

MEDICAID WELL CHILD CHECK-UPS TIMELINE: Birth to 21

	Birth	2-4 days	1 mo.	2 mo.	4 mo.	6 mo.	9 mo.	12 mo.	15 mo.	18 mo.	2 yrs	3 yrs	4 yrs	5 yrs	6 yrs	8 yrs	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs	17 yrs	18 yrs	19 yrs	20 yrs
Immunizations																											
History: Initial/Interval																											
Blood Pressure																											
Head Circumference																											
Height & Weight																											
Hearing Screening																											
Vision Screening																											
Developmental/ Behavioral Assessment																											
Dental Inspection/Referral ¹																											
Physical Exam																											
Lead Screening ³																											
Cholesterol Screening																											
Diabetes																											
Hematocrit/Hemoglobin																											
Sickle Cell ²																											
Pelvic Exam																											
STD Screening																											
TB test																											
Urine test																											
Anticipatory Guidance																											
Injury Prevention																											
Interpretive Conference ⁵																											
Nutrition Assessment																											
Sleep Position Counseling ⁴																											
Violence Prevention																											

Key

	Routine
◆	Preferred Age
	Objective Test (standardized testing method)
	Subjective, by history
H	Test High Risk Children
	All Menstruating Females
	Mandatory if not previously tested

Notes

1. EPSDT guidelines require that the oral cavity be inspected at each well child visit regardless of whether or not teeth have erupted. A direct dental referral is required for every child according to AAP recommendations and at other intervals as medically necessary. AAP recommends a dental referral at 3 years of age or earlier if determined to be medically necessary.
2. Children born in a Michigan hospital on or after 10/1/1987, should have had a sickle cell test performed prior to discharge. For other children with all or some black heritage, a sickle cell test is required prior to the child's 21st birthday unless electrophoresis for sickle cell was done when the child was at least 6 months of age and the results are known to the parent.
3. All Medicaid-covered children are considered at high risk for blood lead poisoning. Federal regulations have mandated that these children be tested at 12 and 24 months of age. In addition, if a Medicaid-covered child is between the ages of 36 and 72 months of age and has not been previously tested for blood lead, he/she must be tested. Note: If the parent or guardian is unsure if the child was previously tested, he/she must be tested. Medicaid guidelines differ from the AAP recommendations in that the AAP recommends blood level testing only for children at risk of lead exposure at 9-12 months of age and again at 24 months. AAP guidelines indicate that screening should be done in accordance with state law were applicable.
4. Positioning of infants through six months of age is to be discussed at each visit. Parents and caregivers should be advised to place healthy infants on their backs when putting them to sleep. Side positioning is a reasonable alternative but carries a slightly higher risk of Sudden Infant Death Syndrome (SIDS). Both the AAP and EPSDT periodicity tables refer the reader to the AAP statement Changing Concepts of Sudden Infant Death Syndrome: Implications for Infant Sleeping Environment and Sleep position (RE9946), Pediatrics 105:650-656, 2000. The EPSDT periodicity table specifically indicates that counseling should occur prior to and up to 6 months of age.
5. EPSDT screening is to include an interpretive conference to explain the results of the well child visit to the beneficiary and/or parent or guardian. If a beneficiary has a potential or apparent abnormality, the provider is responsible for providing or referring follow-up diagnostic service and treatment.