
| Teeth: Caries Gingival   | STI Risk Screening                                    | Exhibit Resilience When Confronted with Life Stressors | Alcohol                                 |                            |
| Lungs                    | Lipid Screening (once between 17 and 21 years of age) | Exhibit Compassion and Empathy                         | Tobacco                                 | Plans/Referrals            |
| Heart                    | Depression Screening                                  | Behavioral   | Drugs                                   | Immunization Status        |
| Abdomen                  | Nutrition   | Responsibility for Actions                             | Oral Hygiene                            | Influenza                  |
| Femoral Pulses           | Fruits  | Coping Skills  | No Texting While Driving                | Catch Up Immunizations     |
| Breast/Genitalia         | Vegetables  | Patience and Control Over Anger                        | Well-Balanced Diet, Including Breakfast | Fluoride - If Indicated    |
| Sexual Maturity          | Meat  | Mood Regulation and Mental Health                      | Healthy Weight                          | Lipid Profile - If At Risk |
| Spine                    | Appetite  | Social/Family History                                  | Daily Physical Activity                 | TB Test - If At Risk       |
| Musculoskeletal          | Low-Fat Dairy   | Changes Since Last Visit                               | Stress Management                       |                            |
| Skin                     | Eats Breakfast  | Concern About Relationships                            | Gun Safety                              |                            |
| Neuro                    | Water Source: Well, City or Bottle, Fluoridated       | Living on Own  |   |                            |

# References

|  |   |
|--|---|
| AmeriHealth Caritas Louisiana                              | <a href="https://www.amerihealthcaritasla.com/">https://www.amerihealthcaritasla.com/</a>   |
| Louisiana Department of Health                             | <a href="https://ldh.la.gov/">https://ldh.la.gov/</a>   |
| Medicaid EPSDT   | <a href="https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html">https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html</a>                         |
| American Academy of Pediatrics – Louisiana                 | <a href="https://www.laaap.org/">https://www.laaap.org/</a>   |
| American Academy of Pediatrics                             | <a href="https://www.aap.org/en-us/Pages/Default.aspx">https://www.aap.org/en-us/Pages/Default.aspx</a>   |
| Bright Futures   | <a href="https://brightfutures.aap.org/Pages/default.aspx">https://brightfutures.aap.org/Pages/default.aspx</a>   |
| Bright Futures Periodicity Schedule                        | <a href="https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf">https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf</a>   |
| AAP – Developmental Screening Tools                        | <a href="https://screeningtime.org/star-center/#/screening-tools">https://screeningtime.org/star-center/#/screening-tools</a>   |
| Louisiana AAP Developmental Screening Tools Webinar Series | <p>Using the Louisiana Developmental Screening Guidelines in Your Practice</p> <p>Louisiana Medicaid &amp; Developmental, Autism, and Perinatal Depression Screening</p> <p>Panel Discussion on Developmental, Autism, and Perinatal Depression Screening</p> |



|  |   |
|--|---|
| Bureau of Family Health – Developmental Screening Initiative         | <a href="https://ldh.la.gov/index.cfm/page/3974">https://ldh.la.gov/index.cfm/page/3974</a>   |
| AmeriHealth Caritas Louisiana Developmental Screening Provider Alert | February 2021 Provider Alert - Developmental Screening  |
| CDC Recommended Immunization Schedule                                | <a href="https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf">https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf</a> |
| CDC Clinical Growth Charts   | <a href="https://www.cdc.gov/growthcharts/clinical_charts.htm">https://www.cdc.gov/growthcharts/clinical_charts.htm</a>   |
| Louisiana Dental Association   | <a href="http://www.ladental.org/">http://www.ladental.org/</a>   |
| <b>Other Resources</b>   |   |
| March of Dimes   | <a href="https://www.marchofdimes.org/">https://www.marchofdimes.org/</a>   |
| National Domestic Violence Hotline                                   | <a href="https://www.thehotline.org/">https://www.thehotline.org/</a>   |
| Protecting Kids from Lead Poisoning                                  | <a href="https://ldh.la.gov/index.cfm/page/3162">https://ldh.la.gov/index.cfm/page/3162</a>   |
| Aunt Bertha – Local / Community Resources                            | <a href="https://www.findhelp.org/">https://www.findhelp.org/</a>   |