

	Clinical Indicator	Infancy					Childhood										Adolescence									
		Birth to 1 mo	2-3 mo	4-5 mo	6-8 mo	9-11 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
EXAM	Newborn (NB) Metabolic/Hgb Screening ¹	NB to 2 mo																								
	Physical and Developmental ²	Every visit					Every visit										Every visit									
	Blood pressure ³						Annually beginning at age 3										Annually									
	BMI/ Percentile ⁴						Annually beginning at age 2										Annually									
	Vision & Hearing ⁵	Assess through observation or health history/physical					Assess through observation or health history/physical					Annually					Annually									
	Dental ⁶	Assess through observation or health history/physical					Assess through observation or health history/physical					Refer for preventive dental services					Refer for preventive dental services									
	Developmental Screening ⁷					√				√		√				If indicated by risk assessment and/or symptoms			If indicated by risk assessment and/or symptoms							
	Autism Screening ⁸									√	√				If indicated by risk assessment and/or symptoms			If indicated by risk assessment and/or symptoms								
	Critical Congenital Heart Disease Screening ⁹	√																								
DIAGNOSTICS	Clinical Indicator	Infancy					Childhood										Adolescence									
		Birth to 1 mo	2-3 mo	4-5 mo	6-8 mo	9-11 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
	Lead Screening ¹⁰						√	If not done		√	If not done			If indicated by history and/or symptoms.												
	Anemia Screening ¹¹					Between 9 and 12 mo.	If indicated by risk assessment and/or symptoms at 15 and 30 months			If indicated by risk assessment and/or symptoms			Do once after onset of menses and if indicated by history and/or symptoms													
	Cervical Cancer Screening ¹²																Cervical cancer screening with cytology or HPV testing is not recommended before the age of 21, regardless of sexual activity.									
Chlamydia Screening ¹³																Annually once sexually active										
PATIENTS AT RISK	Clinical Indicator	Infancy					Childhood										Adolescence									
		Birth to 1 mo	2-3 mo	4-5 mo	6-8 mo	9-11 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
Dyslipidemia Screening ¹⁴									√				√		√		√		√	Annually if at risk						√

TB Testing ¹⁵	At the clinical discretion of the provider and based on the patients' history and/or presenting signs and symptoms.				
Sickle Cell Test ¹⁶	√	As indicated by history and/or symptoms	As indicated by history and/or symptoms		As indicated by history and/or symptoms
STI/HIV Screening ¹⁷	As indicated by history and/or symptoms		As indicated by history and/or symptoms		As indicated by history and/or symptoms Screen once between the ages of 16-18 and test/reassess annually for those with increased risk.

ANTICIPATORY GUIDANCE	Clinical Indicator	Infancy					Childhood										Adolescence										
		Birth to 1 mo	2-3 mo	4-5 mo	6-8 mo	9-11 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
	Safety and Injury Prevention ¹⁸	Each visit					Each visit										Each visit										
	Violence Prevention ¹⁹	Each visit					Each visit										Each visit										
	Sleep Position Counseling ²⁰	Each visit birth through 6 months																									
	Nutritional Counseling ²¹	Each visit					Each visit										Each visit										
	Physical Activity Counseling ²²												Each visit beginning at age 4						Each visit								
	Screen/Counsel for Tobacco, Alcohol & Substance Abuse ²³																			Through risk assessment beginning at age 11							
	Depression Screening ²⁴																			Screen adolescents when systems are in place to ensure accurate diagnosis, psychotherapy (eg, cognitive-behavioral, interpersonal), and follow-up.							

IMMUNIZATIONS

UPMC Health Plan follows the Recommended Childhood and Adolescent Immunization Schedule approved in February 2014 by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), The current 2014 Child and Adolescent Immunization Schedules are available at

Ages 0-18:
<http://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-schedule.pdf>

Catch-up Schedule:
<http://www.cdc.gov/vaccines/schedules/downloads/child/catchup-schedule-pr.pdf>

Scientific Evidence Sources:

- American Academy of Pediatrics. Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2014.
- American Academy of Pediatrics. Adolescents and HIV Infection: The Pediatrician's Role in Promoting Routine Testing, *Pediatrics*. 2011;128:1023-1029.
- American Academy of Pediatrics. Diagnosis and Prevention of Iron Deficiency and Iron Deficiency Anemia in Infants and Young Children (0-3 Years of Age). *Pediatrics*. 2010;126:1040-1050.
- American Academy of Pediatrics. Gynecologic Examination for Adolescents in the Pediatric Office Setting. *Pediatrics*. 2010;126:583-590.
- American Academy of Pediatrics. Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease. *Pediatrics*. 2011;129:190-192
- American Academy of Pediatrics. Prevention of Pediatric Overweight and Obesity, *Pediatrics*. 2003; 112:424-430 (Reaffirmed February 2007).
- American Academy of Pediatrics Committee on Substance Abuse. Tobacco, Alcohol, and Other Drugs: The Role of the Pediatrician in Prevention, Identification, and Management of Substance Abuse, *Pediatrics*. 2005; 115:816-821 (Reaffirmed March 2013).
- American Academy of Pediatrics. Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening. *Pediatrics* 2006; 118:405-420 (Reaffirmed 2009).
- National Heart Lung and Blood Institute. Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents. October 2012; NIH Publication No. 12-7486 (AAP-endorsed).
- Hagan JF, Shaw JS, Duncan PM, eds. 2008. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, Third Edition. Elk Grove Village, IL: American Academy of Pediatrics.
- American Academy of Pediatrics. *Performing Preventive Services: A Bright Futures Handbook: Intimate Partner Violence*. 2010 25-32.
- American Academy of Pediatrics. The Changing Concept of Sudden Infant Death Syndrome: Diagnostic Coding Shifts, Controversies Regarding the Sleeping Environment, and New Variables to Consider in Reducing Risk, *Pediatrics*. 2005; 116:1245-1256 (Reaffirmed May 2008).
- Gupta VB, Hyman SL, Johnson CP, et al, Identifying Children with Autism Early? *Pediatrics* 2007; 119:152-153.
- American Academy of Family Physicians (AAFP). Summary of recommendations for clinical preventive services. Leawood (KS): American Academy of Family Physicians (AAFP); March 2014.
- U.S. Preventive Services Task Force. The Guide to Clinical Preventive Services 2014. Recommendations of the U.S. Preventive Services Task Force.
- American Cancer Society Guidelines for the Early Detection of Cancer, April 23, 2013 (Revised May 3, 2013).
- Pennsylvania Early and Periodic Screening and Diagnostic Treatment Program Requirements (Centers for Medicare and Medicaid Services) June 14, 2010.
- Centers for Disease Control and Prevention. Recommended immunization schedules for persons aged 0-18 years – United States, 2014. *MMWR*, February 7, 2014; 63:108-109.

1. **Newborn Metabolic/Hemoglobin Screening.** Screening should take place between newborn and 2 months of age. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2014)
2. **Physical and Developmental.** This includes, at appropriate ages, height and weight measurement, head circumference, psychosocial/behavioral assessment, developmental surveillance and other care at the clinical discretion of the provider. Per PA Medicaid EPSDT Periodicity Schedule, annual physical exam is required for adolescents <21 years. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2014)
3. **Blood Pressure.** Start annual screening at age three or earlier if clinically indicated. Per PA Medicaid follow EPSDT Periodicity guidelines. (Source AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2014)
4. **BMI (Body Mass Index)/Percentile.** Calculate and plot BMI/percentile once a year in all children and adolescents beginning at age 2. (Source: AAP, Prevention of Pediatric Overweight and Obesity, *Pediatrics*. 2003;112:424-430, (Reaffirmed October 2006)
5. **Vision and Hearing.** Per PA Medicaid EPSDT Periodicity Schedule. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2014, USPSTF Screening for Visual Impairment in Children Ages 1 - 5, January 2011, and AAFP Summary of Recommendations for Clinical Preventive Services, March 2014)
6. **Dental.** Earlier dental examinations may be appropriate for some children. Subsequent examinations as prescribed by dentist. Per PA Medicaid EPSDT Periodicity Schedule. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2014)
7. **Developmental Screening.** Identifying infants and young children with developmental disorders. Per PA Medicaid EPSDT Periodicity Schedule. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2014)
8. **Autism Screening.** Screening with an autism-specific tool should be performed routinely at 18 and 24 months. Per PA Medicaid EPSDT Periodicity Schedule. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2014)
9. **Critical Congenital Heart Disease Screening.** Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital. Oxygen saturations should be obtained in the right hand and one foot. (Source: AAP statement Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease)
10. **Lead Screening.** In accordance with Medicaid EPSDT standards, all children should be screened for lead at 12 months and at 24 months, or between 36 and 72 months if not previously screened. (Source: Recommendations for Blood Lead Screening of Medicaid-Eligible Children Aged 1-5 Years: an Updated Approach to Targeting a Group at High Risk MMWR August 7, 2009; 58(RR09):1-11, USPSTF Screening for Elevated Blood Lead Levels in Children and Pregnant Women 2012, and AAFP Summary of Recommendations for Clinical Preventive Services, March 2014)
11. **Anemia Screening.** Screen infants between 9-12 months. **Screen if indicated by risk assessment and/or symptoms at 15 months and 30 months.** Consider earlier screening for high-risk infants (e.g., premature infants and low birth weight infants). Screen all menstruating adolescents once at onset of menses and if indicated by history and/or symptoms. Per PA Medicaid EPSDT Periodicity Schedule. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2014, AAP Diagnosis and Prevention of Iron Deficiency and Iron Deficiency Anemia in Infants and Young Children (0-3 Years of Age), and AAFP Summary of Recommendations for Clinical Preventive Services, March 2014)
12. **Cervical Cancer Screening.** Cervical cancer screening with cytology or HPV testing is not recommended before the age of 21, regardless of sexual activity. (Source: American Cancer Society Guidelines for the Early Detection of Cancer, April 23, 2013 (Revised May 3, 2013). Indications for pelvic examinations prior to age 21 are noted also in the 2010 AAP statement Gynecologic Examination for Adolescents in the Pediatric Office Setting. USPSTF Screening for Cervical Cancer, 2012)
13. **Chlamydia Screening.** Annual screening of all sexually active women < 25 years. All pregnant women should be screened. (Source: USPSTF Screening for Chlamydial Infection, 2012, and AAFP Summary of Recommendations for Clinical Preventive Services, March 2014)
14. **Dyslipidemia Screening.** Screen high-risk patients and all adolescents at the age of 18-20. If family history cannot be ascertained and other risk factors are present, screening should be at the discretion of the physician with risk assessment performed and appropriate action to follow if positive. Per PA Medicaid follow EPSDT Periodicity guidelines. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2014 and AAP-endorsed 2011 guidelines from the National Heart Blood and Lung Institute, Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents).
15. **TB Testing.** Testing should be done upon recognition of high-risk factors. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2014)
16. **Sickle Cell Test. Screening for newborns.** Per PA Medicaid EPSDT Periodicity Schedule and USPSTF Screening for Sickle Cell Disease in Newborns 2012.
17. **STI/HIV Screening.** All sexually active patients should be screened for sexually transmitted infections (STIs). Per PA Medicaid EPSDT Periodicity Schedule. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2014). Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the *AAP Red Book: Report of the Committee on Infectious Diseases*. Additionally, all adolescents should be screened for HIV according to the AAP statement once between the ages of 16 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually (Source: American Academy of Pediatrics. Adolescents and HIV Infection: The Pediatrician's Role in Promoting Routine Testing, *Pediatrics*. 2011;128:1023-1029)..
18. **Safety and Injury Prevention.** Counsel parents and children more than 2 years old regarding accidental injury prevention including, as appropriate: child safety seats, lap and shoulder belt use, bicycle safety, motorcycle helmet use, smoke detectors, poison control center number and driving while intoxicated. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2014)
19. **Violence Prevention.** Counsel parents and children on violence prevention and management. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2014, and AAFP Summary of Recommendations for Clinical Preventive Services, March 2014)
20. **Sleep Position Counseling.** Parents and caregivers should be advised to place healthy infants on their backs when putting them to sleep. Side positioning is a reasonable alternative but carries a slightly higher risk of SIDS. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2014)
21. **Nutrition Counseling.** Age-appropriate nutrition counseling should be an integral part of each visit. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2014).

22. **Physical Activity Counseling.** Age-appropriate physical activity counseling should be discussed at each visit beginning at age 4. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2014).
23. **Screen/Counsel for Tobacco, Alcohol and Substance Abuse.** Risk assessment to be performed beginning at age 11 with appropriate action to follow if indicated. Per PA Medicaid EPSDT Periodicity Schedule. (Source: AAP Recommendations for Preventive Pediatric Health Care Periodicity Schedule, 2014 and USPSTF Prevent Tobacco Use in Children and Adolescents). A recommended screening tool is available at <http://www.ceasar-boston.org/CRAFFT/index.php>.
24. **Depression Screening.** Recommended screening using the Patient Health Questionnaire (PHQ)-2 or other tools available in the GLAD-PC toolkit and at http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf.