

Table 21.1 PERIODICITY SCHEDULE FOR HEALTH ASSESSMENT REQUIREMENTS BY AGE GROUPS

Screening Requirement <sup>1</sup>	Age of Person Being Screened														
	< 1 mo	1-2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	2 Yr	3 Yr	4-5 Yr	6-8 Yr	9-12 Yr	13-16 Yr	17-20 Yr
Interval Until Next CHDP Exam	1 mo	2 mos	2 mos	3 mos	3 mos	3 mos	3 mos	6 mos	1 yr	1 yr	2 yr	3 yr	4 yr	4 yr	None
<b>History and Physical Examination<sup>2</sup></b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Dental Assessment <sup>3</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Nutritional Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Developmental/Behavioral Surveillance	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Developmental Screening <sup>4</sup>					o			o	o →						
Psychosocial Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tobacco Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Pelvic Exam <sup>5</sup>														*	*
<b>Measurements</b>															
Head Circumference	•	•	•	•	•	•	•	•							
Height/Length and Weight	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
BMI Percentile									•	•	•	•	•	•	•
Blood Pressure <sup>6</sup>										•	•	•	•	•	•
<b>Sensory Screening</b>															
Vision <sup>7</sup> - Visual Acuity Test										•	•	•	•	•	•
Vision <sup>7</sup> - Clinical Observation	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hearing <sup>8</sup> - Audiometric										•	•	•	•	•	•
Hearing <sup>8</sup> - Clinical Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>Procedures/Tests</b>															
Hematocrit or Hemoglobin <sup>9</sup>				*	• →		*	*	•	•	•	*	*	•	*
Blood Lead Risk Assessment/ Anticipatory Guidance <sup>10</sup>				•	•	•	•	•	•	•	•				
Blood Lead Test <sup>10</sup>						•			•	X →					
<b>Anticipatory Guidance</b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

Note: Children coming under care who have not received all the recommended procedures for an earlier age should be brought up-to-date as appropriate.

Other Laboratory Tests
<b>When health history and/or physical examination warrants:</b>
Urine Dipstick or Urinalysis <sup>11</sup>
TST <sup>12</sup> - see Tuberculosis HAG
Sickle Cell
Ova and Parasites
FBG and Total Cholesterol
Papanicolaou (Pap) Smear <sup>13</sup>
VDRL or RPR <sup>14</sup>
<b>Annually if sexually active; more often as clinically indicated:</b>
Gonorrhea Test <sup>14</sup>
Chlamydia Test <sup>14</sup>
<b>Immunizations<sup>15</sup></b>

Key:
• Required by CHDP one time within the interval given
o Recommended by AAP, Bright Futures but not required by CHDP
* Perform when indicated by risk assessment.
x Perform if no documented lead level at 24 months

1. CHDP intervals are greater than recommended by Bright Futures. Providers may use MNIHA for necessary assessments that fall outside of periodicity such as school, sports or camp physical, foster care or out-of-home placement, or follow-up indicated by findings on a prior health assessment that need monitoring including additional anticipatory guidance, perinatal problems or significant developmental delay.
2. Age appropriate physical examination, including oral examination, is essential with child unclothed, and draped for older child or adolescent.
3. See Dental HAG.
4. Chart indicates ages developmental screening is recommended. For reimbursement information, see CHDP PIN 09-14.
5. Pelvic within 3 years of first sexual intercourse, and at all subsequent health assessments, may be performed as part of MNIHA when clinically indicated by symptoms such as pelvic pain, dysuria, dysmenorrhea. See STI HAG.
6. Blood pressure before 3 years for at risk patients, then at each health assessment and when clinically indicated. See Blood Pressure HAG.
7. See Vision screening HAG.
8. See Hearing Assessment HAG.
9. Hb/Hct starting at 9-12 months, then annually to age 5, then according to periodicity. See Hb/Hct HAG.
10. Test between the ages of 2 and 6 years if no documented lead level at or after 24 months. Test at any age when indicated by risk assessment or if lead risk changes. See Lead HAG.
11. Urinalysis only when clinically indicated. See Urinalysis HAG.
12. Tuberculosis risk factor screen at each visit. TST when indicated. See TB HAG.
13. Pap smear within 3 years of first sexual intercourse and subsequently as clinically indicated.
14. STI testing when risk identified by history/physical. See STI HAG.
15. Provide immunizations as recommended by the Advisory Committee on Immunization Practices (ACIP).

**Table 21.2 PERIODICITY SCHEDULE FOR DENTAL REFERRAL BY AGE**

Age (Years)	1*	2*	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Interval to Next Referral	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr	1 Yr
Annual Dental Referral	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

Children of any age **must** be referred to a dentist if a problem is detected or suspected. For children covered by Medi-Cal or temporary Medi-Cal, call Denti-Cal at 1-800-322-6384 or the local CHDP program for assistance in finding a dentist. All others may contact the local CHDP program for help.

\* A dental screening/oral assessment is required as part of every CHDP health assessment regardless of age. It is recommended that children be referred to a dentist annually beginning at one (1) year of age. It is mandatory to refer children directly to a dentist annually beginning at three (3) years of age.

**Reference:** California Code of Regulations, Title 27, Subchapter 13, CHDP, Section 6843 Code of Federal Regulations, Title 42, Section 440.40 (b), Part 441, Subpart B. CHDP Program Letter, 04-13.