

Comprehensive Health Screening* - THSteps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents (Birth through 10 Years of Age)

*Comprehensive Health Screening is defined as: both an objective screening with the use of standardized procedures or screening tools and a subjective screening of those components when a standardized procedure or screening tool is not required (e.g., visits when audiometric hearing screening is not required). The screening must be age-appropriate and based on recognized national standards such as the National Center for Education in Maternal and Child Health (NCEMCH) Bright Futures. The absence of a symbol indicates that subjective screening is appropriate unless the provider determines that an objective screen or test is necessary. Refer to the Texas Medicaid Provider Procedure Manual (TMPPM) for further detail.

Age	History	Measurements					Comprehensive Unclothed Physical Examination	Vision Screening (objective)	Parent Hearing Checklist	Hearing Screening (objective)	Nutritional Screening	Developmental Screening		Mental Health Screening	Screen for/Administer Immunizations Using ACIP Guidelines	Laboratory Tests						TB Screening		Dental Referral	Health Education and Anticipatory Guidance		
		Length	Height	Weight	BMI	Fronto-Occipital Circumference						Blood Pressure	Developmental Screening: ASQ, PEDS, or other standardized tool			Autism Screening: MCHAT or other standardized tool	Newborn Hereditary/Metabolic Testing	Hemoglobin Type	Lead Questionnaire	Blood Lead Screening	Anemia	Hyperlipidemia (as indicated)	Type II Diabetes (as indicated)			TB Risk Screening Tool	TB Skin Test
Newborn	•	•		•		•	•	•	•					•	•	•										•	
3-5 days	•	•		•		•	•	•	•					•												•	
2 weeks	•	•		•		•	•	•	•					•	•											•	
MONTHS	2	•	•		•	•	•	•	•					•												•	
	4	•	•		•	•	•	•	•					•												•	
	6	•	•		•	•	•	•	•					•				•							•	•	
	9	•	•		•	•	•	•	•			•		•												•	
	12	•	•		•	•	•	•	•					•								Δ	Δ		•	•	
	15	•	•		•	•	•	•	•					•												•	
	18	•	•		•	•	•	•	•			•	•	•												•	•
	24	•	•		•	•	•	•	•			•		•								Δ			•	•	
30	•	•		•	•	•	•	•					•												•	•	
YEARS	3	•		•	•	•	•	•	•			•		•										Δ		•	•
	4	•		•	•	•	•	•	•			•		•										Δ	Δ	•	•
	5	•		•	•	•	•	•	•					•										Δ		•	•
	6	•		•	•	•	•	•	•					•										Δ		•	•
	7	•		•	•	•	•	•	•					•										Δ		•	•
	8	•		•	•	•	•	•	•					•										Δ		•	•
	9	•		•	•	•	•	•	•					•										Δ		•	•
	10	•		•	•	•	•	•	•					•										Δ		•	•

Legend of Symbols

- Indicates that a component is mandatory and must be completed during the checkup. If a component is not completed at the required age, then the provider must complete it at the next checkup, if it is age-appropriate, or whenever it is medically necessary.
- Δ TB screening: In counties that have been designated as having a high incidence of TB, administer an intradermal skin test at 1 and 4 years of age and the DSHS-approved questionnaire annually beginning at 2 years of age. In all other counties, administer the DSHS-approved questionnaire annually beginning at 1 year of age.

Comprehensive Health Screening* - THSteps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents (11 through 20 Years of Age)

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Age	History	Measurements				Comprehensive Unclothed Physical Examination	Vision Screening (objective)	Hearing Screening (objective)	Nutritional Screening	Mental Health Screening	Screen for/Administer Immunizations Using ACIP Guidelines	Laboratory Tests (as indicated)						TB Screening		Dental Referral	Health Education and Anticipatory Guidance	
		Height	Weight	BMI	Blood Pressure							Hemoglobin Type	Anemia	Hyperlipidemia	Diabetes Type II	STD Screening	HIV test	<input type="checkbox"/> PAP Smear	TB Risk Screening Tool			TB Skin Testing
YEARS	11	•	•	•	•	•					•							Δ	Δ	•	•	
	12	•	•	•	•	•	•				•		•						Δ		•	•
	13	•	•	•	•	•	•				•								Δ		•	•
	14	•	•	•	•	•	•				•								Δ		•	•
	15	•	•	•	•	•	•	•			•								Δ		•	•
	16	•	•	•	•	•	•				•		•						Δ		•	•
	17	•	•	•	•	•	•				•								Δ		•	•
	18	•	•	•	•	•	•	•			•								Δ		•	•
	19	•	•	•	•	•	•				•								Δ		•	•
	20	•	•	•	•	•	•				•								Δ		•	•

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- Δ TB screening: In counties that have been designated as having a high incidence of TB, administer an intradermal skin test at 1 and 4 years of age and the DSHS-approved questionnaire annually beginning at 2 years of age. In all other counties, administer the DSHS-approved questionnaire annually beginning at 1 year of age.
- PAP smear screenings should be performed 3 years after the onset of sexual activity or at 21 years of age.