Iowa Department of Human Services

IOWA MEDICAID EPSDT Care FOR Kids

PERIODICITY SCHEDULE

		Infancy								Early Childhood						Mid. Childhood						Adolescence											
		New born	2-5 days	by1 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	21 yr
History Initial/Interval		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Physical Exam Well Visit		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Measurements	Length/Height and Weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Weight for Length	●	●	●	●	●	●	●	●	●	●																					
	Body Mass Index											●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Head Circumference	●	●	●	●	●	●	●	●	●	●	●																				
	Blood Pressure	○	○	○	○	○	○	○	○	○	○	○	○	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Sensory Screening	Vision	○	○	○	○	○	○	○	○	○	○	○	○	●	●	●	●	○	●	○	●	○	●	○	○	●	○	○	○	○	○	○
	Hearing	●	●	○	○	○	○	○	○	○	○	○	○	○	●	●	●	●	●	●	●	↔		↔		↔		↔		↔		
Oral Health	Screening and Risk Assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Fluoride Varnish Applications						●	●	●	●	●	●	●	●	●	●																
Developmental and Behavioral Health	Caregiver Depression Screening	○	○	●	●	●	●																									
	Developmental Surveillance	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Developmental Screening							●			●		●																			
	Autism Screening										●	●																				
	Psychosocial/Behavioral Assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Tobacco, Alcohol and Drug Use Assessment																					○	○	○	○	○	○	○	○	○	○	○
	Depression Screening																						●	●	●	●	●	●	●	●	●	●
Anticipatory Guidance		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Nutrition/Obesity Prevention Assess/Educate		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Procedures	Newborn Screening - blood, bilirubin, hearing, critical congenital heart disease	●	↔		↔																											
	Immunization	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
	Hemoglobin/Anemia					○			●	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	Lead Testing						○	○	●	○	○	●	○	○	○	○	○															
	Lipid Screening											○			○		○		○	↔		↔	○	○	○	○	○	↔		↔		
	STI Screening																					○	○	○	○	○	○	○	○	○	○	○
	HIV Screening																					○	○	○	○	↔		↔		○	○	○
	Tuberculosis			○			○		○			○		○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○	○
	Cervical Dysplasia Screening																															●

KEY: ● To be performed ○ Assess risk ↔ Screen at least once during time period indicated

RC-0080 (Rev. 9/17)

ia health link

UnitedHealthcare® Community Plan