

Table 21.1 CHDP PERIODICITY SCHEDULE FOR HEALTH ASSESSMENT REQUIREMENTS BY AGE GROUPS

IMPORTANT USE INSTRUCTION:

THIS PERIODICITY SCHEDULE IS EFFECTIVE FOR DATES OF SERVICE PRIOR TO JULY 1, 2016 ONLY.

Note: The number of health assessments may be increased using MNIHA, as appropriate.¹

Note: Perform health assessment within 1 month of screening requirement age for children 2 years and under, and within 6 months for children 3 years and older.

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.

Screening Requirement ¹	Age of Person Being Screened															
	≤ 1 mo	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	
History and Physical Examination²	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Dental Assessment ³	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Nutritional Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Psychosocial/Behavioral Assessment ⁴	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Developmental Screening ⁴					○			○	○ →							
Developmental Surveillance	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Tobacco Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Pelvic Exam ⁵														*	*	
Measurements																
Head Circumference	•	•	•	•	•	•	•	•								
Height/Length and Weight	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
BMI Percentile									•	•	•	•	•	•	•	
Blood Pressure ⁶										•	•	•	•	•	•	
Sensory Screening																
Vision ⁷ – Visual Acuity Test										•	•	•	•	•	•	
Vision ⁷ – Clinical Observation	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Hearing ⁸ – Audiometric									•	•	•	•	•	•	•	
Hearing ⁸ – Clinical Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Procedures/Tests																
Hematocrit or Hemoglobin ⁹				*	• →	*	*	•	•	•	*	*	*	*	*	
Blood Lead Risk Assessment/ Anticipatory Guidance ¹⁰				•	•	•	•	•	•	•						
Blood Lead Test ¹⁰									•	X →						
TB Risk Assessment ¹²	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	
Anticipatory Guidance	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	

Other Laboratory Tests	
When health history and/or physical examination warrants:	
Urine Dipstick of Urinalysis ¹¹	TST ¹² – see Tuberculosis HAG
Sickle Cell	Ova and Parasites
FBG and Total Cholesterol	Papanicolaou (Pap) Smear
VDRL or RPR ¹³	
Annually if sexually active; more often as clinically indicated:	
Gonorrhea Test ¹³	Chlamydia Test ¹³
Immunizations¹⁴	

Key:
• Required by CHDP one time within the interval given
○ Recommended by AAP, Bright Futures and CHDP
* Perform when indicated by risk assessment
X Perform if no documented lead level at 24 months

- 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.
- Age-appropriate physical examination, including oral examination, is essential with child unclothed, and draped for older child or adolescent.
- See Dental HAG.
- Schedule indicates recommended ages for developmental screening and psychosocial/behavioral assessment. For reimbursement information, see CHDP PIN 09-14.
- Pelvic exam recommended within 3 years of first sexual intercourse. Subsequent pelvic exams may be performed as part of MNIHA when clinically indicated by symptoms such as pelvic pain, dysuria, dysmenorrhea. See STI HAG.
- Blood pressure before 3 years for at risk patients, then at each subsequent health assessment. See Blood Pressure HAG.
- See Vision Screening HAG.
- See Hearing Assessment HAG.
- Hb/Hct starting at 9-12 months of age. See Iron Deficiency Anemia (IDA) HAG.
- 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.
- Urine Dipstick or Urinalysis only when clinically indicated. See Urinalysis HAG.
- Tuberculosis risk factor screen at each visit. TST when indicated. See TB HAG.
- STI testing when risk identified by history/physical. See STI HAG.
- Provide immunizations as recommended by the Advisory Committee on Immunization Practices (ACIP).