

Iowa EPSDT Care for Kids Health Maintenance Recommendations

KEY	
● To be performed	S Subjective, by history;
● To be performed at all visits	O Objective, by standard testing method
☒ Screen at least once during time period indicated	* Assess risk

		AGE																					
		Infancy						Early Childhood						Mid.Childhood				Adolescence					
		2-3 ¹ days	by 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 yr	4 yr	5 yr	6 yr	8 yr	10 yr	12 yr	14 yr	16 yr	18 yr	20+ yr
History	Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Physical exam	As part of each visit	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Measurements	Weight/length: each visit through 18 mo; BMI each visit 24 mo and older Head circumference Blood pressure	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Nutrition/Obesity prevention	Assess/educate	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Oral health	Assessment at 6 and 9 mo and until a dental home is established. Referral to dental home by 12 mo. Ask about dental home at every visit starting at 18 mo.			*	*	●	●	●	*	●	●	*	●	*	*	●	*	*	*	*	*	*	*
Developmental and behavioral assessment	Developmental surveillance Developmental screening: 9, 18, 24 or 30 mo Autism screening: 18 & 24 mo Psychosocial/behavioral assessment Alcohol and drug use assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Sensory screening	Vision Hearing	S O	S S	S S	S S	S S	S S	S S	S S	S S	S S	S S	O S	O O	O O	O O	O O	O O	O S	☒	O S	O S	S S
Immunization	Perform an immunization review at each visit; administer immunizations at recommended ages, or as needed	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anticipatory guidance	Provided at every visit	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Lipid screening											*		*	*	*	*	*	*	*	*	☒		
Hemoglobin/hematocrit	Perform once between 9-month and 12-month visits for children at risk; also annually for adolescents if risk factors are present			*		☒			*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Lead Testing	Assess and test children at 12 mo. and 24 mo. of age; Assess and test high-risk children at 18 mo, 3,4, 5 and 6 y.					*	*	●	*	●		*	*	*									
Metabolic screening	The Iowa Newborn Screening Program tests for hypothyroidism, galactosemia, phenylketonuria, hemoglobinopathies, congenital adrenal hyperplasia, plus expanded metabolic screening.	☒																					
Sexually transmitted infections	Screen as appropriate. People with a history of, or at risk for, STIs should be tested for chlamydia and gonorrhea.																		*	*	*	*	*
Cervical Dysplasia Screening	Pap test at age 21, unless immunosuppression or HIV																		*	*	*	*	●
Tuberculin test	Annual testing is recommended for high risk groups, which include household members of persons with TB or others at risk for close contact with the disease; recent immigrants or refugees from countries where TB is common (e.g., Asia, Africa, Latin America, Pacific islands and former Soviet Union); migrant workers; residents of correctional institutions or homeless shelters; persons with certain underlying medical disorders. Children with HIV and incarcerated adolescents should be screened yearly.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

PROCEDURES

¹ For newborns discharged within 24 hours or less after delivery.

* Medicaid recommends and will reimburse for annual visits for older children and adolescents, but does not yet require them.