

# EPSDT Provider Toolkit

Nevada EPSDT provider toolkit  
Care for Kids

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<https://mediproviders.anthem.com/nv>

# What is EPSDT?

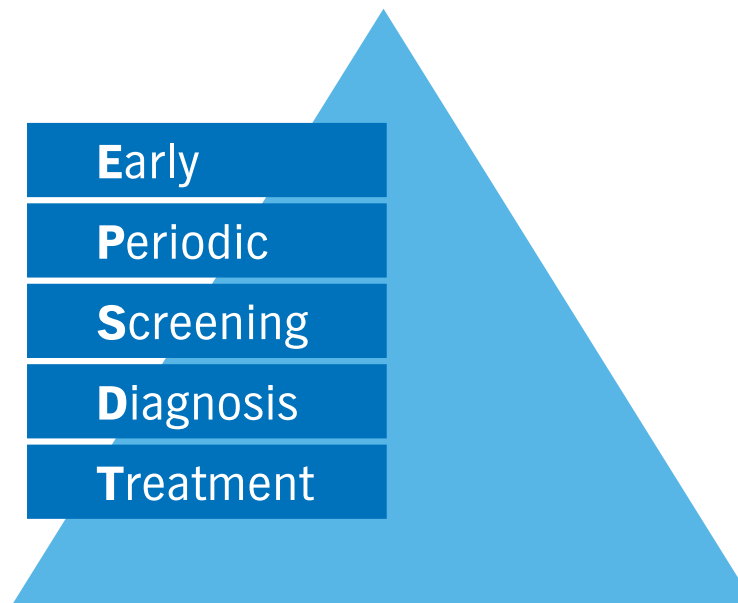
EPSDT is Medicaid's federally mandated comprehensive and preventive child health program for individuals under the age of 21. EPSDT was defined by law as part of the *Omnibus Budget Reconciliation Act of 1989* and requires states to cover all services within the scope of the federal Medicaid program. 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 assessment and history, both physical and mental health development
- 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, such as diagnostic services and treatment to correct or ameliorate defects, 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 Immunization Recommendations schedule*

## Anthem Blue Cross and Blue Shield Healthcare Solutions (Anthem) EPSDT program supports the individual state plans:

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

**The Anthem EPSDT program includes additional member outreach activities and case management, as well as a provider pre-service report.**

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

Children's preventive guidelines	Birth	3-5 days	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	24 months	30 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 <sup>1</sup>											✓	✓	✓	✓	✓	✓	Yearly
Blood pressure <sup>2</sup>	*	*	*	*	*	*	*	*	*	*	*	*	✓	✓	✓	✓	Yearly
Nutrition assessment/counseling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Physical activity assessment/counseling <sup>3</sup>													✓	✓	✓	✓	Yearly
Vision exam	*	*	*	*	*	*	*	*	*	*	*	*	✓	✓	✓	✓	Yearly
Hearing exam	✓	*	*	*	*	*	*	*	*	*	*	*	*	✓	✓	✓	Yearly
Developmental/behavioral assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Autism screening										✓	✓	*					
Psychological/behavioral assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Alcohol/drug use assessment																	Yearly
Physical exam (unclothed)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Oral/dental assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Dental referral <sup>4</sup>						*	*	✓	*	*	*	*	*	*	*	*	Refer
Immunization review and administration	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Hematocrit or hemoglobin					*			✓		*	*	*	*	*	*	*	Yearly
Lead screening						*	*	✓		*	✓		*	*	*	*	
Urinalysis																✓	16 years
Tuberculin test if at risk			*			*		*			*	*	*	*	*	*	*
Dyslipidemia screening (test at 10 and ≥18)											*			*		*	*18-21
STI screening <sup>5</sup>																	*11-21
Cervical dysplasia screening <sup>5</sup>																	*11-21
Anticipatory guidance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Counseling/referral for identified problems	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly

1 BMI percentile is required with height and weight; may use BMI growth chart.

2 Children with specific risk factors should have blood pressure taken at visits before age 3.

3 National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS®) measure was added to the chart.

4 Referrals for dental care should be given at first tooth eruption or at 12 months and for any problem identified. Ask about dental home at each visit. AAPD recommends dental exam every six months after tooth eruption.

5 STI and cervical dysplasia screenings should be conducted on all sexually active females ages 11 to 21.

\* Conduct a risk assessment. If high-risk conditions exist, perform screening and/or referral as indicated.

# Recommended EPSDT periodicity schedule

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

3 to 5 days	12 months
1 month	15 months
2 months	18 months
4 months	24 months
6 months	30 months
9 months	3 to 21 years annually

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

For complete information, see the American Academy of Pediatrics (AAP) periodicity schedule ([www.brightfutures.aap.org/clinical\\_practice.html](http://www.brightfutures.aap.org/clinical_practice.html)) and the American Academy of Pediatric Dentistry (AAPD) ([www.aapd.org/media/Policies\\_Guidelines/G\\_CariesRiskAssessmentChart.pdf](http://www.aapd.org/media/Policies_Guidelines/G_CariesRiskAssessmentChart.pdf)).

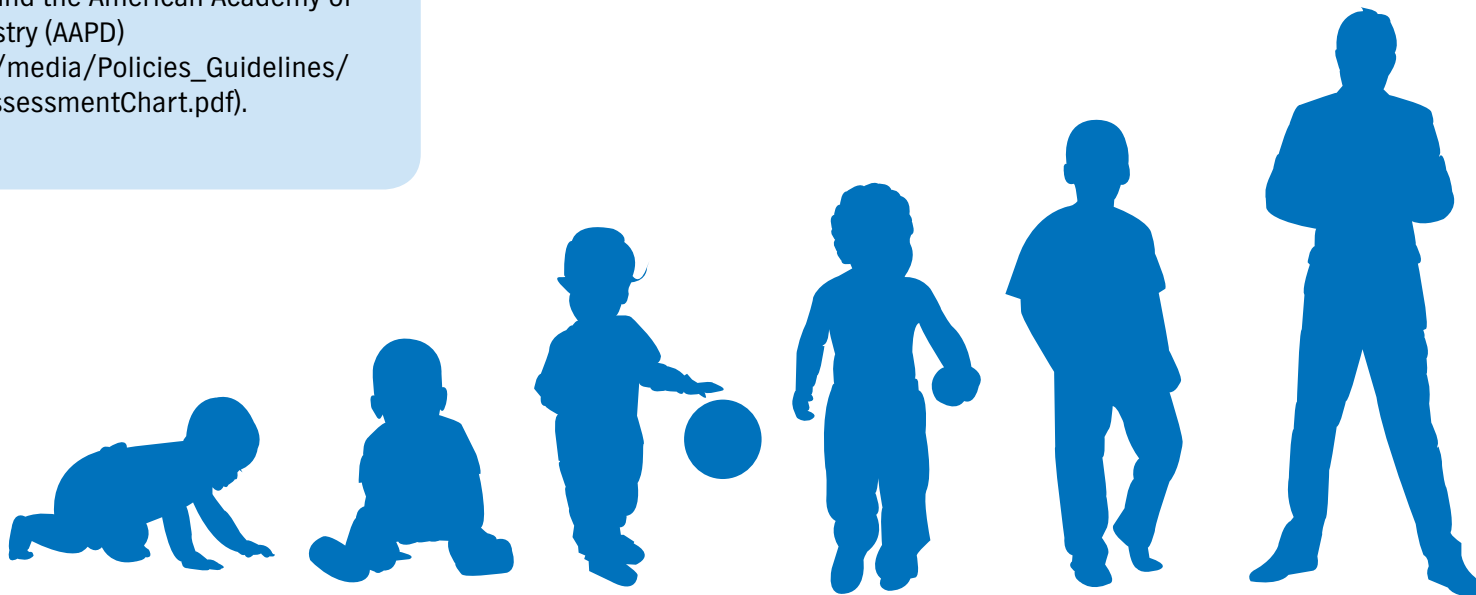
## Notes:

- All well-visits should include, at a minimum, an unclothed physical exam, a developmental assessment, an anticipatory guidance, and age-appropriate screenings and immunizations, as indicated.
- Health education should include counseling for issues and risk factors, and 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 that are past due, contact the health plan below.

9133 W. Russell Rd.  
Las Vegas, NV 89148

Fax: **1-888-235-9334**

Phone: **1-702-228-1308**



# 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	Hep B	Hep B			Hep B						
Rotavirus			RV	RV	RV						
Diphtheria, tetanus, pertussis			Dtap	Dtap	Dtap		Dtap				Dtap
Haemophilus influenza B			Hib	Hib	Hib	Hib					
Pneumococcal			PCV	PCV	PCV	PCV					PPSV
Inactivated poliovirus			IPV	IPV	IPV						IPV
Influenza					Influenza yearly						
Measles, mumps, rubella						MMR					MMR
Varicella						Varicella					Varicella
Hepatitis A						Hep A, dose 1				Hep A series	
Meningococcal										MCV	

## Recommended adolescent immunizations

	7-10 years	11-12 years	13-18 years
Tetanus, diphtheria, pertussis		Tdap	Tdap
Human papillomavirus		HPV 3 doses or 2 doses*	HPV series
Meningococcal	MCV	MCV	MCV
Influenza	Influenza yearly		
Pneumococcal	PPSV		
Hepatitis A	Hep A series		
Hepatitis B	Hep B series		
Inactivated poliovirus	IPV series		
Measles, mumps, rubella	MMR series		
Varicella	Varicella series		

- 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

**For complete information,** see: the Advisory Committee on Immunization Practices ([www.cdc.gov/vaccines/recs/acip](http://www.cdc.gov/vaccines/recs/acip)), the AAP ([www.aap.org](http://www.aap.org)), the American Academy of Family Physicians ([www.aafp.org](http://www.aafp.org)), and Nevada Healthy Kids ([www.dhcfp.nv.gov/Pgms/CPT/EPSTDT](http://www.dhcfp.nv.gov/Pgms/CPT/EPSTDT)).

# EPSDT billing codes

CPT	New patient	CPT	Established pt.	Other coding tips	Codes	Description
99461	Initial newborn care, hospital/birthing center				Z68.51	BMI, Ped. less than 5th %ile
99463	Initial newborn care, admit and discharge same day				Z68.52	BMI, Ped. 5th to less than 85th %ile
99381	Preventive visit	99391	Preventive visit		Z68.53	BMI, Ped. 85th %ile to less than 95th %ile
	Age <1 year		Age <1 year		Z68.54	BMI, Peds. greater or equal to 95th %ile
99382	Preventive visit	99392	Preventive visit	ICD-10 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, see modifier 25	97802-97804	Counseling for nutrition
	Age 1 to 4		Age 1 to 4		96110	Developmental screening, limited
99383	Preventive visit	99393	Preventive visit		96111	Developmental testing, extended
	Age 5 to 11		Age 5 to 11	90471-90474	Immunization administration codes	
99384	Preventive visit	99394	Preventive visit	Use antigen codes along with immunization administration codes	EP	To be used with each EPSDT code
	Age 12 to 17		Age 12 to 17		25	
99385	Preventive visit	99395	Preventive visit	Referral codes must be included		Use for significant, separately identifiable E&M services by the same provider on the same day, and for filing a same day sick and well care visit.
	Age 18 to 21		Age 18 to 21			

99202-99205 (new patient) and 99213-99215 (established patient) must be used in conjunction with appropriate ICD-10 codes. Referral codes as appropriate for condition.

Payment will be made for medically necessary diagnostic 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.

To submit electronic claims, visit <https://www.availity.com> or call EDI Provider Services at 1-844-396-2330 to initiate filing.



For paper claims, submit the CMS-1500 forms to:

Anthem Blue Cross and Blue Shield Healthcare Solutions  
Claims  
P.O. Box 61010  
Virginia Beach, VA 23466-1010



# EPSDT FAQ



## Who can conduct EPSDT screenings?

Personnel employed and under direct supervision by the physician may perform screenings. Personnel may be nurses, nurse practitioners, physician assistants, psychologists, social workers, audiologists, occupational therapists and physical therapists. The physician must be on the premises in the same office suite but not in the same room.

## Can blood lead screenings be done at nine months, or do you require adherence to the periodicity schedule, which indicates a screening at 12 and 24 months?

Lead screenings are recommended at 12 and 24 months. However, risk assessments should be conducted to determine if a screening should be done earlier. As always, guidelines are recommendations, but it remains at the discretion and judgment of the provider to determine risk and the appropriate course of action.

## Where can I get forms or information about the guidelines?

The guidelines and forms for Nevada may be obtained from the Nevada Healthy Kids program at [www.dhcfp.nv.gov/Pgms/CPT/EPSDT](http://www.dhcfp.nv.gov/Pgms/CPT/EPSDT).

The Bright Futures program produces comprehensive guidelines and the most commonly used periodicity schedule. The vaccine schedule is provided by the CDC. Providers may go to any of these websites for forms, educational materials and information related to child preventive care. There may be a cost associated with some materials.

[www.brightfutures.aap.org/clinical\\_practice.html](http://www.brightfutures.aap.org/clinical_practice.html),  
[www.cdc.gov/vaccines/schedules/hcp/index.html](http://www.cdc.gov/vaccines/schedules/hcp/index.html)

## If the child comes in for a sick visit, but EPSDT services were also provided, can an EPSDT well-care claim and sick-child claim be submitted for the same day?

The health plan does allow reimbursement for same-day sick- and well-care. Modifier 25 must be billed with the applicable E&M code for the allowed visit.

## Will an annual well-visit claim be paid?

Annual EPSDT visit claims beginning at three years of age are paid. Prior to three years, the frequency is based on the AAP periodicity schedule.

## Does the plan send out reminders encouraging members to seek EPSDT services? If so, how often?

Members are mailed an annual reminder just prior to their birthday containing all recommended preventive services due in the coming year. Members are also mailed a reminder to make an appointment with their doctor after an EPSDT service is 90 days past due. The reminder is only mailed once for each visit missed.

## Why do I get a letter with a list of patients who are past due for EPSDT services if they have already had screening or testing?

If the patient has already had the service, simply be sure a claim has been filed. The most common reasons for members to appear on the list if they have had the service include: the report was run prior to receiving the claim, the member had the service prior to coming onto the plan, an unacceptable HEDIS code was used for the claim or a claim has not been filed. If you have received payment for the rendered service, there is no action required.

## Why am I getting children on the list I receive who are not my patients?

You receive the letter if a member on your panel is 90 days past due for EPSDT services. Members are assigned a PCP panel if they have not indicated their PCP. If you reach out to those members for an appointment and find they are seeing another provider, just remind them to call the health plan to correct their PCP information.

# Newborn and two- to five-days 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	Exams/screenings
Head circumference	Hearing	Breathe easily	Support for mother	Smoke-free environment	Hep B
TPR	Vision	Turns, calms to mom's voice	Family makeup	Smoke detectors in home	Weeks' gestation
General appearance	Metabolic/ hemoglobinopathy	Eats well	Any major changes in family	Hot water temperature <120° F	Birth weight
Head, fontanel			Any 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>		<b>Nutrition/feedings</b>	<b>Plan/referrals</b>
Heart	Breast, how long, frequency	Constipation		No solid food	Immunizations status
Abdomen	Formula, oz. and frequency	Sleep		Sponge bath	Hepatitis B #1 (if indicated)
Femoral pulses	Brand w/iron	Spitting up		Cord, circumcision care	Ophthalmology referral (if <32 weeks)
Umbilical cord	<b>Water source</b>	Excessive crying		Bowel movements	
Genitalia (male testes, circumference)	Well, city or bottled			General newborn care	
Spine	Number of wet diapers/day			Taking temperature – fever >100.4° F	
Extremities	Stools/day			When to call the doctor	
Hips	WIC				
Skin					
Neuro					



# One-month assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
Weight, length (W/L) percentile	Blood pressure	Lifts head when prone	Maternal/caregiver depression	Car seat, facing back	Follow-up previous visit
Head circumference	Hearing	Begins to smile	Parental concerns	Smoke-free environment	Medication review
TPR	Vision	Follows parent with eyes	Vision	Smoke detectors in home	Interval history
General appearance	Metabolic/ hemoglobinopathy	Turns to parent's voices	Hearing	Hot water temperature <120° F	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>	<b>Nutrition/feedings</b>	<b>Plan/referrals</b>
Heart	Breast, how long, frequency	Constipation	Parent/child adjustment	Techniques to calm	Immunizations status
Abdomen	Formula, oz. and frequency	Sleep	Any major changes in family	Cord, circumcision care	Hep B
Femoral pulses	Brand w/iron	Spitting up	Maternal depression	Elimination	Vitamin D if breastfed
Umbilical cord	<b>Water source</b> Well, city or bottled	Excessive crying	Support for mother	Taking temperature — fever >100.4° F	TB test if at risk
Genitalia (male testes, circumference)	Number of wet diapers/day	Colic	Sibling response to baby	When to call the doctor	
Spine	Stools/day	Stuffy nose	Child care plans	Avoid anything around baby's neck	
Extremities	WIC		Work plans		
Hips			Violence or abuse		
Skin					
Neuro					

# Two-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	Maternal/caregiver depression	Car seat, facing back	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 in home	Interval history
General appearance	Metabolic/ hemoglobinopathy	Follows parent with eyes	Hearing	Hot water temperature <120° F	Special health care needs
Head, fontanel		Turns to parent's voice	Development	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	<b>Nutrition</b>	<b>Common problems</b>	<b>Social/family history</b>	<b>Nutrition/feedings</b>	<b>Plan/referrals</b>
Abdomen	Breast, how long, frequency	Constipation	Parent/child adjustment	Delay solids	Immunizations status
Femoral pulses	Formula, oz. and frequency	Sleep	Any major changes in family	Elimination	DtaP, IPV, Hib, hep B, PCV-7
Umbilical cord	Brand w/iron	Spitting up	Maternal depression	Techniques to calm	Rota
Genitalia (male testes)	Cereal	Excessive crying	Support for mother	Rolling over and preventing falls	Vitamin D if breastfed
Spine	<b>Water source</b>	Colic	Sibling response to baby	When to call the doctor	
Extremities	Well, city or bottled	Stuffy nose	Child care plans		
Hips	Stools/day	Diaper rash	Work plans		
Skin	WIC		Violence or abuse		
Neuro					

# Four-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
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, fontanel		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	<b>Nutrition</b>	<b>Common problems</b>	<b>Social/family history</b>	Never shake baby	<b>Plan/referrals</b>
Abdomen	Breast, how long, frequency	Constipation	Any major changes in family	<b>Nutrition/feedings</b>	Immunizations status
Femoral pulses	Formula, oz. and frequency	Sleep	Family support	Solid foods – when and how to add	DtaP, IPV, Hib, hep B, PCV-7
Umbilical cord	Brand w/iron	Spitting up	Working out of the home	Weight gain	Rota
Genitalia (male testes)	Cereal	Excessive crying	Child care	Elimination	Vitamin D if breastfed
Spine	<b>Water source</b>	Colic	Violence or abuse	Walkers	
Extremities	Well, city or bottled	Stuffy nose		Rolling over and preventing falls	
Hips	Other liquids	Diaper rash		Choking	
Skin	WIC				
Neuro					

# Six-month assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
Weight, length (W/L) percentile	Blood pressure	Able to sit briefly	Maternal/caregiver depression	Car seat, facing back	Follow-up previous visit
Head circumference	Hearing	Head control	Parental concerns	Smoke-free environment	Medication review
TPR	Vision	Rolls and reaches for objects	Vision	Smoke detectors in home	Interval history
General appearance	Anemia risk screening	Responds to affection	Hearing	Sleep and daily routines	Special health care needs
Head, fontanel	Tuberculosis risk screening	Jabbers and laughs	Development	Hot water temperature <120° F	Changes in family health
Neck	Dental/oral	Self-comfort		Drowning	
Eyes, red reflex, strabismus	Lead risk screening	Puts things in mouth		No bottle propping	
Ears, nose, mouth/throat				Sleep on back, tummy time	
Lungs				Kitchen safety	
Heart	<b>Nutrition</b>	<b>Common problems</b>	<b>Social/family history</b>	Brushing teeth	<b>Plan/referrals</b>
Abdomen	Breast, how long, frequency	Constipation	Any major changes in family	<b>Nutrition/feedings</b>	Immunizations status
Femoral pulses	Formula, oz. and frequency	Sleep	Family support	Solid foods – when and how to add	DtaP, IPV, Hib, hep B, PCV-7
Umbilical cord	Brand w/iron	Spitting up	Working out of the home	Drinking from a cup	Rota
Genitalia (male testes)	Cereal	Excessive crying	Child care	Elimination	Vitamin D if breastfed
Spine	<b>Water source</b>	Colic	Violence or abuse	Walkers	Lead screening, if at risk
Extremities	Well, city or bottled, fluorinated	Stuffy nose	Talk, read to baby	Rolling over and preventing falls	TB test, if at risk
Hips	Other liquids	Diaper rash		Choking – finger foods	Fluoride, if indicated
Skin	WIC			Teething	
Neuro					

# Nine-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
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, 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, alignment		Looks for dropped items		Age-appropriate discipline	
Ears, nose, mouth/throat				No bottle in bed or propping	
Teeth: caries, staining spots				First dental visit	
Lungs				Child-proof home	
Heart	<b>Nutrition</b>		<b>Social/family history</b>	Brushing teeth	<b>Plan/referrals</b>
Abdomen	Breast, how long, frequency		Any major changes in family	Solid foods	Immunizations status
Femoral pulses	Formula, oz. and frequency		Family support	Self-feeding	Hep B
Umbilical cord	Brand w/iron		Child care	Choking — finger foods	Catch-up immunizations
Genitalia (male testes)	Cereal		Violence or abuse	Drinking from a cup	Dental, if risk or tooth eruption
Spine	<b>Water source</b>		Talk, read to baby	Separation anxiety	Lead screening, if at risk
Extremities	Well, city or bottled, fluorinated			Falls/window guards	Fluoride, if indicated
Hips	Other liquids			Poisons	
Skin	WIC			No TV	
Neuro				Teething	

# 12-month assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
Weight, length (W/L) percentile	Blood pressure	Waves bye-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
TPR	Vision	Copies gestures	Hearing	Smoke detectors in home	Interval history
General appearance	Anemia screening	Imitates sounds	Development	Sleep and daily routines	Special healthcare needs
Head, fontanel	Dental/oral	Plays peek-a-boo	Praise for good behavior	Burns	Changes/concerns/ child health
Neck	Blood lead screening	Follows simple directions	Stranger anxiety	Drowning	Changes in family health
Eyes, red reflex, alignment	TB risk assessment	Speaks 1 or 2 words	Separation anxiety	Age-appropriate discipline	
Ears, nose, mouth/throat		Drinks from a cup		No bottle in bed or propping	
Teeth: caries, staining spots				Weaning	
Lungs				Child-proof home	
Heart	<b>Nutrition</b>		<b>Social/family history</b>	Brushing teeth	<b>Plan/referrals</b>
Abdomen	Breast, how long, frequency		Any major changes in family	Solid foods	Immunizations status
Femoral pulses	Formula, oz. and frequency		Family support	Self-feeding	Varicella, PCV-7, Hib, hep B, hep A, IPV, MMR, influenza
Umbilical cord	Brand w/iron		Child care	Choking – finger foods	
Genitalia (male testes)	Cereal		Violence or abuse	Drinking from a cup	Catch-up immunizations
Spine	<b>Water source</b>			Separation anxiety	Vitamin D if breastfed
Extremities	Well, city or bottled, fluorinated			Falls/window guards	Dental home or referral
Hips	Other liquids			Poisons	Blood lead screen
Skin	WIC			No TV	TB test, if at risk
Neuro	Weaned				Hematocrit or hemoglobin

# 15-month assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
Weight, length (W/L) percentile	Blood pressure	Says two or three words	Parental concerns	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 in home	Interval history
General appearance		Scribbles	Development	Child-proof home	Special health care needs
Head, fontanel		Tries to do what others do	Temper tantrums	Age-appropriate discipline	Changes in family health
Neck		Follows simple commands	Discourage hitting, biting, 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	<b>Nutrition</b>		<b>Social/family history</b>	Whole milk	<b>Plan/referrals</b>
Abdomen	Breast, how long, frequency		Any major changes in family	Falls	Immunizations status
Femoral pulses	Formula, oz. and frequency		Family support	Poisons	MMR, Hib, varicella, PCV-7, hep B, hep A, DtaP, influenza
Umbilical cord	Brand w/iron		Violence or abuse	No TV	
Genitalia (male testes)	Cereal		Talk, read to baby		Catch-up immunizations
Spine	<b>Water source</b>				Fluoride, if indicated
Extremities	Well, city or bottled, fluorinated				Dental home or referral
Hips	Other liquids				Blood lead screen, if not done
Skin	WIC				TB test, if at risk
Neuro	Weaned				

# 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
TPR	Vision	Runs	Hearing	Smoke detectors in home	Interval history
General appearance	Anemia risk screening	Laughs in response to others	Development	Child-proof home	Special health care needs
Head, fontanel	Lead risk assessment	Points to one body part	Temper tantrums/ time outs	Age-appropriate discipline	Changes in family health
Neck	Tuberculosis risk assessment	Uses spoon and cup	Discourage hitting, biting, 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	<b>Nutrition</b>		<b>Social/family history</b>	Falls	<b>Plan/referrals</b>
Abdomen	Weaned/bottle/breast		Any major changes in family	Poisons	Immunizations status
Femoral pulses	Fruits		Family support	No TV	DtaP, MMR, hep B, hep A, influenza
Umbilical cord	Vegetables		Violence or abuse	Toilet training readiness	
Genitalia (male testes)	Meat		Talk, read, sing to baby		Catch-up immunizations
Spine	Appetite				Fluoride, if indicated
Extremities	Dairy				Dental home or referral
Hips	<b>Water source</b>				Lead screen, if at risk
Skin	Well, city, bottled, fluoridated				TB test, if at risk
Neuro	WIC				



# 24-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	Stands on tip toe	Vision	Carbon monoxide detectors	Medication review
TPR	Vision	Runs	Hearing	Smoke detectors in home	Interval history
General appearance	Anemia risk screening	Knows names of familiar people and body parts	Development	Child-proof home	Special health care needs
Head, fontanel	Blood lead screening	Plays alongside with other children	Temper tantrums/ time outs	Age-appropriate discipline	Changes in family health
Neck	Tuberculosis risk assessment	Throws a ball overhand	Playing with other children	Consistent bedtime routine	
Eyes, red reflex, alignment	Autism screening	Stacks five to six blocks	Self-expression	Burns	
Ears, nose, mouth/throat	Dyslipidemia risk assessment	Turns pages of book 1 at a time		Physical activity	
Teeth: caries, staining spots				Bike helmet	
Lungs				Picky eater	
Heart	<b>Nutrition</b>		<b>Social/family history</b>	Supervise outside	<b>Plan/referrals</b>
Abdomen	Weaned/bottle/breast		Any major changes in family	Guns	Immunizations status
Femoral pulses	Fruits		Family support	Poisons	Hep A, influenza
Umbilical cord	Vegetables		Violence or abuse	Limit TV to 1-2 hours/day	Catch-up immunizations
Genitalia (male testes)	Meat		Talk, read, sing to baby	Toilet training	Fluoride, if indicated
Spine	Appetite		Model appropriate language		Dental home or referral
Extremities	Dairy		Screen time		Blood lead screen
Hips	<b>Water source</b>				Autism screen
Skin	Well, city, bottled, fluoridated				Lipid profile, if at risk
Neuro	WIC				TB test, if at risk

# 30-month assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
Weight, length (W/L) percentile	Blood pressure	Puts 3 to 4 words together	Parental concerns	Car seat safety	Follow-up previous visit
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, fontanel	Dental home	Knows animal sounds	Development	Child-proof home	Special health care needs
Neck			Plays with other children	Outdoor safety	Changes in family health
Eyes, red reflex, alignment			Screen time <2 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	<b>Nutrition</b>		<b>Social/family history</b>	Supervise outside	<b>Plan/referrals</b>
Femoral pulses	Weaned/bottle/breast		Changes since last visit	Guns	Immunizations status
Genitalia (male testes)	Fruits		Parents working outside home	Poisons	Influenza
Spine	Vegetables		Child care type	Limit TV to 1-2 hours/day	Catch-up immunizations
Extremities	Meat		Daily reading	Toilet training	Fluoride, if indicated
Hips	Appetite		Preschool		Dental home or referral
Skin	Dairy				
Neuro	<b>Water source</b>				
	Well, city, bottled, fluoridated				
	WIC				

# Three-year assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
Height/weight %: BMI percentile	Hearing	Puts 2 to 3 sentences together	Parental concerns	Car seat safety	Follow-up previous visit
TPR — BP	Vision	Stands on one foot	Vision	Carbon monoxide detectors	Medication review
General appearance	Dental referral	Knows if boy or girl	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	Child-proof home	Changes in family health
Eyes	Tuberculosis risk screening		Screen time <2 hours	Outdoor safety	
Ears, nose, mouth/throat			Manage anger	Consistent routines	
Teeth: caries, staining spots			Reinforce good behavior	Sun exposure	
Lungs				Physical activity	
Heart				Bike helmet	
Abdomen	<b>Nutrition</b>		<b>Social/family history</b>	Supervise outside, street safety	<b>Plan/referrals</b>
Femoral pulses	Fruits		Changes since last visit	Guns	Immunizations status
Genitalia (male testes)	Vegetables		Parents working outside home	Poisons	Influenza
Spine	Meat		Child care type	Limit TV to 1 to 2 hours/day	Catch-up immunizations
Extremities	Appetite		Read, sing, play		Fluoride, if indicated
Hips	Dairy		Preschool		Dental referral
Skin	<b>Water source</b>		Family activities		
Neuro	Well, city, bottled, fluoridated		Parent/child interaction		
	WIC				

# Four-year assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
Height/weight %: BMI percentile	Hearing-audiometry	Puts 2 to 3 sentences together	Parental concerns	Appropriate car restraints	Follow-up previous visit
TPR — BP	Vision	Hops on 1 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, fontanel	Anemia risk screening	Names four colors	Development	Safety rules with adults	Special health care needs
Neck	Lead risk screening	Dresses self	Plays with other children	Daily reading	Changes in family health
Eyes, red reflex, alignment	Tuberculosis risk screening	Brushes own teeth	Screen time <2 hours	Consistent routines	
Ears, nose, mouth/throat	<b>Assess</b>	Draws a person	Curiosity about sex	Sun exposure	
Teeth: caries, staining spots	Language/speech			Daily physical activity	
Lungs	Fine/gross motor skills			Bike helmet	
Heart	Gait			Supervise outside, street safety	
Abdomen	<b>Nutrition</b>		<b>Social/family history</b>	Guns	<b>Plan/referrals</b>
Femoral pulses	Fruits		Changes since last visit	Poisons	Immunizations status
Genitalia (male testes)	Vegetables		Parents working outside home	Limit TV to 1 to 2 hours/day	Dtap, influenza
Spine	Meat		Preschool		Catch-up immunizations
Extremities	Appetite		Family activities		Fluoride, if indicated
Hips	Dairy		Parent/child interaction		Dental home or referral
Skin	<b>Water source</b>		Helps at home		Lipid profile, if at risk
Neuro	Well, city, bottled, fluoridated				Audiometry

# Five- to six-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
TPR – BP	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, fontanel	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	<b>Assess</b>	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	<b>Nutrition</b>		<b>Social/family history</b>	Brushing/flossing teeth	<b>Plan/referrals</b>
Femoral pulses	Fruits		Changes since last visit	Limit TV	Immunizations status
Genitalia (male testes)	Vegetables		Parents working outside home	Well-balanced diet, including breakfast	DtaP, IPV, MMR, varicella, influenza
Spine	Meat		After school care/activities	Healthy weight	Catch-up immunizations
Musculoskeletal	Appetite		Parent/child/ sibling interaction	Daily physical activity	Fluoride, if indicated
Skin	Dairy		School readiness	Bullying	Dental referral
Neuro	<b>Water source</b>		Family time		Audiometry
	Well, city, bottled, fluoridated				

# Seven- to eight-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
TPR – BP	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			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	<b>Nutrition</b>		<b>Social/family history</b>	Brushing/flossing teeth	<b>Plan/referrals</b>
Femoral pulses	Fruits		Changes since last visit	Limit TV and screen time	Immunizations 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	Dental referral
Skin	Eats breakfast		Eats meals as a family		
Neuro	<b>Water source</b>				
	Well, city, bottled, fluoridated				

# Nine- 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
TPR – BP	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		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	<b>Nutrition</b>		<b>Social/family history</b>	Brushing/flossing teeth	<b>Plan/referrals</b>
Femoral pulses	Fruits		Changes since last visit	Limit TV and screen time	Immunizations 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		More independent	Bullying	Dental referral
Skin	Eats breakfast		Very conscious of fairness		Lipid screening at 10 years
Neuro	<b>Water source</b>				
	Well, city, bottled, fluoridated				

# 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
TPR – BP	Vision exam	<b>Girls</b>	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, HIV	Changes in family health
Eyes, red reflex, alignment	Alcohol/drugs assessment	<b>Boys</b>	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		Understand abstract ideas		Oral hygiene	
Abdomen	<b>Nutrition</b>		<b>Social/family history</b>	Limit TV and screen time	<b>Plan/referrals</b>
Femoral pulses	Fruits		Changes since last visit	Well-balanced diet, including breakfast	Immunizations status
Breasts/genitalia	Vegetables		After school activities	Healthy weight	Influenza, HPV, Tdap, MCV
Sexual maturity	Meat		Family relationships	Daily physical activity	
Spine	Appetite			Bullying	Catch-up immunizations
Musculoskeletal	Dairy – including low fat options			Adequate sleep	Fluoride, if indicated
Skin	Eats breakfast			Stress management	Dental referral
Neuro	<b>Water source</b>			Anger management	
	Well, city, bottled, fluoridated				



# 15- to 17-year assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
Height/weight %: BMI percentile	Hearing	<b>Girls:</b> full physical development	Parental concerns	Seat belts	Follow-up previous visit
TPR – BP	Vision exam	<b>Boys:</b> 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	Lead risk screening	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, 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	<b>Nutrition</b>		<b>Social/family history</b>	Oral hygiene	<b>Plan/referrals</b>
Femoral pulses	Fruits		Changes since last visit	Limit TV and screen time	Immunizations status
Breasts/genitalia	Vegetables		More time with friends or alone	Well-balanced diet, including breakfast	Influenza, MCV
Sexual maturity	Meat		Begin interest in religion, politics, causes	Healthy weight	Catch-up immunizations
Spine	Appetite		Seek more control over life	Daily physical activity	Fluoride, if indicated
Musculoskeletal	Low-fat dairy		Positive family relationships	Anger management	Dental referral
Skin	Eats breakfast				
Neuro	<b>Water source</b>				
	Well, city, bottled, fluoridated				

# 18- to 21-year assessment

Physical exam	Risk assessment/ screening	Development	Behavioral	Anticipatory guidance topics	History
Height/weight %: BMI percentile	Hearing	<b>Girls:</b> full physical development	Responsibility for actions	Seat belts	Follow-up previous visit
TPR – BP	Vision exam	<b>Boys:</b> 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, 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	<b>Nutrition</b>		<b>Social/family history</b>	Oral hygiene	<b>Plan/referrals</b>
Femoral pulses	Fruits		Changes since last visit	No texting while driving	Immunizations status
Breasts/genitalia	Vegetables		Concerns 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	Dental referral
Skin	Eats breakfast				Lipid profile, if at risk
Neuro	<b>Water source</b>				TB test, if at risk
	Well, city, bottled, fluoridated				

# 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**  
[www.brightfutures.aap.org/clinical\\_practice.html](http://www.brightfutures.aap.org/clinical_practice.html)
- **The Advisory Committee on Immunization Practices**  
[www.cdc.gov/vaccines/acip/index.html](http://www.cdc.gov/vaccines/acip/index.html)
- **The American Academy of Family Physicians**  
[www.aafp.org](http://www.aafp.org)
- **American Academy of Pediatric Dentistry**  
[www.aapd.org](http://www.aapd.org)

