Early and Periodic Screening, Diagnosis & Treatment (EPSDT)

EPSDT is a comprehensive and preventive child health program for individuals under the age of 21. This program is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental and specialty services.

EPSDT can be broken down as follows:

<table>
<thead>
<tr>
<th>Early</th>
<th>Assessing and identifying problems early</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periodic</td>
<td>Checking children’s health at periodic, age-appropriate intervals</td>
</tr>
<tr>
<td>Screening</td>
<td>Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>Performing diagnostic tests to follow up when a risk is identified</td>
</tr>
<tr>
<td>Treatment</td>
<td>Control, correct or reduce health problems found</td>
</tr>
</tbody>
</table>

When should a child have an EPSDT screening?
All children younger than 21 years old who are enrolled in a Medicaid program should have an annual EPSDT visit. An EPSDT screening can be completed during regular check-ups. Meridian Health Plan uses the American Academy of Pediatrics and Bright Futures guidelines.

EPSDT screening services can be conducted by physicians, certified nurse practitioners or physician assistants and include the following:

- Comprehensive health and developmental history
- Comprehensive unclothed physical exam
- Age appropriate immunizations (according to the Advisory Committee on Immunization Practices)
- Laboratory tests (including lead toxicity screening)
- Health education (anticipatory guidance including child development, healthy lifestyles and accident and disease prevention)
- Referrals for medically necessary health and mental health treatment as documented in the chart
- Vision services
- Dental services
- Hearing services

<table>
<thead>
<tr>
<th>CPT Codes</th>
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</thead>
<tbody>
<tr>
<td>99381 – 99387 (new patients)</td>
</tr>
<tr>
<td>99391 – 99397 (established patients)</td>
</tr>
</tbody>
</table>

Meridian will also reimburse for a Developmental Screening (for members 20 years of age or younger) performed on the same day as an EPSDT visit!

For additional information, resources and forms please refer to the EPSDT Toolkit available courtesy of the Michigan State University, College of Human Medicine, Institute for Health Care Studies at: http://ihcs.msu.edu/quality/EPSDT_clinician_toolkit.php

If you have any questions, please call Meridian’s Quality Improvement department at: **312.705.2900**

Medical records may be faxed to: **312.980.0444**
Recommendations for Preventive Pediatric Health Care

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal.

Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

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.

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**INFANCY**

<table>
<thead>
<tr>
<th>Age</th>
<th>Preterm</th>
<th>Newborn</th>
</tr>
</thead>
<tbody>
<tr>
<td>3–5 d</td>
<td>3–5 d</td>
<td>3–5 d</td>
</tr>
</tbody>
</table>

**EARLY CHILDHOOD**

| 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 |
|     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |

**MIDDLE CHILDHOOD**

| 12 | 15 | 18 | 24 | 36 | 48 | 60 | 72 | 84 | 96 | 108 | 120 | 150 | 180 | 210 | 240 | 270 | 300 |
|----|----|----|----|----|----|----|----|----|----|------|------|------|------|------|------|------|------|------|
|     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |

**ADOLESCENCE**

| 15 | 18 | 21 | 24 | 27 | 30 | 33 | 36 | 39 | 42 | 45 | 48 | 51 | 54 | 57 | 60 | 63 | 66 | 69 |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|
|     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     | |

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### HISTORY

- Initial/interval
- MEASUREMENTS
- Length/height and weight
- Head circumference
- Weight for length
- Body mass index
- Blood pressure
- SENSORY SCREENING
- Vision
- Hearing
- DEVELOPMENTAL/BEHAVIORAL ASSESSMENT
- Autism screening
- Developmental surveillance
- Psychosocial/behavioral assessment
- Alcohol and drug use assessment
- PHYSICAL EXAMINATION
- Newborn metabolic/hemoglobin screening
- Immunization
- Hematocrit or hemoglobin
- Lead screening
- Tuberculin test
- Dyslipidemia
- Cervical dysplasia screening
- ORAL HEALTH
- ANTICIPATORY GUIDANCE
- PROCEDURES
- Newborn metabolic/hemoglobin screening
- Immunization
- Hematocrit or hemoglobin
- Lead screening
- Tuberculin test
- Dyslipidemia
- Cervical dysplasia screening
- ORAL HEALTH
- ANTICIPATORY GUIDANCE

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**Notes:**

- If a child is not under care for the first time at any point on the schedule, or if any items are not accomplished at the sug-
  gested age, the schedule should bring the child to the next visit on the guideline.
- A prenatal visit is not required for parents whose aim is a higher birth rate, for first-time parents, and for those who request a confer-
  ence. The prenatal visit does not include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of handling a preterm infant's illness.
- Each visit should have a newborn evaluation at birth, immediate assessment, and instruction and support before discharge.
- Each visit should have an evaluation within 3 to 5 days of birth and within 24 to 72 hours after discharge from the hospital, and including a newborn metabolic/hemoglobin screening test. Newborns discharged in less than 48 hours after delivery the infant must be examined within 48 to 72 hours of discharge per AAP statement: "Hospital Stay for Baby: Third Newborn Care". (2006) URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;115/4/1056.
- Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
- If the patient is uncompromised, receive within 6 months per AAP statement: "Prenatal and Newborn Screening in Infants, Children, and Young Adults" (2003) URL: http://aappolicy.aappublications.org/cgi/content/full/pediatrics;113/10/1506.
- Performing risk assessments or screens as appropriate, based on universal screening requirements for patients with Medicaid at high prevalence areas.
- The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of handling a premature infant's illness.
- Autism screening
- Developmental surveillance
- Alcohol and drug use assessment
- Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of **Pediatrics**.
- Referral to dental home, if available. Otherwise, administer oral health risk assessment. If the primary water source is defi-
  cient in fluoride, consider oral fluoride supplementation.
- All sexually active girls should have screening cervical Pap tests as part of a pelvic examination beginning within 5 years of onset of sexual activity or age 21 (whichever comes first).
- Referral to dental home, if available. Otherwise, administer oral health risk assessment. If the primary water source is defi-
  cient in fluoride, consider oral fluoride supplementation.
- Perform risk assessments or screens as appropriate, based on universal screening requirements for patients with Medicaid at high prevalence areas.
- Rash to be appropriate Pap test as appropriate, with appropriate action to follow, if positive
- Range during which a service may be provided, with the symbol indicating the preferred age.

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**References:**

- ECCRN. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.