

THSteps Medical Checkups Periodicity Schedule for Infants, Children, and Adolescents (Birth Through 20 Years of Age)

The columns across the top of the schedule indicate the age a client is periodically eligible for a medical checkup. The first column on the left of the chart identifies each procedure that must be performed at each appropriate age. (See Key at bottom of page and Footnotes on the following page.)

Age ¹	Weeks			Months													Years															
	Inpatient	3-5 Days	2	2	4	6	9	12	15	18	24	30	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20		
History																																
Family	●	●	●	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Neonatal	●	●	●	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓																	
Physical, Mental Health, and Developmental	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Unclothed Physical Examination²	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Measurements																																
Length/Height, Weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Body Mass Index (BMI)												●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Fronto-Occipital Circumference	●	●	●	●	●	●	●	●	●	●	●																					
Blood Pressure													●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Nutrition Screening	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Developmental/Autism Screening³		●	●	●	●	●	S	✓	●	S	S	✓	S	S	●	●																
Mental Health Screening		●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Sensory Screening⁴																																
Vision Screening^{4a}	●	●	●	●	●	●	●	●	●	●	●	●	S	S	S	S	●	S	●	S	●	S	●	●	S	●	●	S	●	●		
Hearing Screening^{4b}	●	●	●	●	●	●	●	●	●	●	●	●	●	S	S	S	●	S	●	S	●	●	●	●	●	●	●	●	●	●	●	
Tuberculosis Screening⁵								●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Laboratory Tests⁶																																
Newborn Hereditary/Metabolic Testing⁷	●	✓	●	✓	✓	✓	✓	✓																								
Hgb or Hct⁸						●	✓	●	✓	✓	●	✓	✓	✓	✓	●	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	●	✓	✓	✓	✓	
Lead Screening⁹						+	+	●	✓	✓	●	✓	✓	✓	✓	✓																
Hemoglobin Type¹⁰	●	✓	●	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
STD Screening¹¹																						+	+	+	+	+	+	+	+	+	+	
HIV Screening¹²																						+	+	+	+	+	+	+	+	+	+	
Cervical Cancer Screening¹³																						+	+	+	+	+	+	+	+	+	+	
Hyperlipidemia¹⁴											+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Type II Diabetes¹⁵											+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Immunizations¹⁶	●	✓	✓	●	●	●	✓	●	●	✓	✓	✓	✓	●	✓	●	✓	✓	✓	✓	✓	✓	✓	●	●	✓	✓	✓	✓	✓	✓	
Dental Referral¹⁷						●	✓	●	✓	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Anticipatory Guidance¹⁸	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	

Key

- Required, unless medically contraindicated or because of parent's reasons of conscience including a religious belief or the dated results obtained within the previous month documented on the health record.
 - ✓ Required as above, unless already provided on a previous checkup at the required age, or the dated results obtained within the previous month, and documented on the health record with the date of service.
 - +
- If answers on risk assessment questionnaires or other screening show a risk factor, further screening is required. Refer to Footnotes for more information about marked items.
- S Standardized screening tool must be used at these ages.

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Footnotes

1. If a child comes under care for the first time at any point on the schedule or if any procedures are not accomplished at the appropriate age, the client must be brought up-to-date with required procedures as soon as possible.
2. An age-appropriate, complete, unclothed physical exam is required at each checkup. For adolescents who are sexually active, a pelvic exam should be part of the examination.
3. Developmental screening is a required component of each checkup for clients, birth through 6 years of age. Checkups at 9, 12, 18, 24, and 30 months, 3 and 4 years of age require the use of the Ages and Stages Questionnaire (ASQ) or ASQ SE (PEDS screening tool may also be used) and may be submitted for separate reimbursement. If other screening tools are used, the provider may not submit for reimbursement. Checkups at 18 months also require standardized screening for autism using the Modified Checklist for Autism in Toddlers (MCHAT).
 - A standardized screen is not required for checkups at other ages listed on the THSteps Periodicity Schedule; however, developmental screening is required at these visits and includes a review of milestones (gross and fine motor skills; communication skills, speech-language development; self help/care skills; social, emotional, and cognitive development) and mental health).
4. Sensory screening:
 - a. Vision:
 - Birth through 2 years of age—Screening includes history of high-risk conditions, observation, and physical examination.
 - Ages 3, 4, 5, 6, 8, 10, 12, 15, and 18 years of age—Screening includes administration of an age-appropriate vision chart. Documentation of test results from a school vision screening program may be used if conducted within 12 months of the checkup.
 - b. Hearing:
 - Birth through 3 years of age—Screening includes history, observation, and screening by use of the Parent Hearing Questionnaire.
 - Ages 4, 5, 6, 8, 10 year of age—A puretone audiometer must be used to screen hearing at checkups. Subjective screening may be completed at all other checkups. Documentation of results from a school audiometric screening program may be used if conducted within 12 months of the checkup.
5. In areas of low prevalence, administer the Tuberculosis (TB) Questionnaire annually beginning at 1 year of age. In areas of high prevalence, administer the TB skin test at 1 year of age, once between 4 through 6 years of age, and once between 11 through 17 years of age. Administer the TB Questionnaire annually beginning at 2 years of age and thereafter at other checkups. All clients should return for the provider to read the skin test. The TB Questionnaire is available in the *Texas Medicaid Provider Procedures Manual (TMPPM)*.
6. All blood specimens with the exception of specimens related to hyperlipidemia, type 2 diabetes, HIV, and syphilis (RPR) screening, are to be submitted to the DSHS Laboratory for analysis. Documented laboratory results obtained within the preceding month may be used to meet the laboratory testing requirement and must include the date(s) of service, clear reference to the previous visit by the same provider, or results obtained from another provider.
7. Newborn screening (hereditary/metabolic testing for disorders recommended by the American College of Medical Genetics [ACMG]) is required by Texas law before hospital discharge and again between 1 and 2 weeks of age. Date and results of the second newborn screening are to be documented.
8. Anemia screening is required. If immediate results are needed, the specimen may be processed in the office/clinic. The results must be documented in the client's medical record. Hemoglobin (Hgb) and hematocrit (Hct) testing conducted at a Women, Infants, and Children (WIC) clinic or in a provider's office are acceptable within 30 days if date and value are documented.
9. Lead poison screening is required from 6 months through 6 years of age. A blood lead level is mandatory at 12 and 24 months of age or any first checkup after 12 or 24 months of age, if there are no documented blood lead level results available. The results of the questions contained in the Lead Exposure Questionnaire (available in the TMPPM) if documented client's record is acceptable at other visits.
10. Hgb type is part of the newborn screening and should not be repeated if previously performed and results are documented in the client's chart.
11. Sexually transmitted diseases (STD) (including but not limited to evaluation for genital warts, cultures for gonorrhea and Chlamydia, and blood test for syphilis)
12. Human immunodeficiency virus (HIV) (actual testing is voluntary)
13. Cervical cancer screening for adolescent females:
 - Three years after the initiation of sexual activity
 - 21 years of age
14. Hyperlipidemia
15. Diabetes type II
16. Vaccines must be obtained from the Texas Vaccines for Children Program at DSHS and administered at the time of the checkup, unless medically contraindicated or because of parent's reasons of conscience including a religious belief. Clients must not be referred to the local health department for immunizations.
17. The provider must refer all clients to a dental home for dental checkups beginning at 6 months of age and every 6 months thereafter. Patients are eligible for emergency dental treatment at any time. Parents may self-refer for dental care at any age, including younger than 6 months.
18. Anticipatory guidance includes health education and counseling, is a required integral part of each checkup, and must be face-to-face with the child's parent/caretaker and face-to-face with adolescents.

Note: Additional information is available in the TMPPM. To quickly reference the subjects listed above, refer to the manual's Index or use the Search tool available in the electronic edition.