

Louisiana Medicaid EPSDT Periodicity Schedule

AGE	INFANCY								EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE									
	Prenatal	Newborn [2]	3-5 day	By 1 MO	2 MO	4 MO	6 MO	9 MO	12 MO	15 MO	18 MO	24 MO	30 MO	3 YR	4 YR	5 YR	6 YR	7 YR	8 YR	9 YR	10 YR	11 YR	12 YR	13 YR	14 YR	15 YR	16 YR	17 YR	18 YR	19 YR	20 YR
<b>HISTORY</b>																															
Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>MEASUREMENTS</b>																															
Length/Height and Weight		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Weight for Length		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Body Mass Index																															
Blood Pressure		★	★	★	★	★	★	★	★	★	★	★	★	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>SENSORY SCREENING</b>																															
Vision Screening		★	★	★	★	★	★	★	★	★	★	★	★	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hearing Screening		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>DEVELOPMENTAL/BEHAVIORAL HEALTH</b>																															
Developmental Screening																															
Autism Screening																															
Developmental Surveillance		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Psychosocial/Behavioral Assessment		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tobacco, Alcohol and Drug Use Assessment																															
Depression Screening																															
Maternal Depression Screening																															
<b>PHYSICAL EXAMINATION</b>																															
Newborn Blood		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Newborn Bilirubin		•																													
Critical Congenital Heart Defect		•																													
Immunization [4]		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Anemia																															
Lead Risk Assessment [5]																															
Blood Lead Screening [6]																															
Tuberculosis																															
Dyslipidemia																															
Sexually Transmitted Infections																															
HIV																															
<b>ORAL HEALTH</b>																															
Fluoride Varnish																															
Fluoride Supplementation																															
<b>ANTICIPATORY GUIDANCE [7]</b>																															

• = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ←•→ = range during which a service may be provided  
 [1] Baseline lab and developmental screening must be done at the initial medical screening on all children under age six. [2] The newborn screening examination at birth must occur prior to hospital discharge.  
 [3] The physical examinations/assessment must be unclothed or undraped and include all body systems. [4] The state health department immunization schedule must be done at every medical screening.  
 [5] Anticipatory guidance and verbal risk assessment for lead must be done at every medical screening. [6] The frequency of screening using the blood lead tests depends on the result of the verbal risk assessment. Blood Lead Screening at ages 12 and 24 months, or anytime between 36 and 72 months if not previously screened, is required by Louisiana State regulations. Details are in the "Public Health Surveillance Mandates" section of the Professional Services manual.  
 [7] Youth, ages 12 through 20, must receive more intensive health education which addresses psychological issues, substance usage, and reproductive health issues at each screening visit.  
 Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. Elk Grove Village, IL American Academy of Pediatrics, 2017)