The DC HealthCheck Periodicity Schedule follows AAP health recommendations in consultation with the local medical community. The recommendations are for the care of children who have no manifestations of any important health problems. Additional visits or interperiodic screens may become necessary if circumstances suggest the need for more screens, i.e., medical conditions, referral by parent, Head Start, DC Public Schools, early intervention services and programs. Developmental, psychosocial, and chronic disease issues may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal. If a child comes under care for the first time, or if any items are not done at the suggested age, the schedule should be brought up to date as soon as possible. The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

**KEY:**
- **=** to be performed  
- **=** risk assessment to be performed with appropriate action to follow, if positive

`-` range during which a service may be provided

### DC Medicaid HealthCheck Periodicity Schedule

Based on Recommendations from Preventive Pediatric Health Care from Bright Futures/American Academy of Pediatrics (AAP)

### CPT Code

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>INFANT</th>
<th>EARLY CHILDHOOD</th>
<th>MIDDLE CHILDHOOD</th>
<th>ADOLESCENCE</th>
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<tr>
<td><strong>PHYSICAL EXAMINATION</strong></td>
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<td><strong>Developmental Screening</strong></td>
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<td><strong>PHYSICAL EXAMINATION</strong></td>
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<td><strong>MEASUREMENTS</strong></td>
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<td><strong>Length/Height and Weight</strong></td>
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<td><strong>Head Circumference</strong></td>
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<td><strong>Body Mass Index</strong></td>
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<td><strong>HEENT</strong></td>
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<td><strong>HIV</strong></td>
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<td><strong>Tuberculosis</strong></td>
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<td><strong>Cervical Dysplasia</strong></td>
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<td><strong>Sexually Transmitted Infections</strong></td>
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**Sensory Screening**

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**Diagnostic**

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<th>ADOLESCENCE</th>
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<td><strong>Laboratory</strong></td>
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The recommendations are based on Recommendations from Preventive Pediatric Health Care from Bright Futures/American Academy of Pediatrics (AAP).

### Key:
- **P** = prenatal
- **N** = newborn
- **DC Medicaid HealthCheck Periodicity Schedule**
- **Based on Recommendations from Preventive Pediatric Health Care from Bright Futures/American Academy of Pediatrics (AAP)**
- **Measurement**
- **HISTORY**
- **PHYSICAL EXAMINATION**
- **MEASUREMENTS**
- **Length/Height and Weight**
- **Head Circumference**
- **Body Mass Index**
- **HEENT**
- **Vision**
- **Hearing**
- **Oral Health Assessment**
- **Psychosocial/Behavioral**
- **Developmental, Psychosocial, and Behavioral Health**
- **HIV**
- **STD**
- **Tuberculosis**
- **Cervical Dysplasia**
- **Sexually Transmitted Infections**
- **Sensory Screenings**
- **Vision**
- **Hearing**
- **Diagnostic**
- **Hematology**
- **Laboratory**

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**Note:**
- **CPT Code**
- **INFANT**
- **EARLY CHILDHOOD**
- **MIDDLE CHILDHOOD**
- **ADOLESCENCE**

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**DC Medicaid HealthCheck Periodicity Schedule**

Based on Recommendations from Preventive Pediatric Health Care from Bright Futures/American Academy of Pediatrics (AAP)
NOTES

1. If a child comes under care for the first time at any point on the schedule and is not accompanied at the suggested age, the schedule should be brought up to date at the earliest possible time.

2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding per AAP statement “The Prenatal Visit” (2009).

3. Every infant should have a newborn evaluation after birth, breastfeeding encouraged, and instruction and support offered.

4. Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital, to include evaluation for feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, encouragement, and instruction according to AAP statement “Breastfeeding and the Use of Human Milk” (2012).

5. For newborns discharged in less than 48 hours after delivery, the infant should have a hearing screening performed within 48 hours of discharge. AAP recommends the use of the statement “Hospital Stay for Healthy Term Newborns” (2010).

6. At each visit, age-appropriate physical examination is essential, with infant totally unclothed, older child undressed and suitably draped. See “Use of Chaperones During the Physical Examination of the Pediatric Patient” (2011).

7. Screen, per Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity; Summary Report” (2007).

8. Blood pressure measurement in infants and children with specific risk factors should be performed at visits before age 3 years.

9. Oral Health Services by the primary care provider include oral health assessments, fluoride varnish applications, and referral to a Dental Home. Fluoride varnish should be applied to a child’s teeth in a primary care setting not later than age three (3) years. The first tooth and should have an established dental home by no later than age three (3) years. A Dental Home is where all aspects of a child’s oral health care is delivered in a comprehensive, continuously accessible, and coordinated way by a single dental practice.


11. A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Early vision-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See “Visual System Assessment in Infants, Children, and Young Adults by Pediatrion” (2016) and Procedures for the Evaluation of the Visual System by Pediatricians (2016).

12. Confirm initial vision was completed, verify results, and follow up, as appropriate. Newborns should be screened, per “Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs” (2007).

13. Verify results as soon as possible, and follow up, as appropriate.

14. Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See “The Sensitivity of Adolescent Hearing Screens: Significantly Improved by Adding High Frequencies” (2016).

15. Developmental surveillance is the process of recognizing children who may be at risk of developmental delays and should be performed at every well-child visit. Developmental screening is the administration of a brief standardized tool indicating the identification of children with developmental delays (AAP). A developmental screening tool is recommended once between 9, 18, and 30 months. To bill for a developmental screening using a structured validated tool as a part of the preventive care visit, use CPT code 96110. “Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening” (2008).


17. Psychosocial/behavioral screening and depression screening are a key part of monitoring mental health in children and youth, and allow for early identification of and intervention of mental health problems. If a child is identified as requiring further assessment or treatment, please refer to “The DC Collaborative for Mental Health in Pediatric Primary Care: Child and Adolescent Mental Health Resource Guide” (2017). The psychosocial/behavioral assessment should be family-centered and may include an assessment of the child’s social-emotional health, caregiver depression, and social determinants of health. See “Promoting Optimal Development: Screening for Behavioral and Emotional Problems” (2015) and “Poverty and Child Health in the United States: 6th Edition” (2016).

18. A recommended screening tool is the CHAT: Screening Tool. Recommended screening tool is the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit.

19. A recommended screening tool is the CHAT: Screening Tool. Recommended screening tool is the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit.

20. Maternal Screening should occur per “Incorporating Recognition and Management of Perinatal and Postpartum Depression into Pediatric Practice” (2010).

21. These may be modified, depending on entry point into schedule and individual setting.

22. Immunization Schedules, per the AAP Committee on Infectious Diseases, are available at. Every visit should be an opportunity to update and complete a child’s immunizations.

23. District of Columbia law requires all newborns to have a blood test for all conditions defined in the District of Columbia Newborn Screening Act. For a full list of conditions that should be tested for go to Chapter 4: Newborn Screening. Understanding Genetics: A District of Columbia Guide for Patients and Health Professionals: Results should be reviewed at visits and appropriate retesting or referral done as needed. In addition to District-required newborn blood lead tests, the newborn bilirubin and critical congenital heart defect tests should be completed.

24. For children at risk of lead exposure, consult the AAP statement “Lead Exposure in Children: Prevention, Detection, and Management” (2008) and ‘Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention” (2012). District law (2012) requires that all children receive two blood lead screening tests between ages 6–14 months and 22–26 months; and providers must report lead-poisoned children to DOE’s Childhood Lead Poisoning Prevention Program within 72 hours by faxing (202) 335-2007.

25. Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.


27. See the AAP-endorsed guidelines from the National Heart Blood and Lung Institute, “Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents” (2012).


29. All sexually active girls should have screening for cervical dysplasia as part of a pelvic examination beginning within 3 years of onset of sexual activity or age 21 (whichever comes first). See “Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents” (2012).


31. Adolescents should be screened for HIV according to the USPSTF “HIV Infection Screening” recommendations (2013) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.