



EPSDT Provider Toolkit

What is EPSDT?

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is Medicaid's federally mandated comprehensive and preventive child health program for individuals under the age of 21.

EPSDT was defined by law as part of the Omnibus Budget Reconciliation Act of 1989 (OBRA '89) legislation and requires states to cover all services within the scope of the federal Medicaid program. The intent of the EPSDT program is to focus attention on early prevention and treatment. Requirements include periodic screening, vision, dental and hearing services.

Services include:

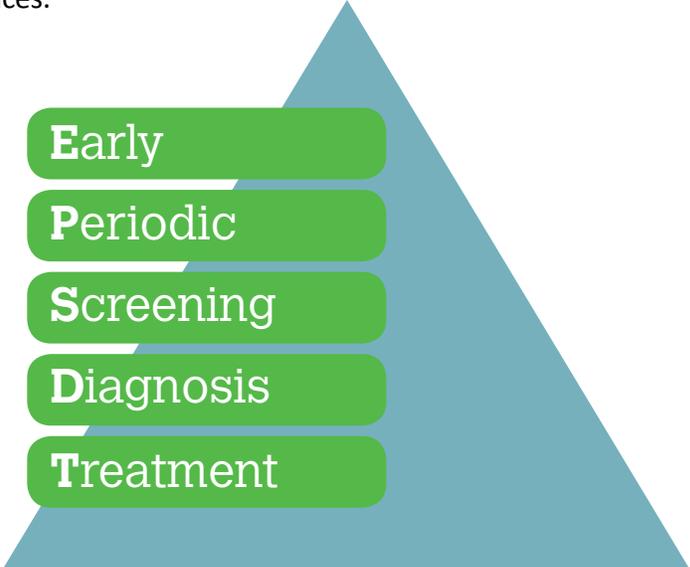
- Screening
- Diagnosis and treatment
- Transportation and scheduling assistance

Screening must include:

- Comprehensive health and developmental history (both physical and mental)
- Comprehensive unclothed physical exam
- Appropriate immunizations
- Laboratory tests
- Lead toxicity screening
- Health education, including anticipatory guidance
- Vision services
- Dental services
- Hearing services
- Other necessary health care, including diagnostic services and treatment to correct or ameliorate defects, and physical and mental illnesses and conditions discovered by the screening services

Schedules used to determine when services are due:

- American Academy of Pediatrics (AAP) Periodicity Schedule
- CDC Advisory Committee on Immunization Practices (ACIP) Immunization Recommendations Schedule



Early

Periodic

Screening

Diagnosis

Treatment

The Amerigroup EPSDT program supports the individual state plans by:

- Providing a data repository to house the EPSDT data
- Mailing annual preventive care recommendations to members
- Mailing reminders to members to make an appointment
- Mailing a letter to providers with a listing of members who may have missed services

The Amerigroup Louisiana EPSDT program includes additional member outreach activities and case management, as well as a provider preservice report.



Early and Periodic Screening, Diagnosis, and Treatment Quick Reference Guide

← Use the chart to the left to be sure your practice is following the appropriate age-specific guidelines.

Recommended Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Periodicity Schedule:

A visit should be scheduled for all new Amerigroup members within 60 days. Subsequent visits should be scheduled based on the recommended guidelines.

2 weeks	12 months
1 month	15 months
2 months	18 months
4 months	24 months
6 months	3–21 yearly
9 months	

Any child who has not had the recommended services should be brought up-to-date as soon as possible.

Helpful Hints

- Use the member listing of members due or overdue for EPSDT services provided to you by Amerigroup Louisiana and contact the member for an appointment.
- Maximize every visit by making sure the child is current on EPSDT services.
- Be sure your office uses the correct coding.

For complete information see the American Academy of Pediatrics (AAP) Periodicity schedule at http://brightfutures.aap.org/clinical_practice.html and American Academy of Pediatric Dentistry (AAPD) at www.aapd.org/media/Policies_Guidelines/G_Caries_RiskAssessmentChart.pdf



Children's Preventive Guidelines	Birth	2 weeks	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	24 months	3 years	4 years	5 years	6 years	7–21 years
History	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Height or Length/Weight	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Head Circumference	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					Yearly
Body Mass Index (Percentile if <16 yrs old)											✓	✓	✓	✓	✓	Yearly
Blood Pressure (1)	*	*	*	*	*	*	*	*	*	*	*	✓	✓	✓	✓	Yearly
Nutrition Assessment/Counseling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Physical Activity Assessment/Counseling (2)												✓	✓	✓	✓	Yearly
Vision Exam	*	*	*	*	*	*	*	*	*	*	*	✓	✓	✓	✓	Yearly
Hearing Exam	✓	*	*	*	*	*	*	*	*	*	*	*	✓	✓	✓	Yearly
Developmental Assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Autism Screening										✓	✓					
Psychological/Behavioral Assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Alcohol/Drug Use Assessment																Yearly
Physical Exam (un clothed)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Oral/Dental Assessment	*	*	*	*	*	✓	✓	✓	*	✓	✓	✓	*	*	*	Yearly
Dental Referral (3)												✓			✓	Refer
Immunization Assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Hematocrit or Hemoglobin					*			✓		*	*	*	*	*	*	Yearly
Lead Screening						*	*	✓		*	✓	*	*	*	*	
Urinalysis															✓	16 yrs
Tuberculin Test (if at risk)			*			*		*		*	*	*	*			*
Dyslipidemia Screening											*		*			*18–21 yrs
STI Screening (4)																*11–21 yrs
Cervical Dysplasia Screening (4)																*11–21 yrs
Anticipatory Guidance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Counseling/Referral for Identified Problems	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Notes:																
All well visits should include at a minimum an unclothed physical exam, developmental assessment, anticipatory guidance, age-appropriate screenings and immunizations as indicated.																
Health education should include counseling for issues and risk factors, as well as informing patients about the benefits of a healthy lifestyle, safety practices/accident avoidance and disease prevention.																
Screenings are as recommended by AAP and AAPD. An initial screening may be done at any time, even if the patient's age does not correspond with the periodicity schedule.																
If you are not receiving the monthly listing containing your paneled members who have upcoming EPSDT services due, contact the health plan below.																
Adriene J. Gill RN MN Manager, Health Promotions Amerigroup Community Care 3850 North Causeway Blvd., Suite 600 Metairie, LA 70002																

1 Children with specific risk factors should have blood pressure taken at visits before age 3.
 2 National Committee on Quality Assurance (NCQA) Healthcare Effectiveness Data Information Set (HEDIS) measure added to chart.
 3 Referrals for dental care should be given for any problem identified or if no dental home. AAPD recommends dental exam every six months after tooth eruption.
 4 STI and cervical dysplasia screenings should be conducted on all sexually active females ages 11–21.

* Conduct a risk assessment. If high risk conditions exist, perform screening.

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	Recommended Adolescent Immunizations	7-10 years	11-12 years	13-18 years
Rotavirus			RV	RV	RV							Human Papillomavirus		HPV (3 doses)	HPV series
Diphtheria, Tetanus, Pertussis			DTaP	DTaP	DTaP		DTaP				DTaP	Meningococcal	MCV	MCV	MCV
Haemophilus Influenza B			Hib	Hib	Hib	Hib						Influenza	Influenza yearly		
Pneumococcal			PCV	PCV	PCV	PCV					PPSV	Pneumococcal	PPSV		
Inactivated Poliovirus			IPV	IPV	IPV						IPV	Hepatitis A	Hep A series		
Influenza					Influenza yearly							Hepatitis B	Hep B series		
Measles, Mumps, Rubella						MMR					MMR	Inactivated Poliovirus	IPV series		
Varicella						Varicella					Varicella	Measles, Mumps, Rubella	MMR series		
Hepatitis A						Hep A, dose 1					Hep A series	Varicella	Varicella series		
Meningococcal											MCV				

 Range of recommended ages for all children except certain high-risk groups	 Range of recommended ages for certain high-risk groups	 Range of recommended ages for catch-up immunization
<p>For complete information see The Advisory Committee on Immunization Practices (www.cdc.gov/vaccines/recs/acip), the American Academy of Pediatrics (www.aap.org) and the American Academy of Family Physicians (www.aafp.org). Department of Health and Human Services • Centers for Disease Control and Prevention</p>		

EPSDT Billing Codes

CPT	New Patient	CPT	Established Pt.	Other Coding Tips	Codes	Description
99381	Preventive visit Age < 1 year	99391	Preventive visit Age < 1 year	V20.2: Always use as Primary.	V85.5	BMI Percentile
99382	Preventive visit Age 1-4	99392	Preventive visit Age 1-4	ICD-9 codes: If a problem is found, use appropriate code as the secondary diagnosis. Do not change the coding from a well visit to a sick visit.	97802-97804	Counseling for nutrition
99383	Preventive visit Age 5-11	99393	Preventive visit Age 5-11		V65.41	Counseling for physical activity
99384	Preventive visit Age 12-17	99394	Preventive visit Age 12-17	Use antigen codes along with immunization administration codes.	90471-90474	Immunization administration codes
99385	Preventive visit Age 18-21	99395	Preventive visit Age 18-21		REFERRAL CODES	
				Referral codes must be included.	AV	Pr. Refused referral
					NU	Pt. not referred
					S2	Under treatment referred for diagnostic or for corrective health problem
					ST	New services requested - referral

Payment will be made for medically necessary diagnostics or treatment needed to correct or ameliorate illnesses or conditions discovered through screening, whether or not such diagnostic or treatment services are covered under the plan. **Note:** Any medically necessary noncovered service will need to be preauthorized.

It is critical that the federally required referral code be appropriate for the Dx Code. For example, a diagnosis code of V202 (routine infant or child health check) would be appropriate with a referral code of "U" or "NU" (completed normal/no referral).

For electronic claims, submit online at providers.amerigroup.com/LA or call 1-800-590-5745 to initiate electronic filing.

For paper claims, submit the CMS-1500 forms to:
 Amerigroup Louisiana
 P.O. Box 61010
 Virginia Beach, VA 23466-1010

Preventive Care Resources

[Department of Health and Hospitals – State of Louisiana](#)

[Louisiana Immunization Network for Kids Statewide \(LINKS\)](#)

Prevention topics

[American Academy of Family Physicians](#)

[Healthy Children – Ages and Stages](#)

[Questionnaires](#) (a fee may be associated)

[American Academy of Pediatrics – Bright Futures Projects](#)

[March of Dimes](#)

[Centers for Disease Control and Prevention – Clinical Growth Charts](#)

[Medicaid – Early and Periodic Screening, Diagnosis and Treatment \(EPSDT\)](#)

[Centers for Disease Control and Prevention – Immunization Schedules](#)

[MedLine Plus – Adolescent Development](#)

[First Signs – Autism Screening Tool](#)

[National Domestic Violence Hotline](#)

Phone: 1-800-799-SAFE (7233)

[Health Resources and Service Administration \(HRSA\), Maternal and Child Health – EPSDT and Title V Collaboration to Improve Child Health](#)

[U.S. Department of Health and Human Services – Make the Most of Your Child’s Visit to the Doctor](#)

Immunizations

[Centers for Disease Control and Prevention – National Immunization Program](#)

Telephone: 1-800-232-2522 (English)

[Immunization Action Coalition](#)

[Institute for Vaccine Safety](#)

[Greater New Orleans Immunization Network](#)

Phone: 504-733-3268

[Shots for Tots – Louisiana’s Infant Immunization Initiative](#)

Phone: 504-838-5300

[Healthy Mothers, Healthy Babies Coalition – Immunization Education and Action Committee](#)

Phone: 703-836-6110

Fax: 703-836-3470

[Willis-Knighton Health System](#)

Phone: 318-212-4960

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NEWBORN ASSESSMENT					
Physical Exam	Risk Assessment/Screening	Development	Behavioral/Social	Anticipatory Guidance Topics	History
Weight, length – W/L percentile	Blood pressure	Suck, swallow	Parental concerns	Car seat, facing back	Hospital course
Head circumference	Hearing	Breathe easily	Support for mother	Smoke-free environment	Exams/screenings
Total Physical Response (TPR)	Vision	Turns, calms to mom’s voice	Family makeup	Smoke detectors in home	Hepatitis B
General appearance	Metabolic/hemoglobinopathy	Eats well	Any major changes in family	Hot water temperature < 120 F	Weeks gestation
Head, fontanelle			Any changes in family health	No bottle propping	Birth weight
Neck			Maternal depression	Sleep on back	Issues/concerns
Eyes, red reflex, strabismus				Well-fitted crib mattress, no pillows	
Ears, nose, mouth/throat				Never shake baby	
Lungs	Nutrition	Common Problems		Nutrition/feedings	Plan/Referrals
Heart	Breastfeeding, how long, frequency	Constipation		No solid food	Immunization status
Abdomen	Formula oz. and frequency	Sleep		Sponge bath	Hepatitis B #1 if indicated
Femoral pulses	Brand with iron	Spitting up		Cord and circumcision care	Ophthalmology referral if < 32 weeks
Umbilical cord	Water source	Excessive crying		Sponge bath	
Genitalia (male testes circumference)	Well, city or bottled			Bowel movements	
Spine	Number of wet diapers per day			General newborn care	
Extremities	Stools per day			Taking temperature – Fever > 100.4 F	
Hips	Women, Infants and Children (WIC)			When to call the doctor	
Skin					
Neurological					

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1-MONTH ASSESSMENT					
Physical Exam	Risk Assessment/Screening	Development	Behavioral	Anticipatory Guidance Topics	History
Weight, length – W/L percentile	Blood pressure	Lifts head when prone	Parental concerns	Car seat, facing back	Follow-up previous visit
Head circumference	Hearing	Begins to smile	Vision	Smoke-free environment	Medication review
Total Physical Response (TPR)	Vision	Follows parent with eyes	Hearing	Smoke detectors in home	Interval history
General appearance	Metabolic/Hemoglobinopathy	Turns to parents’ voices	Development	Hot water temperature < 120 F	Changes in family health
Head, fontanelle	Tuberculosis			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	Nutrition	Common Problems	Social/Family History	Nutrition/feedings	Plan/Referrals
Heart	Breastfeeding, how long, frequency	Constipation	Parent/child adjustment	Techniques to calm	Immunization status
Abdomen	Formula oz. and frequency	Sleep	Any major changes in family	Cord and circumcision care	Hepatitis B
Femoral pulses	Brand with iron	Spitting up	Maternal depression	Elimination	Vitamin D if breastfed
Umbilical cord	Water source	Excessive crying	Support for mother	Taking temperature – Fever > 100.4 F	Tuberculosis test if at risk
Genitalia (male testes circumference)	Well, city or bottled	Colic	Sibling response to baby	When to call the doctor	
Spine	Number of wet diapers per day	Stuffy nose	Child care plans	Avoid anything around baby’s neck	
Extremities	Stools per day		Work plans		
Hips	Women, Infants and Children (WIC)		Violence or abuse		
Skin					
Neurological					

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2-MONTH ASSESSMENT					
Physical Exam	Risk Assessment/Screening	Development	Behavioral	Anticipatory Guidance Topics	History
Weight, length – W/L percentile	Blood pressure	Begins to push up when prone	Parental concerns	Car seat, facing back	Follow-up previous visit
Head circumference	Hearing	Holds head up when held	Vision	Smoke-free environment	Medication review
Total Physical Response (TPR)	Vision	Begins to smile	Hearing	Smoke detectors in home	Interval history
General appearance	Metabolic/Hemoglobinopathy	Follows parent with eyes	Development	Hot water temperature < 120 F	Special health care needs
Head, fontanelle		Turns to parents’ voices		Bath safety	Changes in family health
Neck		Coos		No bottle propping	
Eyes, red reflex, strabismus		Self-comfort		Sleep on back, tummy time	
Ears, nose, mouth/throat		Cries when bored (no activity)		Crib safety	
Lungs		Symmetrical movement		Never shake baby	
Heart	Nutrition	Common Problems	Social/Family History	Nutrition/feedings	Plan/Referrals
Abdomen	Breastfeeding – how long, frequency	Constipation	Parent/child adjustment	Delay solids	Immunization status
Femoral pulses	Formula oz. and frequency	Sleep	Any major changes in family	Elimination	DTaP, IPV, Hib, Hepatitis B, PCV-7
Umbilical cord	Brand with iron	Spitting up	Maternal depression	Techniques to calm	Rota
Genitalia (male testes)	Cereal	Excessive crying	Support for mother	Rolling over, preventing falls	Vitamin D if breastfed
Spine	Water source	Colic	Sibling response to baby	When to call the doctor	
Extremities	Well, city or bottled	Stuffy nose	Child care plans		
Hips	Stools per day	Diaper rash	Work plans		
Skin	Women, Infants and Children (WIC)		Violence or abuse		
Neurological					

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4-MONTH ASSESSMENT					
Physical Exam	Risk Assessment/Screening	Development	Behavioral	Anticipatory Guidance Topics	History
Weight, length – W/L percentile	Blood pressure	Push up to elbows when prone	Parental concerns	Car seat, facing back	Follow-up previous visit
Head circumference	Hearing	Head control	Vision	Smoke-free environment	Medication review
Total Physical Response (TPR)	Vision	Rolls and reaches for objects	Hearing	Smoke detectors in home	Interval history
General appearance	Anemia risk assessment	Responds to affection	Development	Sleep and daily routines	Special health care needs
Head, fontanelle		Babbles and coos		Hot water temperature < 120 F	Changes in family health
Neck		Self-comfort		Bath safety	
Eyes, red reflex, strabismus				No bottle propping	
Ears, nose, mouth/throat				Sleep on back, tummy time	
Lungs				Crib safety	
Heart	Nutrition	Common Problems	Social/Family History	Never shake baby	Plan/Referrals
Abdomen	Breastfeeding – how long, frequency	Constipation	Any major changes in family	Nutrition/feedings	Immunization status
Femoral pulses	Formula oz. and frequency	Sleep	Family support	Solid foods – when and how to add	DTaP, IPV, Hib, Hepatitis B, PCV-7
Umbilical cord	Brand with iron	Spitting up	Working outside the home	Weight gain	Rota
Genitalia (male testes)	Cereal	Excessive crying	Child care	Elimination	Vitamin D if breastfed
Spine	Water source	Colic	Violence or abuse	Walkers	
Extremities	Well, city or bottled	Stuffy nose		Rolling over, preventing falls	
Hips	Other liquids	Diaper rash		Choking	
Skin	Women, Infants and Children (WIC)				
Neurological					

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6-MONTH ASSESSMENT					
Physical Exam	Risk Assessment/Screening	Development	Behavioral	Anticipatory Guidance Topics	History
Weight, length – W/L percentile	Blood pressure	Able to sit briefly	Parental concerns	Car seat, facing back	Follow-up previous visit
Head circumference	Hearing	Head control	Vision	Smoke-free environment	Medication review
Total Physical Response (TPR)	Vision	Rolls and reaches for objects	Hearing	Smoke detectors in home	Interval history
General appearance	Anemia risk screening	Responds to affection	Development	Sleep and daily routines	Special health care needs
Head, fontanelle	Tuberculosis risk screening	Jabbers and laughs		Hot water temperature < 120 F	Changes in family health
Neck	Dental/oral	Self-comfort		Drowning	
Eyes, red reflex, alignment	Lead risk screening	Puts things in mouth		No bottle propping	
Ears, nose, mouth/throat				Sleep on back, tummy time	
Lungs				Kitchen safety	
Heart	Nutrition	Common Problems	Social/Family History	Brushing teeth	Plan/Referrals
Abdomen	Breastfeeding – how long, frequency	Constipation	Any major changes in family	Nutrition/feedings	Immunization status
Femoral pulses	Formula oz. and frequency	Sleep	Family support	Solid foods – when and how to add	DTaP, IPV, Hib, Hepatitis B, PCV-7
Umbilical cord	Brand with iron	Spitting up	Working outside the home	Drinking from a cup	Rota
Genitalia (male testes)	Cereal	Excessive crying	Child care	Elimination	Vitamin D if breastfed
Spine	Water source	Colic	Violence or abuse	Walkers	Lead screening if at risk
Extremities	Well, city, bottled or fluoridated	Stuffy nose	Talk, read to baby	Rolling over, preventing falls	Tuberculosis test if at risk
Hips	Other liquids	Diaper rash		Choking, finger foods	Fluoride if indicated
Skin	Women, Infants and Children (WIC)			Teething	
Neurological					

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9-MONTH ASSESSMENT					
Physical Exam	Risk Assessment/Screening	Development	Behavioral	Anticipatory Guidance Topics	History
Weight, length – W/L percentile	Blood pressure	Sits well	Parental concerns	Car seat safety	Follow-up previous visit
Head circumference	Hearing	Pulls to stand	Vision	Smoke-free environment	Medication review
Total Physical Response (TPR)	Vision	Crawls	Hearing	Smoke detectors in home	Interval history
General appearance	Dental/oral	Imitates sounds	Development	Sleep and daily routines	Special health care needs
Head, fontanelle	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, alignment		Looks for dropped items		Age-appropriate discipline	
Ears, nose, mouth/throat				No bottle propping or in bed	
Teeth - caries, staining spots				First dental visit	
Lungs				Child proof home	
Heart	Nutrition		Social/Family History	Brushing teeth	Plan/Referrals
Abdomen	Breastfeeding – how long, frequency		Any major changes in family	Solid foods	Immunization status
Femoral pulses	Formula oz. and frequency		Family support	Self-feeding	Hepatitis B
Umbilical cord	Brand with iron		Child care	Choking, finger foods	Catch-up immunizations
Genitalia (male testes)	Cereal		Violence or abuse	Drinking from a cup	Dental if at risk
Spine	Water source		Talk, read to baby	Separation anxiety	Lead screening if at risk
Extremities	Well, city, bottled or fluoridated			Falls/window guards	Fluoride if indicated
Hips	Other liquids			Poisons	
Skin	Women, Infants and Children (WIC)			No TV	
Neurological				Teething	

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12-MONTH ASSESSMENT					
Physical Exam	Risk Assessment/Screening	Development	Behavioral	Anticipatory Guidance Topics	History
Weight, length – W/L percentile	Blood pressure	Waves bye	Parental concerns	Car seat safety	Follow-up previous visit
Head circumference	Hearing	Pulls to stand, walks holding on	Vision	Smoke-free environment	Medication review
Total Physical Response (TPR)	Vision	Copies gestures	Hearing	Smoke detectors in home	Interval history
General appearance	Anemia screening	Imitates sounds	Development	Sleep and daily routines	Special health care needs
Head, fontanelle	Dental/oral	Plays peek-a-boo	Praise for good behavior	Burns	Changes/concerns in child health
Neck	Lead risk screening	Follows simple directions	Stranger anxiety	Drowning	Changes in family health
Eyes, red reflex, alignment	Tuberculosis risk assessment	Speaks 1–2 words	Separation anxiety	Age-appropriate discipline	
Ears, nose, mouth/throat		Drinks from a cup		No bottle propping or in bed	
Teeth – caries, staining, spots				Weaning	
Lungs				Childproof home	
Heart	Nutrition		Social/Family History	Brushing teeth	Plan/Referrals
Abdomen	Breastfeeding – how long, frequency		Any major changes in family	Solid foods	Immunization status
Femoral pulses	Formula oz. and frequency		Family support	Self-feeding	Varicella, PCV-7, Hib, Hepatitis B,
Umbilical cord	Brand with iron		Child care	Choking, finger foods	Hepatitis A, IPV, MMR, Influenza
Genitalia (male testes)	Cereal		Violence or abuse	Drinking from a cup	Catch-up immunizations
Spine	Water source			Separation anxiety	Vitamin D if breast fed
Extremities	Well, city, bottled or fluoridated			Falls/window guards	Dental home or referral
Hips	Other liquids			Poisons	Blood lead screen
Skin	Women, Infants and Children (WIC)			No TV	Tuberculosis test if at risk
Neurological	Weaned				Hematocrit or Hemoglobin

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15-MONTH ASSESSMENT					
Physical Exam	Risk Assessment/Screening	Development	Behavioral	Anticipatory Guidance Topics	History
Weight, length – W/L percentile	Blood pressure	Says 2–3 words	Parental concerns	Car seat safety	Follow-up previous visit
Head circumference	Hearing	Walks well	Vision	Carbon monoxide detectors	Medication review
Total Physical Response (TPR)	Vision	Bends down without falling	Hearing	Smoke detectors in home	Interval history
General appearance		Scribbles	Development	Childproof home	Special health care needs
Head, fontanelle		Tries to do what others do	Temper tantrums	Age-appropriate discipline	Changes in family health
Neck		Follows simple commands	Discourage hitting, biting and other aggressive behaviors	Consistent bedtime routine	
Eyes, red reflex, alignment		Listens to a story		Burns	
Ears, nose, mouth/throat		Puts a block in a cup		First dentist visit	
Teeth – caries, staining, spots				Puts a block in a cup	
Lungs				Healthy food/snack choices	
Heart	Nutrition		Social/Family History	Whole milk	Plan/Referrals
Abdomen	Breastfeeding – how long, frequency		Any major changes in family	Falls	Immunization status
Femoral pulses	Formula oz. and frequency		Family support	Poisons	MMR, Hib, Varicella, PCV-7
Umbilical cord	Brand with iron		Violence or abuse	No TV	Hepatitis B, Hepatitis A, DTaP, influenza
Genitalia (male testes)	Cereal		Talk, read to baby		Catch-up immunizations
Spine	Water source				Fluoride if indicated
Extremities	Well, city, bottled or fluoridated				Dental home or referral
Hips	Other liquids				Blood lead screen
Skin	Women, Infants and Children (WIC)				Tuberculosis test if at risk
Neurological	Weaned				

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LAPEC-0148-12

18-MONTH ASSESSMENT					
Physical Exam	Risk Assessment/Screening	Development	Behavioral	Anticipatory Guidance Topics	History
Weight, length – W/L percentile	Blood pressure	Says six words	Parental concerns	Car seat safety	Follow-up previous visit
Head circumference	Hearing	Walks up steps	Vision	Carbon monoxide detectors	Medication review
Total Physical Response (TPR)	Vision	Runs	Hearing	Smoke detectors in home	Interval history
General appearance	Anemia risk screening	Laughs in response to others	Development	Childproof home	Special health care needs
Head, fontanelle	Lead risk assessment	Points to one body part	Temper tantrums, timeouts	Age-appropriate discipline	Changes in family health
Neck	Tuberculosis risk assessment	Uses spoon and cup	Discourage hitting, biting and other aggressive behaviors	Consistent bedtime routine	
Eyes, red reflex, alignment	Autism screening	Stacks two blocks		Burns	
Ears, nose, mouth/throat		Points at objects		First dentist visit	
Teeth – caries, staining, spots		Helps to dress/undress		Healthy food/snack choices	
Lungs				Whole milk	
Heart	Nutrition		Social/Family History	Falls	Plan/Referrals
Abdomen	Weaned off bottle and breast		Any major changes in family	Poisons	Immunization status
Femoral pulses	Fruits		Family support	No TV	DTaP, MMR, Hepatitis B, Hepatitis A
Umbilical cord	Vegetables		Violence or abuse	Toilet training readiness	Influenza
Genitalia (male testes)	Meat		Talk, read and sing to baby		Catch-up immunizations
Spine	Appetite				Fluoride if indicated
Extremities	Dairy				Dental home or referral
Hips	Water source				Lead screen if at risk
Skin	Well, city, bottled or fluoridated				Tuberculosis test if at risk
Neurological	Women, Infants and Children (WIC)				

[TOP](#)

24-MONTH ASSESSMENT					
Physical Exam	Risk Assessment/Screening	Development	Behavioral	Anticipatory Guidance Topics	History
Height/weight % – W/H percentile	Blood pressure	Says six words	Parental concerns	Car seat safety	Follow-up previous visit
Head circumference	Hearing	Stands on tip toes	Vision	Carbon monoxide detectors	Medication review
Total Physical Response (TPR)	Vision	Runs	Hearing	Smoke detectors in home	Interval history
General appearance	Anemia risk screening	Knows names of familiar people	Development	Childproof home	Special health care needs
Head, fontanelle	Lead risk assessment	Knows body parts	Temper tantrums, timeouts	Age-appropriate discipline	Changes in family health
Neck	Tuberculosis risk assessment	Plays alongside other children	Playing with other children	Consistent bedtime routine	
Eyes, red reflex, alignment	Autism screening	Throws a ball overhand	Self-expression	Burns	
Ears, nose, mouth/throat	Dyslipidemia risk assessment	Stacks 5–6 blocks		Physical activity	
Teeth – caries, staining, spots		Turns pages of book one at a time		Bike helmet	
Lungs				Picky eater	
Heart	Nutrition		Social/Family History	Outside supervision	Plan/Referrals
Abdomen	Weaned off bottle and breast		Any major changes in family	Guns	Immunization status
Femoral pulses	Fruits		Family support	Poisons	Hepatitis A, Influenza
Umbilical cord	Vegetables		Violence or abuse	Limit TV to 1–2 hours per day	Catch-up immunizations
Genitalia (male testes)	Meat		Talk, read and sing to baby	Toilet training	Fluoride if indicated
Spine	Appetite		Model appropriate language		Dental home or referral
Extremities	Dairy		Screen time		Blood Lead screening
Hips	Water source				Autism screening
Skin	Well, city, bottled or fluoridated				Lipid profile if at risk
Neurological	Women, Infants and Children (WIC)				Tuberculosis test if at risk

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30-MONTH ASSESSMENT					
Physical Exam	Risk Assessment/Screening	Development	Behavioral	Anticipatory Guidance Topics	History
Height/weight % – BMI percentile	Blood pressure	Puts 3–4 words together	Parental concerns	Car seat safety	Follow-up previous visit
Total Physical Response (TPR)	Hearing	Jumps up and down	Vision	Carbon monoxide detectors	Medication review
General appearance	Vision	Washes and dries hands	Hearing	Smoke detectors in home	Interval history
Head, fontanelle	Dental home	Knows animal sounds	Development	Childproof home	Special health care needs
Neck			Plays with other children	Outdoor safety	Changes in family health
Eyes, red reflex, alignment			Screen time less than two hours	Consistent routines	
Ears, nose, mouth/throat			Temperament	Sun exposure	
Teeth – caries, staining, spots			Set limits	Physical activity	
Lungs				Bike helmet	
Heart				Picky eater	
Abdomen	Nutrition		Social/Family History	Supervise outside	Plan/Referrals
Femoral pulses	Weaned off bottle and breast		Changes since last visit	Guns	Immunization status
Genitalia (male testes)	Fruits		Parents working outside home	Poisons	Influenza
Spine	Vegetables		Child care type	Limit TV to 1–2 hours per day	Catch-up immunizations
Extremities	Meat		Daily reading	Toilet training	Fluoride if indicated
Hips	Appetite		Preschool		Dental home or referral
Skin	Dairy				
Neurological	Water source				
	Well, city, bottled or fluoridated				
	Women, Infants and Children (WIC)				

[TOP](#)

3-YEAR ASSESSMENT					
Physical Exam	Risk Assessment/Screening	Development	Behavioral	Anticipatory Guidance Topics	History
Height/weight % – BMI percentile	Hearing	Puts 2–3 sentences together	Parental concerns	Car seat safety	Follow-up previous visit
Total Physical Response (TPR) – blood pressure	Vision	Stands on one foot	Vision	Carbon monoxide detectors	Medication review
General appearance	Dental referral	Knows gender	Hearing	Smoke detectors in home	Interval history
Head	Anemia risk screening	Names objects	Development	Smoke-free environment	Special health care needs
Neck	Lead risk screening	Imaginary play	Plays with other children	Childproof home	Changes in family health
Eyes	Tuberculosis risk screening		Screen time less than two hours	Outdoor safety	
Ears, nose, mouth/throat			Manages anger	Consistent routines	
Teeth – caries, staining, spots			Reinforce good behavior	Sun exposure	
Lungs				Physical activity	
Heart				Bike helmet	
Abdomen	Nutrition		Social/Family History	Outside supervision and street safety	Plan/Referrals
Femoral pulses	Fruits		Changes since last visit	Guns	Immunization status
Genitalia (male testes)	Vegetables		Parents working outside home	Poisons	Influenza
Spine	Meat		Child care type	Limit TV to 1–2 hours per day	Catch-up immunizations
Extremities	Appetite		Read, sing and play		Fluoride if indicated
Hips	Dairy		Preschool		Dental referral
Skin	Water source		Family activities		
Neurological	Well, city, bottled or fluoridated		Parent/child interaction		
	Women, Infants and Children (WIC)				

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4-YEAR ASSESSMENT					
Physical Exam	Risk Assessment/Screening	Development	Behavioral	Anticipatory Guidance Topics	History
Height/weight % – BMI percentile	Hearing/audiometry	Puts 2–3 sentences together	Parental concerns	Appropriate car restraints	Follow-up previous visit
Total Physical Response (TPR) – blood pressure	Vision	Hops on one foot	Vision	Carbon monoxide detectors	Medication review
General appearance	Dyslipidemia risk assessment	Knows name, age and gender	Hearing	Smoke detectors in home	Interval history
Head, fontanelle	Anemia risk screening	Names four colors	Development	Smoke-free environment	Special health care needs
Neck	Lead risk screening	Dresses self	Plays with other children	Safety rules with adults	Changes in family health
Eyes, red reflex, alignment	Tuberculosis risk screening	Brushes own teeth	Screen time less than 2 hours	Daily reading	
Ears, nose, mouth/throat	Assess:	Draws a person	Curiosity about sex	Consistent routines	
Teeth – caries, staining, spots	Language/speech			Sun exposure	
Lungs	Fine/gross motor skills			Daily physical activity	
Heart	Gait			Bike helmet	
Abdomen	Nutrition		Social/Family History	Outside supervision and street safety	Plan/Referrals
Femoral pulses	Fruits		Changes since last visit	Guns	Immunization status
Genitalia (male testes)	Vegetables		Parents working outside home	Poisons	DTaP, Influenza
Spine	Meat		Preschool	Limit TV to 1–2 hours per day	Catch-up immunizations
Extremities	Appetite		Family activities		Fluoride if indicated
Hips	Dairy		Parent/child interaction		Dental home or referral
Skin	Water source		Helps at home		Lipid profile if at risk
Neurological	Well, city, bottled or fluoridated				Audiometry

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5 TO 6-YEAR ASSESSMENT					
Physical Exam	Risk Assessment/Screening	Development	Behavioral	Anticipatory Guidance Topics	History
Height/weight % – BMI percentile	Hearing/audiometry	Good language skills	Parental concerns	Appropriate booster/car restraints	Follow-up previous visit
Total Physical Response (TPR) – blood pressure	Vision exam	Speaks clearly	Vision	Smoke/carbon monoxide detectors	Medication review
General appearance	Anemia risk screening	Balances on one foot	Hearing	No smoking in home	Interval history
Head, fontanelle	Lead risk screening	Ties a knot	Development/learning	Sexual safety	Special health care needs
Neck	Dental assessment	Counts to 10	Attention	Swimming safety	Changes in family health
Eyes	Assess:	Copies squares and triangles	Social interaction	Consistent routines	
Ears, nose, mouth/throat	Language/speech	Draws a person (six parts)	Cooperation/oppositional	Sun exposure	
Teeth – caries, staining, spots	Fine/gross motor skills		Sleep	Safety helmets	
Lungs	Gait			Street safety	
Heart				Guns	
Abdomen	Nutrition		Social/Family History	Brushing/flossing teeth	Plan/Referrals
Femoral pulses	Fruits		Changes since last visit	Limit TV	Immunization status
Genitalia (male testes)	Vegetables		Parents working outside home	Well-balanced diet, including breakfast	DTaP, IPV, MMR, Varicella
Spine	Meat		After-school care/activities	Healthy weight	Influenza
Musculoskeletal	Appetite		Parent/child/sibling interaction	Daily physical activity	Catch-up immunizations
Skin	Dairy		School readiness	Bullying	Fluoride if indicated
Neurological	Water source		Family time		Dental referral
	Well, city, bottled or fluoridated				Audiometry

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7 TO 8-YEAR ASSESSMENT					
Physical Exam	Risk Assessment/Screening	Development	Behavioral	Anticipatory Guidance Topics	History
Height/weight % – BMI percentile	Hearing	Good hand-eye coordination	Parental concerns	Appropriate booster/car restraints	Follow-up previous visit
Total Physical Response (TPR) – blood pressure	Vision exam	Enjoys hobbies and collecting	Vision	Smoke/carbon monoxide detectors	Medication review
General appearance	Anemia risk screening	Uses reflective thinking	Hearing	No smoking in home	Interval history
Head	Tuberculosis risk assessment	May experience guilt/shame	Development/learning	Sexual safety	Special health care needs
Neck	Dental assessment		Participates in after-school activities	Swimming safety	Changes in family health
Eyes, red reflex, alignment	Alcohol/drugs assessment		Doing well in school	Consistent routines	
Ears, nose, mouth/throat			Homework	Sun exposure	
Teeth – caries, gingival			Sleep	Safety helmets and pads	
Lungs				Street safety	
Heart				Guns	
Abdomen	Nutrition		Social/Family History	Brushing/flossing teeth	Plan/Referrals
Femoral pulses	Fruits		Changes since last visit	Limit TV and screen time	Immunization status
Breasts/genitalia	Vegetables		Parents working outside home	Well-balanced diet, including breakfast	Influenza
Sexual maturity	Meat		After-school care/activities	Healthy weight	Catch-up immunizations
Spine	Appetite		Parent/child/sibling interaction	Daily physical activity	Fluoride if indicated
Musculoskeletal	Dairy		Parent/teacher concerns	Bullying	
Skin	Eats breakfast		Eats meals as a family		
Neurological	Water source				
	Well, city, bottled or fluoridated				

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9 TO 10-YEAR ASSESSMENT					
Physical Exam	Risk Assessment/Screening	Development	Behavioral	Anticipatory Guidance Topics	History
Height/weight % – BMI percentile	Hearing	Rough and tumble play	Parental concerns	Appropriate booster/car restraints	Follow-up previous visit
Total Physical Response (TPR) – blood pressure	Vision exam	Enjoys team games	Vision	Smoke/carbon monoxide detectors	Medication review
General appearance	Anemia risk screening	Likes complex crafts and tasks	Hearing	No smoking in home	Interval history
Head	Tuberculosis risk assessment	Ability to learn and apply skills	Development/learning	Sexual safety	Special health care needs
Neck	Dental assessment	Capable of longer interest	Self-control	Swimming safety	Changes in family health
Eyes	Alcohol/drugs assessment	More abstract reasoning	Sense of accomplishment	Consistent routines	
Ears, nose, mouth/throat			Competitive	Sun exposure	
Teeth – caries, gingival				Safety helmets and pads	
Lungs				Street safety	
Heart				Guns	
Abdomen	Nutrition		Social/Family History	Brushing/flossing teeth	Plan/Referrals
Femoral pulses	Fruits		Changes since last visit	Limit TV and screen time	Immunization status
Umbilical cord	Vegetables		Parents working outside home	Well-balanced diet, including breakfast	Influenza
Breasts/genitalia	Meat		After-school care/activities	Healthy weight	Catch-up immunizations
Sexual maturity	Appetite		Parent/teacher concerns	Daily physical activity	Fluoride if indicated
Spine	Dairy		More independent	Bullying	
Musculoskeletal	Eats breakfast		Very conscious of fairness		
Skin	Water source				
Neurological	Well, city, bottled or fluoridated				

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11 TO 14-YEAR ASSESSMENT					
Physical Exam	Risk Assessment/Screening	Development	Behavioral	Anticipatory Guidance Topics	History
Height/weight % – BMI percentile	Hearing	Pubic and underarm hair growth	Parental concerns	Seat belts	Follow-up previous visit
Total Physical Response (TPR) – blood pressure	Vision exam	Girls	Vision	Smoke/carbon monoxide detectors	Medication review
General appearance	Anemia risk screening	Breast development	Hearing	No smoking in home	Interval history
Head	Tuberculosis risk assessment	Menarche	Development/learning	Sexual safety	Special health care needs
Neck	Dental assessment	Rapid growth spurt	Develop moral philosophies	How to prevent pregnancy, STDs and HIV	Changes in family health
Eyes, red reflex, alignment	Alcohol/drugs assessment	Boys	Self-esteem	Sun exposure	
Ears, nose, mouth/throat	Cervical dysplasia risk screening	Voice changes	Sexual activity	Sports safety – helmets, water	
Teeth – caries, gingival	STI risk screening	Genital growth		Street safety	
Lungs		Nocturnal emissions		Guns	
Heart		Understands abstract ideas		Oral hygiene	
Abdomen	Nutrition		Social/Family History	Limit TV and screen time	Plan/Referrals
Femoral pulses	Fruits		Changes since last visit	Well-balanced diet, including breakfast	Immunization status
Umbilical cord	Vegetables		After-school activities	Healthy weight	Influenza
Breasts/genitalia	Meat		Family relationships	Daily physical activity	Catch-up immunizations
Sexual maturity	Appetite			Bullying	Fluoride if indicated
Spine	Dairy, including low-fat options			Adequate sleep	
Musculoskeletal	Eats breakfast			Stress management	
Skin	Water source			Anger management	
Neurological	Well, city, bottled or fluoridated				

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15 TO 17-YEAR ASSESSMENT					
Physical Exam	Risk Assessment/Screening	Development	Behavioral	Anticipatory Guidance Topics	History
Height/weight – BMI percentile	Hearing	Girls – full physical development	Parental concerns	Seat belts	Follow-up previous visit
Total Physical Response (TPR) – blood pressure	Vision exam	Boys – voice lowers, facial hair, gain muscle and height	Vision	Smoke/carbon monoxide detectors	Medication review
General appearance	Anemia risk screening	Interest in new music, fashion	Hearing	No smoking in home	Interval history
Head	Tuberculosis risk assessment	Solve problems	Development/learning	Sexual safety	Special health care needs
Neck	Dental assessment	More aware – sexual orientation	Challenge school/parents rules	How to prevent pregnancy, STDs and HIV	Changes in family health
Eyes	Alcohol/drugs assessment	Plans for future work/education	Dissatisfied with appearance	Sun exposure	
Ears, nose, mouth/throat	Cervical dysplasia risk screening			Sports safety – helmets, water	
Teeth – caries, gingival	STI risk screening			Alcohol	
Lungs				Tobacco	
Heart				Drugs	
Abdomen	Nutrition		Social/Family History	Oral hygiene	Plan/Referrals
Femoral pulses	Fruits		Changes since last visit	Limit TV and screen time	Immunization status
Breasts/genitalia	Vegetables		More time with friends or alone	Well-balanced diet, including breakfast	Influenza
Sexual maturity	Meat		Begins interest in religion, politics and causes	Healthy weight	Catch-up immunizations
Spine	Appetite		Seeks more control over life	Daily physical activity	Fluoride if indicated
Musculoskeletal	Low-fat dairy		Positive family relationships	Anger management	
Skin	Eats breakfast				
Neurological	Water source				
	Well, city, bottled or fluoridated				

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18 TO 21-YEAR ASSESSMENT					
Physical Exam	Risk Assessment/Screening	Development	Behavioral	Anticipatory Guidance Topics	History
Height/weight – BMI	Hearing	Girls – full physical development	Responsibility for actions	Seat belts	Follow-up previous visit
Total Physical Response (TPR) – blood pressure	Vision exam	Boys – may continue to gain muscle and height	Coping skills	Smoke/carbon monoxide detectors	Medication review
General appearance	Anemia risk screening	Sense of self		Work stress	Interval history
Head	Tuberculosis risk assessment	Self-reliant		Safe sex	Special health care needs
Neck	Dental assessment	Makes own decisions		How to prevent pregnancy, STDs and HIV	Changes in family health
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			Alcohol	
Lungs				Tobacco	
Heart				Drugs	
Abdomen	Nutrition		Social/Family History	Oral hygiene	Plan/Referrals
Femoral pulses	Fruits		Changes since last visit	No texting while driving	Immunization status
Breasts/Genitalia	Vegetables		Concern about relationships	Well-balanced diet, including breakfast	Influenza
Sexual maturity	Meat		Living on their own	Healthy weight	Catch-up immunizations
Spine	Appetite			Daily physical activity	Fluoride if indicated
Musculoskeletal	Low-fat dairy			Stress management	Lipid profile if at risk
Skin	Eats breakfast				Tuberculosis test if at risk
Neurological	Water source				
	Well, city, bottled or fluoridated				

[TOP](#)

Amerigroup Louisiana does not require specific EPSDT documentation forms. Please refer to available state forms or resources below for forms and information on use.

Please note: This document contains general screening guidelines and topics to assist with examination and documentation of well-child exams. For more detailed information, risk assessments, forms and information contained therein, go to [American Academy of Pediatrics \(AAP\)](http://www.aap.org) (www.aap.org), [The Advisory Committee on Immunization Practices \(ACIP\)](http://www.cdc.gov/vaccines/acip/index.html) (www.cdc.gov/vaccines/acip/index.html) and the [American Academy of Family Physicians](http://www.aafp.org) (www.aafp.org).