



**AMPM CHAPTER 400, MEDICAL POLICY FOR MATERNAL AND CHILD HEALTH**

**AMPM POLICY 430, EXHIBIT 430-1, AHCCCS EPSDT PERIODICITY SCHEDULE**

PROCEDURE/AGE	New born	3-5 days	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr	19 yr	20 yr
<b>History Initial/Interval</b>	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
<b>Length/Height &amp; Weight</b>	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
<b>Weight for Length</b>	x	x	x	x	x	x	x	x	x	x																			
<b>Head Circumference</b>	x	x	x	x	x	x	x	x	x	x	x																		
<b>Body Mass Index (BMI)</b>											x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
<b>Blood Pressure</b> – PCP should assess the need for B/P measurement for children birth to 24 months	+	+	+	+	+	+	+	+	+	+	+	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
<b>Nutritional Assessment</b>	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
<b>Vision/Hearing/Speech</b>	SEE SEPARATE SCHEDULE																												
<b>Developmental Surveillance</b>	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
<b>Developmental Screening 1</b>							x			x	x																		
<b>Psychosocial/Behavioral Assessment</b> (Social-Emotional Health)	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
<b>Alcohol and Drug Use Assessment</b>																					+	+	+	+	+	+	+	+	+
<b>Physical Examination</b>	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
<b>Newborn Metabolic Screening 2</b>	←	x	→																										
<b>Immunizations</b>	SEE CENTERS FOR DISEASE CONTROL AND PREVENTION WEBSITE																												
<b>Tuberculin Test</b>								+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
<b>Hematocrit/Hemoglobin</b>							+	x	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
<b>Lead Screening/Testing</b>	<u>OUTSIDE HIGH RISK ZIP CODE</u>																												
<b>Verbal Lead Screen</b>						x	x	x		x	x	x	x	x															
<b>Blood Lead Testing</b>						+	+	+		+	+	+	+	+															
<b>Lead Screening/Testing</b>	<u>WITHIN HIGH RISK ZIP CODE</u>																												
<b>Verbal Lead Screen</b>						x	x		x	x		x	x	x	x														
<b>Blood Lead Testing</b>								x			x	x*	x*	x*	x*														



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Procedure/Age	New born	3-5 days	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr	19 yr	20 yr					
Dyslipidemia Screening											x		x		x		x		x	x	x	x	x	x	x	x	x	x	x					
Dyslipidemia Testing																					ONE TIME TESTING BETWEEN 18 AND 20 YEARS OF AGE													
STI Screening																				+	+	+	+	+	+	+	+	+	+					
Cervical Dysplasia Screening																				+	+	+	+	+	+	+	+	+	+					
Oral Health Screening by PCP <sub>3</sub>						x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x					
Topical Fluoride Varnish <sub>4</sub>						x	→	x	→	x																								
Dental Referral <sub>5</sub>						+	+	x	+	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x					
Anticipatory Guidance	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x					

\*\*\* See Separate Schedules within AMPM Chapter 400 for Vision, Hearing/Speech, and Immunizations

- <sup>1</sup> Utilization of one AHCCCS approved developmental screening tools (ASQ and PEDS Tool) for members at 9, 18, and 24 months of age. The MCHAT may be used for members 16-30 months of age to assess the risk of autism spectrum disorders in place of the ASQ or PEDS Tool when medically indicated.
- <sup>2</sup> Newborn metabolic screening should be done according to state law. Results should be reviewed at visits and appropriate retesting or referral done as needed.
- <sup>3</sup> Oral health screenings to be conducted by the PCP at each visit starting at 6 months of age.
- <sup>4</sup> Fluoride varnish is limited in a primary care provider's office to once every six months, during an EPSDT visit for children who have reached six months of age with at least one tooth erupted, with recurrent applications up to two years of age.
- <sup>5</sup> First dental examination is encouraged to occur by age 1. Repeat every 6 months or as indicated by child's risk status/susceptibility to disease.

These are minimum requirements. If at any time other procedures, tests, etc. are medically indicated, the physician is obligated to perform them. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.

- Key: x = to be completed  
 + = to be performed for members at risk when indicated  
 ← x → = the range during which a service may be provided, with the x indicating the preferred age  
 \* = Members not previously screened who fall within this range (36 to 72 months of age) must have a blood lead test performed

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

**NOTE:** The American Association of Pediatric Dentistry recommends that dental visits begin by age one (1). Referrals should be encouraged by one (1) year of age. Parents of young children may self-refer to a dentist within the Contractor's network at any time.



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**EXHIBIT 430-1, AHCCCS EPSDT PERIODICITY SCHEDULE**

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM  
VISION PERIODICITY SCHEDULE

PROCEDURE/AGE	New born	3-5 days	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr	19 yr	20 yr
Vision +	S	S	S	S	S	S	S	S	S	S	S	O*	O	O	O	S	O	S	O	S	O	S	S	O	S	S	O	S	S

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

- Key:**
- S = Subjective, by history**
  - O= Objective, by a standard testing method**
  - \* = If the member is uncooperative, rescreen in 6 months.**
  - + = May be done more frequently if indicated or at increased risk.**

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

Revised: 04/01/15, 04/01/2014, 4/1/2007, 8/1/2005

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM  
HEARING/SPEECH SCHEDULE

PROCEDURE/AGE	New born	3-5 days	2 Wks	By 1mo	6 Wks	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr	19 yr	20 yr
Hearing/Speech +	O**	S	O**			S	S	S	S	S	S	S	S	O	O	O	S	O	S	O	S	O	S	S	O	S	S	O	S	S	

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

- Key:**
- S = Subjective, by history**
  - O= Objective, by a standard testing method**
  - \* = All children, including newborns, meeting risk criteria for hearing loss should be objectively screened.**
  - + = May be done more frequently if indicated or at increased risk**
  - \*\* = All newborns should be screened for hearing loss at birth and again 2 to 6 weeks afterward if indicated by the first screening or if a screening was not completed at birth.**

Revised: 04/01/15, 04/01/2014, 4/1/2007, 8/1/2005