

EPSDT Periodicity Schedule

Louisiana Medicaid EPSDT Program

REQUIRED EPSDT MEDICAL, VISION, AND HEARING SCREENING COMPONENTS BY AGE OF RECIPIENT

AGE	BIRTH [2]	BY 1 MO	2 MO	4 MO	6 MO	9 MO	12 MO	15 MO	18 MO	2 YR	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	
MEDICAL SCREENING	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
INITIAL/INTERVAL HISTORY	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
MEASUREMENTS																														
Height and 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
Head Circumference	X	X	X	X	X	X	X	X	X	X																				
Blood Pressure	SO	SO	SO	SO	SO	SO	SO	SO	SO	SO	SO	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																					
Body Mass Index										X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT	S	S	SO	S	S	S	SO	S	S	SO		SO	SO	SO	S		S		S		S		S		S		S		S	S
Developmental Screening						X			X		X																			
Autism Screening									X	X																				
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
Psychosocial/Behavioral 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
Alcohol and Drug Use Assessment																				SO	SO	SO	SO	SO	SO	SO	SO	SO	SO	SO
UNCLOTHED PHYSICAL EXAM/ASSESSMENT [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	X	X	X	X
PROCEDURES																														
Newborns Metabolic/Hemoglobin Screening	X	---	X																											
Immunization [4]	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
Anemia Screening				SO			X		SO	SO	---	SO	SO	SO	SO	SO	SO	SO	SO	SO	SO	SO	SO	SO	SO	SO	SO	SO	SO	SO
Lead Risk Assessment [5]					X	X	X	X	X	X		X	X	X	X															
Blood Lead Screening [6]							SO			SO		SO	SO	SO	SO															
Tuberculin Test		SO			SO		SO		SO	SO		SO	SO	SO	SO	SO	SO	SO	SO	SO	SO	SO	SO	SO	SO	SO	SO	SO	SO	SO
Dyslipidemia Screening										SO			SO		SO		SO		SO	SO	SO	SO	SO	SO	SO	SO	SO	X	---	X
STI Screening																				SO	SO	SO	SO	SO	SO	SO	SO	SO	SO	SO
Cervical Dysplasia Screening																				SO	SO	SO	SO	SO	SO	SO	SO	SO	SO	SO
ORAL HEALTH					SO	SO	X OR SO		X OR SO	X OR SO	X OR SO	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
HEALTH EDUCATION [7]	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
SENSORY SCREENING																														
VISION SCREENING	S	S	S	S	S	S	S	S	S	S	S	X	X	X	X	SO	X	SO	X	SO	X	SO	SO	X	SO	SO	X	SO	SO	SO
HEARING SCREENING	S	S	S	S	S	S	S	S	S	S	S	S	X	X	X	SO	X	SO	X	SO	SO	SO	SO	SO	SO	SO	SO	SO	SO	SO

X = Required at visit for this age S = Subjective by history O = Objective by Medicaid - approved standard testing method --- = One test must be administered during this time frame

- [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 examination/assessment must be unclothed or undraped and include all body systems.](#)
- [\[4\] The state health department immunization schedule must be followed per AAP recommendations.](#)
- [\[5\] Anticipatory guidance and verbal risk assessment for lead must be done at every medical screening.](#)
- [\[6\] Screening beginning at six months corresponds to CDC guidelines. The frequency of screening using the blood lead test depends on the result of the verbal risk assessment.](#)
- [\[7\] Health education must include anticipatory guidance and interpretive conference. Youth, ages 12 through 20, must receive more intensive health education which addresses psychological issues, emotional issues, substance usage, and reproductive health issues at each screening visit.](#)

Louisiana Administrative Code (LAC) 48: V. § 7005, eff 10/20/08.

Screening for lead exposure should occur at every well child visit from the age of 6 months to the age of 6 years in accordance with LA law.