

Amerigroup Iowa, Inc.

EPSDT Provider Toolkit

Care for Kids



What is EPSDT?

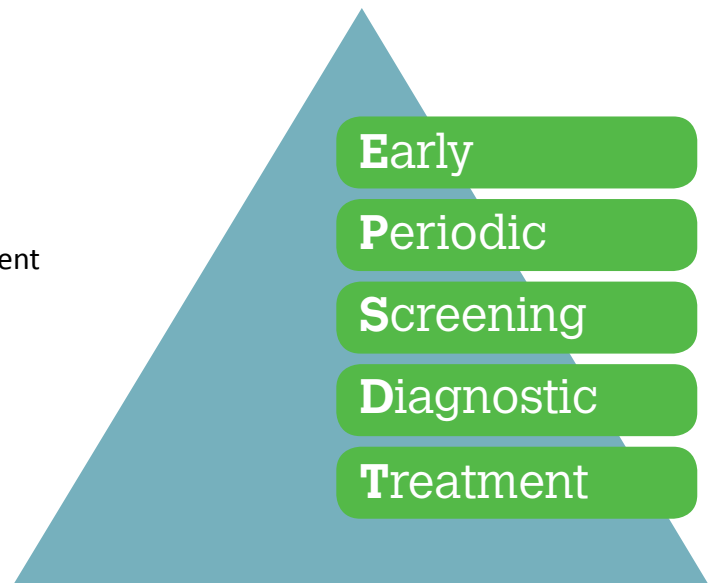
EPSDT is Medicaid's federally mandated comprehensive and preventive child health program for individuals under the age of 21. EPSDT was defined by law, as part of the Omnibus Budget Reconciliation Act of 1989 (OBRA '89) legislation, and requires states to cover all services within the scope of the federal Medicaid program. The intent of the EPSDT program is to focus attention on early prevention and treatment. Requirements include periodic screening, vision, dental and hearing services.

Services include:

- Screening
- Diagnosis and treatment
- Transportation and scheduling assistance

Screening must include:

- Comprehensive health and developmental assessment and history – both physical and mental health
- Comprehensive unclothed physical exam
- Appropriate immunizations
- Laboratory tests
- Lead toxicity screening
- Health education including anticipatory guidance
- Vision services
- Dental services
- Hearing services
- Other necessary health care – diagnostic services and treatment to correct or ameliorate defects, physical and mental illnesses and conditions discovered by the screening services



Schedules used to determine when services are due:

- American Academy of Pediatrics (AAP) Periodicity Schedule
- CDC Advisory Committee on Immunization Practices (ACIP) Immunization Recommendations schedule

Amerigroup Corporate EPSDT program supports the individual state plans:

- Provide a data repository to house the EPSDT data
- Mail annual preventive care recommendations to members
- Mail reminders to members to make an appointment
- Mail a letter to providers with a listing of members who may have missed services

The Amerigroup EPSDT program includes additional member outreach activities and Case Management, as well as a provider pre-service report.



Recommended EPSDT periodicity schedule

Children's preventive guidelines	Birth	3-5 days	1 month	2 months	4 months	6 months	9 months	12 months	15 months	18 months	24 months	30 months	3 years	4 years	5 years	6 years	7-21 years
History	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Height or length/weight	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Head circumference	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					Yearly
Body mass index percentile (1)											✓	✓	✓	✓	✓	✓	Yearly
Blood pressure (2)	*	*	*	*	*	*	*	*	*	*	*	*	✓	✓	✓	✓	Yearly
Nutrition assessment/counseling	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Physical activity assessment/counseling (3)													✓	✓	✓	✓	Yearly
Vision exam	*	*	*	*	*	*	*	*	*	*	*	*	✓	✓	✓	✓	Yearly
Hearing exam	✓	*	*	*	*	*	*	*	*	*	*	*	*	✓	✓	✓	Yearly
Developmental/behavioral assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Autism screening										✓	✓	*					
Psychological/behavioral assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Alcohol/drug use assessment																	Yearly
Physical exam (uncloned)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Oral/dental assessment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Dental referral (4)						*	*	✓	*	*	*	*	*	*	*	*	Refer
Immunization review and administration	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Hematocrit or hemoglobin					*			✓		*	*	*	*	*	*	*	Yearly
Lead screening					*	*	✓		*	✓		*	*	*	*	*	
Urinalysis																✓	16 years
Tuberculin test if at risk			*		*		*		*	*	*	*	*	*	*	*	*
Dyslipidemia screening (test at 10 and ≥ 18)											*			*		*	*18-21
STI screening (5)																	*11-21
Cervical dysplasia screening (5)																	*11-21
Anticipatory guidance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly
Counseling/referral for identified problems	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Yearly

Use the chart to the left to be sure your practice is following the appropriate age specific guidelines.

A well visit should be scheduled for all new Amerigroup Iowa, Inc. members within 60 days. Subsequent visits should be scheduled based on the recommended guidelines.

2-5 days	15 months
1 month	18 months
2 months	24 months
4 months	30 months
6 months	3-21 years annually
9 months	
12 months	

Any member who has not had the recommended services should be brought up to date as soon as possible.

Helpful hints

- Use the member listing provided to you by the health plan to verify filing of a claim and/or to contact members due or overdue for EPSDT services.
- Maximize every visit by making sure the child is current on EPSDT services.
- Be sure your office uses the correct coding to ensure prompt payment.

For complete information, see the American Academy of Pediatrics (AAP) Periodicity schedule brightfutures.aap.org/clinical_practice.html and the American Academy of Pediatric Dentistry (AAPD) aapd.org/media/Policies_Guidelines/G_CariesRiskAssessmentChart.pdf.


* Conduct a risk assessment. If high-risk conditions exist – perform screening and/or referral as indicated.


Notes:


- All well visits should include at a minimum; an uncloned physical exam, a developmental/behavioral assessment, an anticipatory guidance, and age appropriate screenings and immunizations, as indicated.
- Health education should include counseling for issues and risk factors, and inform patients about the benefits of a healthy lifestyle, safety practices/accident avoidance and disease prevention.
- Screenings are as recommended by AAP and AAPD. An initial screening may be done at any time, even if the patient's age does not correspond with the periodicity schedule.
- The IA EPSDT Care for Kids Health Maintenance Recommendations include a care-giver depression screening when the infant is 1, 2 and 6 months old. Adolescents should be screened for depression annually beginning at age 12.
- If you are not receiving the monthly listing containing your paneled members that are past due, contact the health plan below: 4800 Westown Parkway, Regency Building 3, Suite 200, West Des Moines, IA 50266, Fax: 1-844-400-3465

Immunizations

Recommended childhood immunizations	Age Group											Recommended adolescent immunizations	7-10 years	11-12 years	13-18 years		
	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	23 months	2-3 years	4-6 years						
Hepatitis B	Hep B	Hep B			Hep B								Tetanus, diphtheria, pertussis			Tdap	Tdap
Rotavirus		RV	RV	RV									Human papillomavirus			HPV (3 doses)	HPV series
Diphtheria, tetanus, pertussis		DTap	DTap	DTap		DTap					DTap		Meningococcal	MCV	MCV		MCV
Haemophilus influenza B		Hib	Hib	Hib	Hib							Influenza	Influenza yearly				
Pneumococcal		PCV	PCV	PCV	PCV						PPSV	Pneumococcal	PPSV				
Inactivated poliovirus		IPV	IPV	IPV						IPV	Hepatitis A	Hep A series					
Influenza				Influenza yearly								Hepatitis B	Hep B series				
Measles, mumps, rubella					MMR					MMR	Inactivated poliovirus	IPV series					
Varicella					Varicella					Varicella	Measles, mumps, rubella	MMR series					
Hepatitis A					Hep A, dose 1					Hep A series	Varicella	Varicella series					
Meningococcal										MCV							

 Range of recommended ages for all children except certain high-risk groups

 Range of recommended ages for certain high-risk groups

 Range of recommended ages for catch-up immunizations

For complete information, see: the Advisory Committee on Immunization Practices (cdc.gov/vaccines/recs/acip), the American Academy of Pediatrics (aap.org), the American Academy of Family Physicians (aafp.org), and Iowa Care for Kids (iowaepsdt.org).

EPSDT billing codes

CPT	New patient	CPT	Established patient	Other coding tips	Codes	Description
99461	Initial newborn care, hospital/birthing center				Z68.51	BMI, Ped. less than 5th %ile
99463	Initial newborn care, admit and discharge same day				Z68.52	BMI, Ped. 5th to less than 85th %ile
99381	Preventive visit, Age < 1 year	99391	Preventive visit, Age < 1 year		Z68.53	BMI, Ped. 85th %ile to less than 95th %ile
					Z68.54	BMI, Peds. greater or equal to 95th %ile
99382	Preventive visit, Age 1-4	99392	Preventive visit, Age 1-4	ICD-10 codes: If a problem is found, use the appropriate code as the secondary diagnosis – do not change the coding from a well visit to a sick visit, see modifier 25	97802-97804	Counseling for nutrition
					96110	Developmental screening, limited
99383	Preventive visit, Age 5-11	99393	Preventive visit, Age 5-11		96111	Developmental testing, extended
					90471-90474	Immunization administration codes
99384	Preventive visit, Age 12-17	99394	Preventive visit, Age 12-17	Use antigen codes along with immunization administration codes.	EP	To be used with each EPSDT code
					25	Use for significant, separately identifiable
99385	Preventive visit, Age 18-21	99395	Preventive visit, Age 18-21	Referral codes must be included		E&M services by the same provider on the same day, and for filing a same day sick and well care visit

99202-99205 (new patient) and 99213-99215 (established patient) must be used in conjunction with appropriate ICD-10 codes. Referral codes as appropriate for condition.

Payment will be made for medically necessary diagnostic or treatment needed to correct or ameliorate illnesses or conditions discovered through screening, whether or not such diagnostic or treatment services are covered under the plan. **Note:** Any medically necessary noncovered service will need to be preauthorized.

To submit electronic claims, visit avality.com or call EDI Provider Services at 1-800-4590-5745 to initiate filing.

For paper claims, submit the CMS-1500 forms to:

Amerigroup Claims

P.O. Box 61010

Virginia Beach, VA 23466-1010



1 BMI percentile is required with height and weight; may use BMI growth chart.

2 Children with specific risk factors should have BP taken at visits before age 3.

3 National Committee on Quality Assurance (NCQA) Healthcare Effectiveness Data Information Set (HEDIS®) measure added to chart.

4 Referrals for dental care should be given at first tooth eruption or at 12 months and for any problem identified. Ask about dental home at each visit. AAPD recommends dental exam every six months after tooth eruption.

5 STI and cervical dysplasia screenings should be conducted on all sexually active females ages 11-21.



Early and periodic screening, diagnosis and treatment (EPSDT) FAQ

Who can conduct EPSDT screenings?

Personnel employed and under direct supervision by the physician may perform screenings. Personnel may be nurses, nurse practitioners, physician assistants, psychologists, social workers, audiologists, occupational therapists and physical therapists. The physician must be on the premises in the same office suite, but not in the same room.

Can blood lead screenings be done at nine months, or do you require adherence to the periodicity schedule, which indicates a screening at 12 and 24 months?

Lead screenings are recommended at 12 and 24 months. However, risk assessments should be conducted to determine if a screening should be done earlier. As always, guidelines are recommendations, but it remains at the discretion and judgment of the provider to determine risk and the appropriate course of action.

Where can I get forms or information about the guidelines?

The guidelines and forms for Iowa may be obtained from Care for Kids at iowaepsdt.org. The American Academy of Pediatrics (AAP) Bright Futures program produces comprehensive guidelines and the most commonly used periodicity schedule. The vaccine schedule is provided by the Center for Disease Control (CDC). Providers may go to any of these websites for forms, educational materials and information related to child preventive care. There may be a cost associated with some materials.
brightfutures.aap.org/clinical_practice.html, cdc.gov/vaccines/schedules/hcp/index.html

If the child comes in for a sick visit, but EPSDT services were also provided, can an EPSDT well care claim and sick child claim be submitted for the same day?

The health plan does allow reimbursement for same day sick and well care. Modifier 25 must be billed with the applicable E&M code for the allowed visit.

Will an annual well visit claim be paid?

Annual EPSDT visit claims beginning at three years of age are paid. Prior to three years, the frequency is based on the AAP periodicity schedule.

Does the plan send out reminders encouraging members to seek EPSDT services? If so, how often?

Members are mailed an annual reminder just prior to their birthday containing all recommended preventive services due in the coming year. Members are also mailed a reminder to make an appointment with their doctor after an EPSDT service is 90 days past due. The reminder is only mailed once for each visit missed.

Why do I get a letter with a list of patients who are past due for EPSDT services, who have already had screening or testing?

If the patient has already had the service, simply be sure a claim has been filed. The most common reasons for members to appear on the list if they have had the service include: the report was run prior to receiving the claim; the member had the service prior to coming onto the plan; an unacceptable HEDIS® code was used for the claim, or a claim has not been filed. If you have received payment for the rendered service, there is no action required.

Why am I getting children on the list I receive who are not my patients?

You receive the letter if a member on your panel is 90 days past due for EPSDT services. Members are assigned a PCP panel if they have not indicated their PCP. If you reach out to those members for an appointment, and find they are seeing another provider, just remind them to call the health plan to correct their PCP information.

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

EPSDT assessment categories



NEWBORN AND TWO TO FIVE DAYS ASSESSMENT

Physical exam	Risk assessment/screening	Development	Behavioral/social	Anticipatory guidance topics	History
Weight, length – W/L %tile	Blood pressure	Sucks, swallow	Parental concerns	Car seat, facing back	Hospital course Exams/screenings
Head circ	Hearing	Breathes easily	Support for mother	Smoke free environment	Hepatitis B
TPR	Vision	Turns, calms to mom’s voice	Family make up	Smoke detectors in home	Weeks of gestation
General appearance	Metabolic/ hemoglobinopathy	Eats well	Any major changes in family	Hot water temperature < 120°F	Birth weight
Head, fontanel			Any changes in family health	No bottle propping	Issues/concerns
Neck				Sleep on back	
Eyes, red reflex, strabismus				Well fitted crib mattress, no pillows	
Ears, nose, mouth/throat				Never shake baby	
Lungs	Nutrition	Common problems		Nutrition/feedings	Plan/referrals
Heart	Breast, how long, frequency	Constipation		No solid food	Immunizations status
Abdomen	Formula oz. and frequency Brand – w/iron	Sleep		Sponge bath	Hepatitis B #1 (if indicated)
Femoral pulses		Spitting up		Cord, circumcision care	Ophthalmology referral (if < 32 weeks gest)
Umbilical cord	Water source Well, city or bottled	Excessive crying		Sponge bath	
Genitalia (male-testes, circ)				Bowel movements	
Spine	Number of wet diapers/day			General newborn care	
Extremities	Stools/day			Taking temperature – Fever > 100.4°F	
Hips	WIC			When to call the doctor	
Skin					
Neuro					

EPSDT assessment categories

continued

ONE MONTH ASSESSMENT

Physical exam	Risk assessment/screening	Development	Behavioral	Anticipatory guidance topics	History
Weight, length – W/L %tile	Blood pressure	Lifts head when prone	Maternal/ caregiver depression	Car seat, facing back	Follow-up previous visit
Head circ	Hearing	Begins to smile	Parental concerns	Smoke-free environment	Medication review
TPR	Vision	Follows parent with eyes	Vision	Smoke detectors in home	Interval history
General appearance	Metabolic/ hemoglobinopathy	Turns to parents' voices	Hearing	Hot water temperature < 120°F	Changes in family health
Head, fontanel	Tuberculosis		Development	No bottle propping	
Neck				Sleep on back, tummy time	
Eyes, red reflex, strabismus				Well fitted crib mattress, no pillows	
Ears, nose, mouth/throat				Never shake baby	
Lungs	Nutrition	Common problems	Social/family history	Nutrition/feedings	Plan/referrals
Heart	Breast, how long, frequency	Constipation	Parent/child adjustment	Techniques to calm	Immunizations status
Abdomen	Formula, oz. and frequency	Sleep	Any major changes in family	Cord, circumcision care	Hepatitis B
Femoral pulses	Brand – w/iron	Spitting up	Maternal depression	Elimination	Vitamin D if breastfed
Umbilical cord	Water source Well, city or bottled	Excessive crying	Support for mother	Taking temperature – Fever > 100.4°F	TB test if at risk
Genitalia (male-testes, circ)	Number of wet diapers/day	Colic	Sibling response to baby	When to call the doctor	
Spine	Stools/day	Stuffy nose	Child care plans	Avoid anything around baby's neck	
Extremities	WIC		Work plans		
Hips			Violence or abuse		
Skin					
Neuro					

EPSDT assessment categories

continued

TWO MONTH ASSESSMENT

Physical exam	Risk assessment/screening	Development	Behavioral	Anticipatory guidance topics	History
Weight, length – W/L %tile	Blood pressure	Begins to push up when prone	Maternal/ caregiver depression	Car seat, facing back	Follow-up previous visit
Head circ	Hearing	Holds head up when held	Parental concerns	Smoke-free environment	Medication review
TPR	Vision	Begins to smile	Vision	Smoke detectors in home	Interval history
General appearance	Metabolic/ hemoglobinopathy	Follows parent with eyes	Hearing	Hot water temperature <120°F	Special health care needs
Head, fontanel		Turns to parents voices	Development	Bath safety	Changes in family health
Neck		Coos		No bottle propping	
Eyes, red reflex, strabismus		Self-comfort		Sleep on back, tummy time	
Ears, nose, mouth/throat		Cries when bored (no activity)		Crib safety	
Lungs		Symmetrical movement		Never shake baby	
Heart	Nutrition	Common problems	Social/family history	Nutrition/feedings	Plan/referrals
Abdomen	Breast, how long, frequency	Constipation	Parent/child adjustment	Delay solids	Immunizations status
Femoral pulses	Formula, oz. and frequency Brand – w/iron	Sleep	Any major changes in family	Elimination	DTaP, IPV, Hib, Hep B, PCV-7
Umbilical cord	Cereal	Spitting up	Maternal depression	Techniques to calm	Rota
Genitalia (male-testes)	Water source Well, city or bottled	Excessive crying	Support for mother	Rolling over – prevent falls	Vitamin D if breastfed
Spine		Colic	Sibling response to baby	When to call the doctor	
Extremities	Stools/day	Stuffy nose	Child care plans		
Hips	WIC	Diaper rash	Work plans		
Skin			Violence or abuse		
Neuro					

EPSDT assessment categories

continued

FOUR MONTH ASSESSMENT

Physical exam	Risk assessment/screening	Development	Behavioral	Anticipatory guidance topics	History
Weight, length – W/L %tile	Blood pressure	Pushes up to elbows when prone	Parental concerns Vision	Car seat, facing back	Follow-up previous visit
Head circ	Hearing	Head control	Hearing	Smoke-free environment	Medication review
TPR	Vision	Rolls and reaches for objects	Development	Smoke detectors in home	Interval history
General appearance	Anemia risk assessment	Responds to affection		Sleep and daily routines	Special health care needs
Head, fontanel		Babbles and coos		Hot water temperature <120°F	Changes in family health
Neck		Self-comfort		Bath safety	
Eyes, red reflex, strabismus				No bottle propping	
Ears, nose, mouth/throat				Sleep on back, tummy time	
Lungs				Crib safety	
Heart	Nutrition	Common problems	Social/family history	Never shake baby	Plan/referrals
Abdomen	Breast, how long, frequency	Constipation	Any major changes in family	Nutrition/feedings	Immunizations status
Femoral pulses	Formula, oz. and frequency Brand – w/iron	Sleep	Family support	Solid foods – when and how to add	DTaP, IPV, Hib, Hep B, PCV-7
Umbilical cord	Cereal	Spitting up	Working outside the home	Weight gain	Rota
Genitalia (male-testes)	Water source Well, city or bottled	Excessive crying	Child care	Elimination	Vitamin D if breastfed
Spine	Other liquids	Colic	Violence or abuse	Walkers	
Extremities	WIC	Stuffy nose		Rolling over – prevent falls	
Hips		Diaper rash		Choking	
Skin					
Neuro					

EPSDT assessment categories

continued

SIX MONTH ASSESSMENT					
Physical exam	Risk assessment/screening	Development	Behavioral	Anticipatory guidance topics	History
Weight, length – W/L %tile	Blood pressure	Able to sit briefly	Maternal/ caregiver depression	Car seat, facing back	Follow-up previous visit
Head circ	Hearing	Head control	Parental concerns	Smoke-free environment	Medication review
TPR	Vision	Rolls and reaches for objects	Vision	Smoke detectors in home	Interval history
General appearance	Anemia risk screening	Responds to affection	Hearing	Sleep and daily routines	Special health care needs
Head, fontanel	Tuberculosis risk screening	Jabbers and laughs	Development	Hot water temperature <120°F	Changes in family health
Neck	Dental/oral	Self-comfort		Drowning	
Eyes, red reflex, alignment	Lead risk screening	Puts things in mouth		No bottle propping	
Ears, nose, mouth/throat				Sleep on back, tummy time	
Lungs				Kitchen safety	
Heart	Nutrition	Common problems	Social/family history	Brushing teeth	Plan/referrals
Abdomen	Breast, how long, frequency	Constipation	Any major changes in family	Nutrition/feedings	Immunizations status
Femoral pulses	Formula, oz. and frequency Brand – w/iron	Sleep	Family support	Solid foods – when and how to add	DTaP, IPV, Hib, Hep B, PCV-7
Umbilical cord	Cereal	Spitting up	Working outside the home	Drinking from a cup	Rota
Genitalia (male-testes)	Water source Well, city, bottled, fluoridated	Excessive crying	Child care	Elimination	Vitamin D if breastfed
Spine	Other liquids	Colic	Violence or abuse	Walkers	Lead screening, if at risk
Extremities	WIC	Stuffy nose	Talk, read to baby	Rolling over – prevent falls	TB test, if at risk
Hips		Diaper rash		Choking – finger foods	Fluoride, if indicated
Skin				Teething	
Neuro					

EPSDT assessment categories

continued

NINE MONTH ASSESSMENT

Physical exam	Risk assessment/screening	Development	Behavioral	Anticipatory guidance topics	History
Weight, length – W/L %tile	Blood pressure	Sits well	Parental concerns Vision	Car seat safety	Follow-up previous visit
Head circ	Hearing	Pulls to stand	Hearing	Smoke-free environment	Medication review
TPR	Vision	Crawls	Development	Smoke detectors in home	Interval history
General appearance	Dental/oral	Imitates sounds	Goes to parent for comfort	Sleep and daily routines	Special health care needs
Head, fontanel	Lead risk screening	Plays peek-a-boo	Stranger anxiety	Burns	Changes in family health
Neck		Puts things in mouth		Drowning	
Eyes, red reflex, alignment		Looks for dropped items		Age-appropriate discipline	
Ears, nose, mouth/throat				No bottle in bed or propping	
Teeth-carries, staining, spots				First dental visit	
Lungs				Child proof home	
Heart	Nutrition		Social/family history	Brushing teeth	Plan/referrals
Abdomen	Breast, how long, frequency		Any major changes in family	Solid foods	Immunizations status
Femoral pulses	Formula, oz. and frequency Brand – w/iron		Family support	Self-feeding	Hep B
Umbilical cord	Cereal		Child care	Choking – finger foods	Catch-up immunizations
Genitalia (male-testes)	Water source Well, city, bottled, fluoridated		Violence or abuse	Drinking from a cup	Dental, if risk or tooth eruption
Spine	Other liquids		Talk, read to baby	Separation anxiety	Lead screening, if at risk
Extremities	WIC			Falls/window guards	Fluoride, if indicated
Hips				Poisons	
Skin				No TV	
Neuro				Teething	

EPSDT assessment categories

continued

TWELVE MONTH ASSESSMENT

Physical exam	Risk assessment/screening	Development	Behavioral	Anticipatory guidance topics	History
Weight, length – W/L %tile	Blood pressure	Waves bye-bye	Parental concerns	Car seat safety	Follow-up previous visit
Head circ	Hearing	Pulls to stand, walks holding on	Vision	Smoke-free environment	Medication review
TPR	Vision	Copies gestures	Hearing	Smoke detectors in home	Interval history
General appearance	Anemia screening	Imitates sounds	Development	Sleep and daily routines	Special health care needs
Head, fontanel	Dental/oral	Plays peek-a-boo	Praise for good behavior	Burns	Changes/concerns – child health
Neck	Blood lead screening	Follows simple directions	Stranger anxiety	Drowning	Changes in family health
Eyes, red reflex, alignment	TB risk assessment	Says 1 or 2 words	Separation anxiety	Age-appropriate discipline	
Ears, nose, mouth/throat		Drinks from a cup		No bottle in bed or propping	
Teeth-caries, staining, spots				Weaning	
Lungs				Child proof home	
Heart	Nutrition		Social/family history	Brushing teeth	Plan/referrals
Abdomen	Breast, how long, frequency		Any major changes in family	Solid foods	Immunizations status
Femoral pulses	Formula, oz. and frequency Brand – w/iron		Family support	Self-feeding	Varicella, PCV-7, Hib, Hep B, Hep A, IPV, MMR, Influenza
Umbilical cord	Cereal		Child care	Choking – finger foods	
Genitalia (male-testes)	Water source Well, city, bottled, fluoridated		Violence or abuse	Drinking from a cup	Catch-up immunizations
Spine				Separation anxiety	Vitamin D if breastfed
Extremities	Other liquids			Falls/window guards	Dental home or referral
Hips	WIC			Poisons	Blood lead screen
Skin	Weaned			No TV	TB test, if at risk
Neuro					Hematocrit or hemoglobin

EPSDT assessment categories

continued

FIFTEEN MONTH ASSESSMENT

Physical exam	Risk assessment/screening	Development	Behavioral	Anticipatory guidance topics	History
Weight, length – W/L %tile	Blood pressure	Says 2 or 3 words	Parental concerns	Car seat safety	Follow-up previous visit
Head circ	Hearing	Walks well	Vision	Carbon monoxide detectors	Medication review
TPR	Vision	Bends down without falling	Hearing	Smoke detectors in home	Interval history
General appearance		Scribbles	Development	Child-proof home	Special health care needs
Head, fontanel		Tries to do what others do	Temper tantrums	Age-appropriate discipline	Changes in family health
Neck		Follows simple commands	Discourage hitting, biting, other aggressive behaviors	Consistent bedtime routine	
Eyes, red reflex, alignment		Listens to a story		Burns	
Ears, nose, mouth/throat		Puts a block in a cup		First dentist visit	
Teeth-caries, staining, spots				Puts a block in a cup	
Lungs				Healthy food/snack choices	
Heart	Nutrition		Social/family history	Whole milk	Plan/referrals
Abdomen	Breast, how long, frequency		Any major changes in family	Falls	Immunizations status
Femoral pulses	Formula, oz. and frequency Brand – w/iron Cereal		Family support	Poisons	MMR, Hib, Varicella, PCV-7, Hep B, Hep A, DTaP, influenza
Umbilical cord	Water source Well, city, bottled, fluoridated		Violence or abuse	No TV	Catch-up immunizations
Genitalia (male-testes)	Other liquids		Talk, read to baby		Fluoride, if indicated
Spine	WIC				Dental home or referral
Extremities	Weaned				Blood lead screen, if not done
Hips					TB test, if at risk
Skin					
Neuro					

EPSDT assessment categories

continued

EIGHTEEN MONTH ASSESSMENT

Physical exam	Risk assessment/screening	Development	Behavioral	Anticipatory guidance topics	History
Weight, length – W/L %tile	Blood pressure	Says six words	Parental concerns	Car seat safety	Follow-up previous visit
Head circ	Hearing	Walks up steps	Vision	Carbon monoxide detectors	Medication review
TPR	Vision	Runs	Hearing	Smoke detectors in home	Interval history
General appearance	Anemia risk screening	Laughs in response to others	Development	Child proof home	Special health care needs
Head, fontanel	Lead risk assessment	Points to one body part	Temper tantrums – timeouts	Age-appropriate discipline	Changes in family health
Neck	Tuberculosis risk assessment	Uses spoon and cup	Discourage hitting, biting, other aggressive behaviors	Consistent bedtime routine	
Eyes, red reflex, alignment	Autism screening	Stacks two blocks		Burns	
Ears, nose, mouth/throat		Points at objects		First dentist visit	
Teeth-caries, staining, spots		Helps to dress/undress		Healthy food/snack choices	
Lungs				Whole milk	
Heart	Nutrition		Social/family history	Falls	Plan/referrals
Abdomen	Weaned bottle breast		Any major changes in family	Poisons	Immunizations status
Femoral pulses	Fruits		Family support	No TV	DTaP, MMR, Hep B, Hep A, influenza
Umbilical cord	Vegetables		Violence or abuse	Toilet training readiness	
Genitalia (male-testes)	Meat		Talk, read, sing to baby		Catch-up immunizations
Spine	Appetite				Fluoride, if indicated
Extremities	Dairy				Dental home or referral
Hips	Water source				Lead screen, if at risk
Skin	Well, city, bottled, fluoridated				TB test, if at risk
Neuro	WIC				

EPSDT assessment categories

continued

TWENTY-FOUR MONTH ASSESSMENT

Physical exam	Risk assessment/screening	Development	Behavioral	Anticipatory guidance topics	History
Height/weight % – W/H %	Blood pressure	Says six words	Parental concerns	Car seat safety	Follow-up previous visit
Head circ	Hearing	Stands on tip toe	Vision	Carbon monoxide detectors	Medication review
TPR	Vision	Runs	Hearing	Smoke detectors in home	Interval history
General appearance	Anemia risk screening	Knows names of familiar people and body parts	Development	Child proof home	Special health care needs
Head, fontanel	Blood lead screening	Plays alongside with other children	Temper tantrums – timeouts	Age-appropriate discipline	Changes in family health
Neck	Tuberculosis risk assessment	Throws a ball overhand	Playing with other children	Consistent bedtime routine	
Eyes, red reflex, alignment	Autism screening	Stacks five to six blocks	Self-expression	Burns	
Ears, nose, mouth/throat	Dyslipidemia risk assessment	Turns pages of book 1 at a time		Physical activity	
Teeth-caries, staining, spots				Bike helmet	
Lungs				Picky eater	
Heart	Nutrition		Social/family history	Supervise outside	Plan/referrals
Abdomen	Weaned bottle breast		Any major changes in family	Guns	Immunizations status
Femoral pulses	Fruits		Family support	Poisons	Hep A, influenza
Umbilical cord	Vegetables		Violence or abuse	Limit TV to one to two hours/day	Catch-up immunizations
Genitalia (male-testes)	Meat		Talk, read, sing to baby	Toilet training	Fluoride, if indicated
Spine	Appetite		Model appropriate language		Dental home or referral
Extremities	Dairy		Screen time		Blood lead screen
Hips	Water source				Autism screen
Skin	Well, city, bottled, fluoridated				Lipid profile, if at risk
Neuro	WIC				TB test, if at risk

EPSDT assessment categories

continued

THIRTY MONTH ASSESSMENT

Physical exam	Risk assessment/screening	Development	Behavioral	Anticipatory guidance topics	History
Height/weight %, – BMI %tile	Blood pressure	Puts 3–4 words together	Parental concerns Vision	Car seat safety	Follow-up previous visit
TPR	Hearing	Jumps up and down	Hearing	Carbon monoxide detectors	Medication review
General appearance	Vision	Washes and dries hands	Development	Smoke detectors in home	Interval history
Head, fontanel	Dental home	Knows animal sounds	Plays with other children	Child proof home	Special health care needs
Neck			Screen time < 2 hours	Outdoor safety	Changes in family health
Eyes, red reflex, alignment			Temperament	Consistent routines	
Ears, nose, mouth/throat			Set limits	Sun exposure	
Teeth-caries, staining, spots				Physical activity	
Lungs				Bike helmet	
Heart				Picky eater	
Abdomen	Nutrition		Social/family history	Supervise outside	Plan/referrals
Femoral pulses	Weaned bottle breast		Changes since last visit	Guns	Immunizations status
Genitalia (male-testes)	Fruits		Parents working outside home	Poisons	Influenza
Spine	Vegetables		Child care type	Limit TV to 1-2 hours/day	Catch-up immunizations
Extremities	Meat		Daily reading	Toilet training	Fluoride, if indicated
Hips	Appetite		Pre-school		Dental home or referral
Skin	Dairy				
Neuro	Water source Well, city, bottled, fluoridated				
	WIC				

EPSDT assessment categories

continued

THREE YEAR ASSESSMENT

Physical exam	Risk assessment/screening	Development	Behavioral	Anticipatory guidance topics	History
Height/weight %, – BMI %tile	Hearing	Puts 2-3 sentences together	Parental concerns Vision	Car seat safety	Follow-up previous visit
TPR - BP	Vision	Stands on one foot	Hearing	Carbon monoxide detectors	Medication review
General appearance	Dental referral	Knows if boy or girl	Development	Smoke detectors in home	Interval history
Head	Anemia risk screening	Names objects	Plays with other children	Smoke-free environment	Special health care needs
Neck	Lead risk screening	Imaginary play	Screen time < 2 hours	Child proof home	Changes in family health
Eyes	Tuberculosis risk screening		Manage anger	Outdoor safety	
Ears, nose, mouth/throat			Reinforce good behavior	Consistent routines	
Teeth-caries, staining, spots				Sun exposure	
Lungs				Physical activity	
Heart				Bike helmet	
Abdomen	Nutrition		Social/family history	Supervise outside, street safety	Plan/referrals
Femoral pulses	Fruits		Changes since last visit	Guns	Immunizations status
Genitalia (male-testes)	Vegetables		Parents working outside home	Poisons	Influenza
Spine	Meat		Child care type	Limit TV to one to two hours/day	Catch-up immunizations
Extremities	Appetite		Read, sing, play		Fluoride, if indicated
Hips	Dairy		Pre-school		Dental referral
Skin	Water source Well, city, bottled, fluoridated		Family activities		
Neuro			Parent/child interaction		
	WIC				

EPSDT assessment categories

continued

FOUR YEAR ASSESSMENT					
Physical exam	Risk assessment/screening	Development	Behavioral	Anticipatory guidance topics	History
Height/weight %, – BMI %tile	Hearing-audiometry	Puts 2-3 sentences together	Parental concerns Vision	Appropriate car restraints	Follow-up previous visit
TPR - BP	Vision	Hops on 1 foot	Hearing	Carbon monoxide detectors	Medication review
General appearance	Dyslipidemia risk assessment	Knows name, age and gender	Development	Smoke detectors in home	Interval history
Head, fontanel	Anemia risk screening	Names four colors	Plays with other children	Smoke-free environment	Special health care needs
Neck	Lead risk screening	Dresses self	Screen time < 2 hours	Safety rules with adults	Changes in family health
Eyes, red reflex, alignment	Tuberculosis risk screening	Brushes own teeth	Curiosity about sex	Daily reading	
Ears, nose, mouth/throat	Assess: Language/speech Fine/gross motor skills Gait	Draws a person		Consistent routines	
Teeth-caries, staining, spots				Sun exposure	
Lungs				Daily physical activity	
Heart				Bike helmet	
Abdomen	Nutrition		Social/family history	Supervise outside, street safety	Plan/referrals
Femoral pulses	Fruits		Changes since last visit	Guns	Immunizations status
Genitalia (male-testes)	Vegetables		Parents working outside home	Poisons	DTaP, influenza
Spine	Meat		Pre-school	Limit TV to one to two hours/day	Catch-up immunizations
Extremities	Appetite		Family activities		Fluoride, if indicated
Hips	Dairy		Parent/child interaction		Dental home or referral
Skin	Water source Well, city, bottled, fluoridated		Helps at home		Lipid profile, if risk
Neuro					Audiometry

EPSDT assessment categories

continued

FIVE TO SIX YEAR ASSESSMENT

Physical exam	Risk assessment/screening	Development	Behavioral	Anticipatory guidance topics	History
Height/weight %, – BMI %tile	Hearing-audiometry	Good language skills	Parental concerns Vision	Appropriate booster/ car restraints	Follow-up previous visit
TPR - BP	Vision exam	Speaks clearly	Hearing	Smoke/carbon monoxide detectors	Medication review
General appearance	Anemia risk screening	Balances on one foot	Development/learning	No smoking in home	Interval history
Head, fontanel	Lead risk screening	Ties a knot	Attention	Sexual safety	Special health care needs
Neck	Dental assessment	Counts to 10	Social interaction	Swimming safety	Changes in family health
Eyes	Assess: Language/speech Fine/gross motor skills Gait	Copies squares and triangles	Cooperation/oppositional	Consistent routines	
Ears, nose, mouth/throat		Draws a person (six parts)	Sleep	Sun exposure	
Teeth-caries, staining, spots				Safety helmets	
Lungs				Street safety	
Heart				Guns	
Abdomen	Nutrition		Social/family history	Brushing/flossing teeth	Plan/referrals
Femoral pulses	Fruits		Changes since last visit	Limit TV	Immunizations status
Genitalia (male-testes)	Vegetables		Parents working outside home	Well balanced diet, including breakfast	DTaP, IPV, MMR, Varicella, Influenza
Spine	Meat		After school care/activities	Healthy weight	Catch-up immunizations
Musculoskeletal	Appetite		Parent/child/sibling interaction	Daily physical activity	Fluoride, if indicated
Skin	Dairy		School readiness	Bullying	Dental referral
Neuro	Water source Well, city, bottled, fluoridated		Family time		Audiometry

EPSDT assessment categories

continued

SEVEN TO EIGHT YEAR ASSESSMENT

Physical exam	Risk assessment/screening	Development	Behavioral	Anticipatory guidance topics	History
Height/weight %, – BMI %tile	Hearing	Good hand eye coordination	Parental concerns Vision	Appropriate booster/ car restraints	Follow-up previous visit
TPR - BP	Vision exam	Enjoys hobbies and collecting	Hearing	Smoke/carbon monoxide detectors	Medication review
General appearance	Anemia risk screening	Uses reflective thinking	Development/learning	No smoking in home	Interval history
Head	Tuberculosis risk assessment	May experience guilt/shame	Participates in after school activities	Sexual safety	Special health care needs
Neck	Dental assessment		Doing well in school	Swimming safety	Changes in family health
Eyes, red reflex, alignment			Homework	Consistent routines	
Ears, nose, mouth/throat			Sleep	Sun exposure	
Teeth-caries, gingival				Safety helmets and pads	
Lungs				Street safety	
Heart				Guns	
Abdomen	Nutrition		Social/family history	Brushing/flossing teeth	Plan/referrals
Femoral pulses	Fruits		Changes since last visit	Limit TV and screen time	Immunizations status
Breasts/genitalia	Vegetables		Parents working outside home	Well balanced diet, including breakfast	Influenza
Sexual maturity	Meat		After school care/activities	Healthy weight	Catch-up immunizations
Spine	Appetite		Parent/child/sibling interaction	Daily physical activity	Fluoride, if indicated
Musculoskeletal	Dairy		Parent/teacher concerns	Bullying	Dental referral
Skin	Eats breakfast		Eats meals as a family		
Neuro	Water source Well, city, bottled, fluoridated				

EPSDT assessment categories

continued

NINE TO TEN YEAR ASSESSMENT

Physical exam	Risk assessment/screening	Development	Behavioral	Anticipatory guidance topics	History
Height/weight %, – BMI %tile	Hearing	Rough and tumble play	Parental concerns Vision	Appropriate booster/ car restraints	Follow-up previous visit
TPR - BP	Vision exam	Enjoys team games	Hearing	Smoke/carbon monoxide detectors	Medication review
General appearance	Anemia risk screening	Likes complex crafts and tasks	Development/learning	No smoking in home	Interval history
Head	Tuberculosis risk assessment	Ability to learn and apply skills	Self-control	Sexual safety	Special health care needs
Neck	Dental assessment	Capable of longer interest	Sense of accomplishment	Swimming safety	Changes in family health
Eyes		More abstract reasoning	Competitive	Consistent routines	
Ears, nose, mouth/throat				Sun exposure	
Teeth-caries, gingival				Safety helmets and pads	
Lungs				Street safety	
Heart				Guns	
Abdomen	Nutrition		Social/family history	Brushing/flossing teeth	Plan/referrals
Femoral pulses	Fruits		Changes since last visit	Limit TV and screen time	Immunizations status
Umbilical cord	Vegetables		Parents working outside home	Well balanced diet, including breakfast	Influenza
Breasts/genitalia	Meat		After school care/activities	Healthy weight	Catch-up immunizations
Sexual maturity	Appetite		Parent/teacher concerns	Daily physical activity	Fluoride, if indicated
Spine	Dairy		More independent	Bullying	Dental referral
Musculoskeletal	Eats breakfast		Very conscious of fairness		Lipid screening at 10 years
Skin	Water source				
Neuro	Well, city, bottled, fluoridated				

EPSDT assessment categories

continued

11 TO 14 YEAR ASSESSMENT

Physical exam	Risk assessment/screening	Development	Behavioral	Anticipatory guidance topics	History
Height/weight %, – BMI %tile	Hearing	Pubic and underarm hair growth	Parental concerns Vision	Seat belts	Follow-up previous visit
TPR - BP	Vision exam	Girls: Breast development Menarche Rapid growth spurt	Hearing	Smoke/carbon monoxide detectors	Medication review
General appearance	Anemia risk screening		Development/learning	No smoking in home	Interval history
Head	Tuberculosis risk assessment		Develop moral philosophies	Sexual safety	Special health care needs
Neck	Dental assessment		Self-esteem	How to prevent pregnancy, STDs, HIV	Changes in family health
Eyes, red reflex, alignment	Alcohol/drugs assessment	Boys: Voice changes Genital growth Nocturnal emissions	Sexual activity	Sun exposure	
Ears, nose, mouth/throat	Cervical dysplasia risk screening			Sports safety – helmets, water	
Teeth-caries, gingival	STI risk screening			Street safety	
Lungs				Guns	
Heart		Understand abstract ideas		Oral hygiene	
Abdomen	Nutrition		Social/family history	Limit TV and screen time	Plan/referrals
Femoral pulses	Fruits		Changes since last visit	Well balanced diet, including breakfast	Immunizations status
Umbilical cord	Vegetables		After school activities	Healthy weight	Influenza
Breasts/genitalia	Meat		Family relationships	Daily physical activity	HPV, Tdap, MCV
Sexual maturity	Appetite			Bullying	Catch-up immunizations
Spine	Dairy – including low fat options			Adequate sleep	Fluoride, if indicated
Musculoskeletal	Eats breakfast			Stress management	Dental referral
Skin	Water source Well, city, bottled, fluoridated			Anger management	
Neuro					

EPSDT assessment categories

continued

15 TO 17 YEAR ASSESSMENT

Physical exam	Risk assessment/screening	Development	Behavioral	Anticipatory guidance topics	History
Height/weight, – BMI %tile	Hearing	Girls – full physical development	Parental concerns Vision	Seat belts	Follow-up previous visit
TPR - BP	Vision exam	Boys – voice lowers, facial hair, gain muscle and height	Hearing	Smoke/carbon monoxide detectors	Medication review
General appearance	Anemia risk screening	Interest in new music, fashion	Development/learning	No smoking in home	Interval history
Head	Tuberculosis risk assessment	Solve problems	Challenge school/parents rules	Sexual safety	Special health care needs
Neck	Dental assessment	More aware – sexual orientation	Dissatisfied with appearance	How to prevent pregnancy, STDs, HIV	Changes in family health
Eyes	Alcohol/drugs assessment	Plans for future work/education		Sun exposure	
Ears, nose, mouth/throat	Cervical dysplasia risk screening			Sports safety – helmets, water	
Teeth-caries, gingival	STI risk screening			Alcohol	
Lungs				Tobacco	
Heart				Drugs	
Abdomen	Nutrition		Social/family history	Oral hygiene	Plan/referrals
Femoral pulses	Fruits		Changes since last visit	Limit TV and screen time	Immunizations status
Breasts/genitalia	Vegetables		More time with friends or alone	Well balanced diet, including breakfast	Influenza, MCV
Sexual maturity	Meat		Begin interest in religion, politics, causes	Healthy weight	Catch-up immunizations
Spine	Appetite		Seek more control over life	Daily physical activity	Fluoride, if indicated
Musculoskeletal	Low fat dairy		Positive family relationships	Anger management	Dental referral
Skin	Eats breakfast				
Neuro	Water source Well, city, bottled, fluoridated				

EPSDT assessment categories

continued

18 TO 21 YEAR ASSESSMENT

Physical exam	Risk assessment/screening	Development	Behavioral	Anticipatory guidance topics	History
Height/weight, – BMI %ile	Hearing	Girls – full physical development	Responsibility for actions	Seat belts	Follow-up previous visit
TPR - BP	Vision exam	Boys – may continue to gain muscle and height	Coping skills	Smoke/carbon monoxide detectors	Medication review
General appearance	Anemia risk screening	Sense of self		Work stress	Interval history
Head	Tuberculosis risk assessment	Self-reliant		Safe sex	Special health care needs
Neck	Dental assessment	Makes own decisions		How to prevent pregnancy, STDs, HIV	Changes in family health
Eyes	Alcohol/drugs assessment	Sets goals		Sun exposure	
Ears, nose, mouth/throat	Cervical dysplasia risk screening	Plans for future work/education		Sports safety	
Teeth-caries, gingival	STI risk screening			Alcohol	
Lungs				Tobacco	
Heart				Drugs	
Abdomen	Nutrition		Social/family history	Oral hygiene	Plan/referrals
Femoral pulses	Fruits		Changes since last visit	No texting while driving	Immunizations status
Breasts/genitalia	Vegetables		Concern about relationships	Well balanced diet, including breakfast	Influenza
Sexual maturity	Meat		Living on their own	Healthy weight	Catch-up immunizations
Spine	Appetite			Daily physical activity	Fluoride, if indicated
Musculoskeletal	Low fat dairy			Stress management	Dental referral
Skin	Eats breakfast				Lipid profile, if at risk
Neuro	Water source Well, city, bottled, fluoridated				TB test, if at risk

Amerigroup Iowa, Inc. does not require specific early and periodic screening, diagnosis and treatment (EPSDT) documentation forms. Please refer to any available state forms, or other resources below for forms and information on use.

Please note: This document contains general screening, guidelines and topics to assist with examination and documentation of child well-exams. For more detailed information, risk assessments and forms, as well as information contained therein, go to:

Care for Kids Health Maintenance/screening requirements (iowaepsdt.org/?page_id=12); American Academy of Pediatrics (AAP) (brightfutures.aap.org/clinical_practice.html); The Advisory Committee on Immunization Practices (ACIP) (cdc.gov/vaccines/acip/index.html), the American Academy of Family Physicians (aafp.org) and the American Academy of Pediatric Dentistry (AAPD) (aapd.org).

Preventive care resources



Care for Kids

iowaepsdt.org

Iowa EPSDT Care for Kids health maintenance recommendations

iowaepsdt.org/wp-content/uploads/Iowa-EPDST-Care-for-Kids-Health-Maintenance-Recommendations.pdf

Zero to Three National Center for Infants, Toddlers, and Families

zerotothree.org

Iowa Academy of Family Physicians

iaafp.org

Center for Disabilities and Development – University of Iowa Children’s Hospital

uichildrens.org/cdd

Lead Poisoning Prevention – Iowa Department of Public Health

idph.state.ia.us/LPP

Childhood Obesity Prevention program

letsgo.org

Prevention topics

U.S Department of Health and Human Services

healthfinder.gov/HealthTopics

American Academy of Pediatrics – Assessments, periodicity schedule, patient education, forms, and other information

brightfutures.aap.org/clinical_practice.html

American Academy of Pediatric Dentistry

aapd.org

Medicaid EPSDT program

medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Early-and-Periodic-Screening-Diagnostic-and-Treatment.html

Health Resources and Service Administration (HRSA), Maternal and child health

mchb.hrsa.gov/epsdt

March of Dimes – Iowa chapter

marchofdimes.org/iowa

American Academy of Family Physicians

aafp.org

EPA National LEAD Information center

(800) 424 – LEAD

epa.gov/lead/nlic.htm

Kids Health for parents, kids, teens and educators

kidshealth.org

Immunizations

Iowa Department of Public Health – Bureau of Immunization & TB

idph.state.ia.us/ImmTb/Immunization.aspx

Iowa Vaccine for Children (VCF) program

The Iowa Department of Health – Bureau of Immunization & TB

Contact and program information at website below:

idph.state.ia.us/immtb/

Immunization.aspx?prog=Imm&pg=Vfc

Development

Iowa Healthy Child Development Initiative – Early identification and intervention for children at risk of disabilities

uihealthcare.org/ucedd/health-initiatives/

iowa-healthy-child-development-initiative

Ages and Stages questionnaires

(a fee may be associated)

agesandstages.com

M-CHAT – Modified checklist for autism in toddlers

iowaepsdt.org/wp-content/uploads/DCGT/M-CHAT.pdf

American Academy of Pediatrics – Developmental and Behavioral Pediatrics

aap.org/sections/dbpeds

Adolescent development

nlm.nih.gov/medlineplus/ency/article/002003.htm

CDC Screening and diagnosis for health care providers

cdc.gov/ncbddd/autism/hcp-screening.html#tools

Ages and Stages questionnaires

(a fee may be associated)

agesandstages.com

Centers for Disease Control and Prevention – growth and BMI charts

cdc.gov/growthcharts/clinical_charts.htm