

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

PROCEDURES	INFANCY								EARLY CHILDHOOD				MIDDLE CHILDHOOD			ADOLESCENCE	
	new born	2-4 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	8 yr	Annually 10 – 20 years of age
History Initial/Interval	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Height & Weight, including Body Mass Index (BMI) for those 24 months and older	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	x						
Blood Pressure – PCP should assess the need for B/P measurement for children birth to 24 months	+	+	+	+	+	+	+	+	+	+	+	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
Vision	SEE SEPARATE SCHEDULE																
Hearing/Speech	SEE SEPARATE SCHEDULE																
Dev./Behavioral Assess.	x	x	x	x	x	x	x	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
Immunization	SEE SEPARATE SCHEDULE																
Tuberculin Test									+	+	+	+	+	+	+	+	+
Hematocrit/Hemoglobin									x	→	+	→	→	→	→	→	← +13 →
Urinalysis																	x
Lead Screen /Verbal									x	x			x	x	x	x	
Lead Screen/Blood Test									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
Dyslipidemia Screening													x		x		x
Dislipidemia Testing																	x (one time testing between 18 and 20 years of age)
STI Screening																	x (risk assessment for those 11-20)
Cervical Dysplasia Screening																	x (risk assessment for those 11-20)
Dental Referral									+	+	+	+	+	+	x	x	x

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
 * = Members not previously screened who fall within this range (36 to 72 months of age) must have a blood lead screen 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 being by age one (1). PCP referrals for dental care are mandatory beginning at three (3) years of age. 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.

EXHIBIT 430-1 (con't)

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
VISION PERIODICITY SCHEDULE

Procedure	MONTHS OF AGE											YEARS OF AGE															
	New born	2-4 Days	by 1 mo	2	4	6	9	12	15	18	24	3*	4	5	6	8	10	11	12	13	14	15	16	17	18	19 through 20 years of age	
Vision +	S	S	S	S	S	S	S	S	S	S	S	O	O	O	O	O	S	O	S	S	O	S	S	O	S	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 patient is uncooperative, rescreen in 6 months.
 + = May be done more frequently if indicated or at increased risk.

Revised: 4/1/2007, 8/1/2005

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
HEARING AND SPEECH PERIODICITY SCHEDULE

Procedure	MONTHS OF AGE													YEARS OF AGE														
	New born	2-4 days	2 weeks	By 1 mo	6 weeks	2	4	6	9	12	15	18	24	3	4	5	6	8	10	11	12	13	14	15	16	17	18	Through 20 years of age
Hearing/ Speech+	O**	S	O**			S	S	S	S	S	S	S	S	S	O	O	O	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 and again 2 to 6 weeks afterward if indicated by the first screening or if a screening was not completed at birth.

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Exhibit 430-1A

AHCCCS Dental Periodicity Schedule

RECOMMENDATIONS FOR PREVENTIVE PEDIATRIC ORAL HEALTH CARE					
These recommendations are designed for the care of children who have no contributing medical conditions and are developing normally. These recommendations may require modification for children with special health care needs.					
	AGE	12-24 months	2-6 years	6-12 years	12 years and older
Clinical oral examination including but not limited to the following: ¹		X	X	X	X
➤ Assess oral growth and development		X	X	X	X
➤ Caries-risk Assessment		X	X	X	X
➤ Assessment for need for fluoride supplementation		X	X	X	X
➤ Anticipatory Guidance/Counseling		X	X	X	X
➤ Oral hygiene counseling		X	X	X	X
➤ Dietary counseling		X	X	X	X
➤ Injury prevention counseling		X	X	X	X
➤ Counseling for nonnutritive habits		X	X	X	X
➤ Substance abuse counseling				X	X
➤ Counseling for intraoral/perioral piercing				X	X
➤ Assessment for pit and fissure sealants			X	X	X
Radiographic Assessment		X	X	X	X
Prophylaxis and topical fluoride		X	X	X	X

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

Note: Parents or caregivers should be included in all consultations and counseling of members regarding preventive oral health care and the clinical findings.

Note: As in all medical care, dental care must be based on the individual needs of the patient and the professional judgment of the oral health provider.

* Adaptation from the American Academy of Pediatric Dentistry Schedule

Initial Effective Date: 10/01/08