AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED CATEGORICALLY NEEDY

4b. Early and Periodic Screening, Diagnosis and Treatment of Conditions Found

A. Screening Services

1. Initial Screen. Periodic, comprehensive child health assessments are provided by a licensed medical or osteopathic physician, physician assistant, or advanced practice nurse practitioner to each eligible individual under the age of 21. An initial EPSDT screening may be requested by an eligible individual at any time and must be provided without regard to whether the individual's age coincides with the established periodicity schedule. At a minimum these assessments must include the following components:

(a) Comprehensive Health and/or Developmental history;
(b) Comprehensive unclothed physical exam;
(c) Appropriate Immunizations;
(d) Health Education;
(e) Appropriate Laboratory Tests;
(f) Lead Toxicity Screening;
(g) Vision Services; and
(h) Dental Services.

2. Periodicity Schedule(s). The preventive pediatric health care periodicity schedule recommended by the American Academy of Pediatrics (AAP) ~~in 2000~~ has been adopted for use by the State~~, with the exception that the prenatal visit on the AAP periodicity schedule is not covered and the 15 month old visit is "optional" in the OHCA schedule~~ for eligible individuals from age birth through 20 (this will eliminate the prenatal and 21 year old visit shown on the AAP Periodicity Schedule). Immunizations are to be checked and provided as needed according to the Advisory Committee on Immunization Practices (ACIP) schedule. Vision and Hearing screens are subject to their own periodicity schedule. However, age appropriate vision and hearing screens must be performed. Dental screens begin at the first sign of tooth eruption by the primary care provider and with each subsequent visit to determine if the child needs a referral to a dental provider. Dental services, including the initial direct referral to a dentist, must occur according to the ~~States dental periodicity schedule~~ periodicity of examination, preventive dental services, anticipatory guidance, and oral treatment for infants, children, and adolescents recommended by the American Academy of Pediatric Dentistry (AAPD).

3. Optional Screens. Periodic screening must be provided in accordance with the recommended AAP periodicity schedule following the initial screening ~~(with the 15 month old exception previously noted)~~. Interperiodic screenings must be provided when medically necessary to determine the existence of suspected physical or mental illnesses or conditions. A partial screening may be paid if the provider cannot provide all of the minimum components of the screening.

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