Ехнівіт 430-1

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM EPSDT PERIODICITY SCHEDULE

EXHIBIT 430-1 Arizona Health Care Cost Containment System EPSDT Periodicity Schedule

PROCEDURE/AGE	New born	3-5 days	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 vr	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr	19 vr	20 yr
History Initial/Interval		X	x	X	X			x	x	1	x	x	x	x	x	x	x	x	yı X	yr x	x	x	yı x	x	x	x	x	yr x	yı X
Length/Height & Weight	X X	X	X	X	X	x x	X X	X	x	X X	x	X	х	х	х	х	х	X	x	х	х	X	x	x	X	X	х	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																<u> </u>		[]
Body Mass Index (BMI)	A	А	A	А	A	A	А	А	A	~	x	x	х	x	х	х	х	x	х	х	х	х	x	x	х	x	х	х	x
											~	~	А	~	A	~	A	~	~	~	A	~	~	~	~	A		~	
Blood Pressure – PCP should assess the need for B/P measurement for children birth to 24 months	+	+	+	+	+	+	+	+	+	+	+	х	х	х	х	х	х	х	x	х	х	х	х	х	х	х	х	х	х
Nutritional Assessment	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	x	х	х	х	х	х
Vision/Hearing/Speech	SEE SEPARATE SCHEDULE																												
De ve lopmental Surveillance	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х
Developmental Screening 1							х			х	х																Ĺ		
Psychosocial/Behavioral Assessment (Social-Emotional Health)	х	х	х	х	х	х	Х	х	х	x	х	х	х	х	х	х	х	х	x	х	х	x	х	x	x	х	х	х	х
Alcohol and Drug Use Assessment																				+	+	+	+	+	+	+	+	+	+
Physical Examination	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х
Newborn Metabolic Screening 2	-	x		•																									
Immunizations	SEE CENTERS FOR DISEASE CONTROL AND PREVENTION WEBSITE																												
Tu be r culin Te st								+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Hematocrit/Hemoglobin							+	х	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Lead Screening/Testing	OUTSIDE HIGH RISK ZIP CODE																												
Verbal Lead Screen						х	х	х		х	х	х	х	х	х														
Blood Lead Testing						+	+	+		+	+	+	+	+	+												1	ľ	
Lead Screening/Testing											<u>WIT</u>	HIN H	IGH	RISK	ZIP (COD	E												
Verbal Lead Screen						х	х		х	х		х	х	х	х												Í		
Blood Lead Testing								х			х	x*	x*	x*	x*												1		
Dyslipidemia Screening											х		х		х		х		х	х	х	х	х	х	х	х	х	х	х
Dyslipidemia Testing																			0	NE TIN	1E TES	STING	BETV	WEEN	18 AN	D 20 Y	ZEAR!	S OF A	GE
STIScreening																			+	+	+	+	+	+	+	+	+	+	+
Cervical Dysplasia Screening																			+	+	+	+	+	+	+	+	+	+	+
O ral Health Screening by PCP ₃						х	х	x	х	х	х	x	х	x	х	х	х	х	x	x	х	х	х	х	х	x	х	x	x
Topical Fluoride Varnish4						х —	→	х –	-	x																			
Dental Referral 5						+	+	х	+	х	x	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	х	x	х
Anticipatory Guidance	х	х	х	х	х	х	х	х	х	x	x	х	х	х	х	х	х	х	x	х	х	х	х	х	х	х	х	x	х

EXHIBIT 430-1 ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM EPSDT PERIODICITY SCHEDULE

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

¹ Utilization of one AHCCCS approved developmental screening tools (ASQ and PEDS Tool) for members at 9, 18, and 24 months of age. The MCHAT may be used for members 16-30 months of age to assess the risk of autism spectrum disorders in place of the ASQ or PEDS Tool when medically indicated.

2 Newborn metabolic screening should be done according to state law. Results should be reviewed at visits and appropriate retesting 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 six months, during an EPSDT visit for children who have reached six months of age with at least one tooth erupted, with recurrent applications up to two years of age.

⁵ First dental examination is encouraged to occur by age 1. Repeat every 6 months or as indicated by child's risk status/susceptibility to disease.

<u>These are minimum requirements.</u> 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
- $\mathbf{x} \rightarrow \mathbf{x} = \mathbf{x}$ the range during which a service may be provided, with the x indicating the preferred age
 - = Members not previously screened who fall within this range (36 to 72 months of age) must have a blood lead test performed

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

NOTE: The American Association of Pediatric Dentistry recommends that dental visits begin by age one (1). Referrals should be encouraged by one (1) year of age. Parents of young children may self-refer to a dentist within the Contractor's network at any time.

Revised: 04/01/15, 04/01/2014, 02/01/2011, 10/1/2008, 4/1/2007, 10/23/2006

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM VISION PERIODICITY SCHEDULE

PROCEDURE/AGE	New	3-5	By 1	2	4	6	9	12	15	18	24	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	born	days	mo	mo	mo	mo	mo	mo	mo	mo	mo	yr																	
Vision +	S	S	S	S	S	S	S	S	S	S	S	0*	0	0	0	S	0	S	0	S	0	S	S	0	S	S	0	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 6 months.
- + = May be done more frequently if indicated or at increased risk.

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

Revised: 04/01/15, 04/01/2014, 4/1/2007, 8/1/2005

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM HEARING/SPEECH SCHEDULE

PROCEDURE/AGE	New born	3-5 days	2 Wks	By 1mo	6 Wks	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr		13 yr	14	15 yr	16 yr	17 yr	18 yr	19 yr	20 yr
Hearing/Speech +	O**	S	0** ◀		1	S	S	S	S	S	S	S	S	S	0	0	0	S	0	S	0	S	0	S	S	0	S	S	0	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 and again 2 to 6 weeks afterward if indicated by the first screening or if a screening was not completed at birth.