Appendix A – Periodicity Schedule

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Periodicity Table

Recommended EPSDT Components by Age of Recipient

	Infancy						Early Childhood					Late Childhood					Adolescence			
Age	By 1Mo	2 Mo	4 Mo	6 Mo	9 Mo	12 Mo	15 Mo	18 Mo	24 Mo	3 Yr	4 Yr	5 Yr	6 Yr	8 Yr	10 Yr	12 Yr	14 Yr	16 Yr	18 Yr	20+ Yr
History																				
Immunization Review	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Measurements																				
Blood Pressure	◄	—	●	—	—	►	◄	●	►	●	●	●	●	●	●	●	●	●	●	●
Head Circumference	●	●	●	●	●	●	●	●	●											
Height and Weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Sensory Screening																				
Hearing	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Vision	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Development Assessment Inspections	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Dental Inspection	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Physical Examination	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Procedures																				
Anticipatory Guidance	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Blood Lead																				
High risk			★		★			★	★	★	★	★								
Low risk						●			●											
Hematocrit or Hemoglobin				◄	●	►	◄	—	●	—	►	◄	—	●	—	►	◄	—	●	►
Interpretive Conference	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Nutritional Assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Sickle Cell (1st Visit)				●	◄	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculin (TB) Test																				
High risk					◄	★	►		★	★	★	★	★	★	★	★	★	★	★	★
Low risk						●					●	—	►				●	►		
Urine Test	◄	—	—	●	—	►	◄	—	●	—	►	◄	—	●	—	►	◄	—	●	►

KEY: ● = To be performed

◄—► = At least one test must be performed during the indicated time period.

★ = Test high risk child