

430 - ATTACHMENT A – AHCCCS EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT PERIODICITY SCHEDULE

| Procedure/Age | Newborn | 3-5 days | By 1 mo | 2 mo | 4 mo | 6 mo | 9 mo | 12 mo | 15 mo | 18 mo | 24 mo | 30 mo | 3 yrs | 4 yrs | 5 yrs | 6 yrs | 7 yrs | 8 yrs | 9 yrs | 10 yrs | 11 yrs | 12 yrs | 13 yrs | 14 yrs | 15 yrs | 16 yrs | 17 yrs | 18 yrs | 19 yrs | 20 yrs |
|--|-----------------------------|----------|---------|------|------|------|------|-------|-------|-------|-------|--------|-------|-------|-------|-------|-------|-------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| History Initial/Interval | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| Length/Height & Weight | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| Weight for Length | x | x | x | x | x | x | x | x | x | x | | | | | | | | | | | | | | | | | | | | |
| Head Circumference | x | x | x | x | x | x | x | x | x | x | x | | | | | | | | | | | | | | | | | | | |
| Body Mass Index (BMI) | | | | | | | | | | | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| Blood Pressure – Primary Care Physician (PCP) should assess the need for B/P measurement for children birth to 24 months | + | + | + | + | + | + | + | + | + | + | + | * 1 | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| Nutritional Assessment | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| Vision/Hearing/Speech | SEE SEPARATE SCHEDULE BELOW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Developmental Surveillance | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| General Developmental Screening ¹ | | | | | | | | x | | | x | x | | | | | | | | | | | | | | | | | | |
| Autism Spectrum Disorder-Specific Developmental Screening ² | | | | | | | | | | x | x | | | | | | | | | | | | | | | | | | | |
| Psychosocial/Behavioral Assessment (Social-Emotional Health) | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x | x |
| Alcohol and Drug Use Assessment | | | | | | | | | | | | | | | | | | | | | | + | + | + | + | + | + | + | + | + |
| Postpartum Depression Screening for mother/parent | | | x | x | x | x | | | | | | | | | | | | | | | | | | | | | | | | |
| Adolescent Depression and ³ Suicide Screening | | | | | | | | | | | | | | | | | | | | x | x | x | x | x | x | x | x | x | x | x |

¹ Aligned with American Academy of Pediatrics (AAPs) Bright Futures periodicity schedule updated February 2025.

² Aligned with American Academy of Pediatrics (AAPs) Bright Futures periodicity schedule updated February 2025.

³ Clarified that adolescent suicide screening shall include depression screening.

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|---|-----------------------|----------|---------|------|------|------|------|-------|-------|-------|-------|-------|----------------|----------------|-------|-------|-------|-------|-------|--------|----------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---|---|
| Adolescent Substance Use Disorder Screening | | | | | | | | | | | | | | | | | | | | | | X | X | X | X | X | X | X | X | X | X | |
| Physical Examination | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | |
| Newborn Bloodspot ⁴ Metabolic | ← | X | → | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Immunizations | SEE NOTE BELOW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tuberculin Test | | | | | | | | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | |
| Hematocrit/Hemoglobin | | | | | | | | + | X | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | |
| Verbal Lead Screen | | | | | | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | |
| Blood Lead Testing | | | | | | + | + | X | + | + | X | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | |
| Dyslipidemia Screening | | | | | | | | | | | X | | | X ⁴ | | X | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | |
| Dyslipidemia Testing ⁵ | | | | | | | | | | | | | | | | | | | | ← | X ⁶ | → | | | | | | | | | | |
| STI Screening | | | | | | | | | | | | | | | | | | | | | | + | + | + | + | + | + | + | + | + | + | |
| Syphilis Testing | | | | | | | | | | | | | | | | | | | | | | | | | | X | X | X | X | X | X | X |
| Cervical Dysplasia Screening | | | | | | | | | | | | | | | | | | | | | | + | + | + | + | + | + | + | + | + | + | |
| Oral Health Screening by PCP ³ | | | | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | |
| Topical Fluoride Varnish ⁴ | | | | | | * | * | X | * | * | * | * | X ⁶ | | | | | | | | | | | | | | | | | | | |
| Dental Referral ⁵ | | | | | | + | + | X | + | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | |
| Anticipatory Guidance | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | |

*** See Separate Schedules within AMPM Chapter 400 for Vision, Hearing/Speech, and Immunizations⁷

¹ Utilization of one general developmental screening tool (e.g., ASQ and PEDS Tool) for members at 9, 18, and 30 months of age as described in AMPM Policy 430.

⁴ Updated newborn metabolic screening to newborn bloodspot screening to be reflective of all the conditions screened for.

⁵ Aligned dyslipidemia testing with American Academy of Pediatrics (AAPs) Bright Futures periodicity schedule updated February 2025.

⁶ All children five years and younger to have application of fluoride varnish by Primary Care Providers (PCPs) every three months starting at tooth emergence, as per US Preventive Services Task Force (USPSTF) recommendations.

⁷ Removed duplicative language.

- ² Newborn and infant bloodspot tests metabolic screening shall ~~be~~ be done according to state law ARS 36-694 and R9-13-201 thru R9-13-207. The first screen shall be collected 24-48 hours of life and the second screen 5-10 days of life⁸. Results should be reviewed at visits and appropriate re-testing or referral done as needed.
- ³ Oral health screenings to be conducted by the PCP at each visit starting at 6 months of age.
- ⁴ Fluoride varnish is limited in a primary care provider's office to once every three months, during an Early and Periodic Screening, Diagnostic and Treatment (EPSDT) visit for children who have reached six months of age with at least one tooth erupted, with recurrent applications up to five years of age.
- ⁵ First dental examination may be performed as early as six months of age. Repeat every six months or as indicated by child's risk status/susceptibility to disease.

These are minimum requirements. If at any time other procedures, tests, etc. are medically indicated, the physician is obligated to perform them. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.!!

- Key:**
- x _____ = to be completed
 - + = to be performed for members at risk when indicated
 - ← → x = the range during which a service may be provided, ~~with the x indicating the preferred age~~

NOTE: If American Academy of Pediatrics (AAP) guidelines are used for the screening schedule and/or more screenings are medically necessary, those additional interperiodic screenings will be covered.

For vaccine recommendations refer to Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025.

https://downloads.aap.org/AAP/PDF/AAP-Immunization-Schedule.pdf?_gl=1*1y7dgn7*_ga*MjA3OTI1ODY0My4xNzU3NjEyNTc4*_ga_FD9D3XZVQQ*czeE3NTc2MTg3NTUkbzlkZzAkdDE3NTc2MTg3NTUkajYwJGwwJGwwwith

Refer to additional tables for information related to other medically necessary vaccines.

NOTE: The American Association of Pediatric Dentistry (AAPD) recommends that dental visits begin by age one. Referrals should be encouraged by one year of age. Parents of young children may self-refer to a dentist within the Contractor's network at any time.

⁸ Aligned newborn and infant bloodspot testing language with state law.

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~~ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM~~

VISION PERIODICITY SCHEDULE

| Procedure/Age Procedure/Age | Newborn | 3-5 days | By 1 mo | 2 mo | 4 mo | 6 mo | 9 mo | 12 mo | 15 mo | 18 mo | 24 mo | 30 mo | 3 yrs | 4 yrs | 5 yrs | 6 yrs | 7 yrs | 8 yrs | 9 yrs | 10 yrs | 11 yrs | 12 yrs | 13 yrs | 14 yrs | 15 yrs | 16 yrs | 17 yrs | 18 yrs | 19 yrs | 20 yrs |
|--------------------------------|---------|----------|---------|------|------|------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Vision + | S | S | S | S | S | S | S | S | S | S | S | S | O* | O | O | O | S | O | S | O | S | O | S | S | O | S | S | O | S | S |

These are minimum requirements: If at any time other procedures, tests, etc. are medically indicated, the physician is obligated to perform them.

- Key:
- S = Subjective, by history
 - O = Objective, by a standard testing method
 - * = If the member is uncooperative, rescreen in six months.
 - + = May be done more frequently if indicated or at increased risk.

Ocular photo screening with interpretation and report, bilateral is covered for children ages three through six as part of the EPSDT visit due to challenges with a child’s ability to cooperate with traditional vision screening techniques. Ocular photo screening is limited to a lifetime coverage limit of one.

~~ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM~~

HEARING/SPEECH SCHEDULE

| Procedure/Age Procedure/Age | Newborn | 3-5 Days | 2 wks | By 1 mo | 6 wks | 2 mo | 4 mo | 6 mo | 9 mo | 12 mo | 15 mo | 18 mo | 24 mo | 30 mo | 3 yrs | 4 yrs | 5 yrs | 6 yrs | 7 yrs | 8 yrs | 9 yrs | 10 yrs | 11 yrs | 12 yrs | 13 yrs | 14 yrs | 15 yrs | 16 yrs | 17 yrs | 18 yrs | 19 yrs | 20 yrs |
|--------------------------------|---------|----------|-------|---------|-------|------|------|------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Hearing/ Speech+ | O* | S | O* | | | S | S | S | S | S | S | S | S | S | O | O | O | S | O | S | O | S | O | S | S | O | S | S | O | S | S | |

These are minimum requirements: If at any time other procedures, tests, etc. are medically indicated, the physician is obligated to perform them.

- Key:
- S = Subjective, by history
 - O = Objective, by a standard testing method
 - * = All children, including newborns, meeting risk criteria for hearing loss should be objectively screened.
 - + = May be done more frequently if indicated or at increased risk.

** = All newborns should be screened for hearing loss at birth. If indicated, re-screening shall be completed no later than 30 days of birth⁹. ~~and again two to six weeks afterward if indicated by the first screening or if a screening was not completed at birth.~~

⁹ Updated newborn hearing screening timelines to align with State rules and best practice.