

THSteps Medical Checkups Periodicity Schedule for Infants, Children, and Adolescents (Birth Through 20 Years of Age)

The columns across the top of the schedule indicate the age a client is periodically eligible for a medical checkup. The first column on the left of the chart identifies each procedure that must be performed at each appropriate age. (See Key at bottom of page and Footnotes on the following page.)

Age ¹	Weeks		Months						Years																		
	Inpatient	2	2	4	6	9	12	15	18	2	3	4	5	6	8	10	11	12	13	14	15	16	17	18	19	20	
History																											
Family	•	•	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Neonatal	•	•	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓														
Physical, Mental Health, and Developmental	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Behavioral Risk²																•	•	•	•	•	•	•	•	•	•	•	•
Physical Examination³	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Measurements																											
Height, Weight, and BMI	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Fronto-Occipital Circumference	•	•	•	•	•	•	•	•	•	•																	
Blood Pressure											•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Nutrition	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Developmental⁴		•	•	•	•	•	•	•	•	•	•	•	•	•													
Mental Health		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Sensory Screening⁵																											
Vision Screening ^{5a}	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hearing Screening ^{5b}	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tuberculosis Screening⁶							•	✓	✓	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Laboratory⁷																											
Newborn Hereditary/Metabolic Testing ⁸	•	•	✓	✓	✓	✓	✓																				
Hgb or Hct ⁹					•	✓	•	✓	✓	•	✓	✓	✓	•	✓	✓	✓	•	✓	✓	✓	•	✓	✓	✓	✓	✓
Lead Screening ¹⁰					+	+	•	+	+	•	+	+	+	+													
Hemoglobin Type ¹¹	•	•	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
STD Screening ¹⁴																	+	+	+	+	+	+	+	+	+	+	+
HIV Screening ¹⁵																	+	+	+	+	+	+	+	+	+	+	+
Pap Smear ¹⁶																	+	+	+	+	+	+	+	+	+	+	+
Hyperlipidemia ¹²											+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+
Glucose ¹³																	+	+	+	+	+	+	+	+	+	+	+
Immunizations¹⁷	•	✓	•	•	•	✓	•	✓	✓	✓	✓	•	✓	✓	✓	✓	✓	✓	•	•	✓	✓	✓	✓	✓	✓	✓
Dental Referral¹⁸							•	✓	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Anticipatory Guidance¹⁹	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

Key

- Required, unless medically contraindicated or because of parent’s reasons of conscience including a religious belief.
 - ✓ Required as above, unless already provided on a previous checkup at the required age and documented on the health record with the date of service.
 - +
- If answers on high risk assessment questionnaires or other screening show a risk factor, further screening is required. Refer to Footnotes for more information about marked items.

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Footnotes

1. If a child comes under care for the first time at any point on the schedule or if any procedures are not accomplished at the appropriate age, the client must be brought up-to-date with required procedures as soon as possible.
2. Screening for adolescent lifestyle risk factors is to include eating disorders, sexual activity, alcohol (and other drug use), tobacco use, school performance, depression, and risk of suicide.
3. An age-appropriate complete unclothed physical exam is required at each checkup. Older children are to be appropriately draped. For adolescents who are sexually active, a pelvic exam should be part of the examination.
4. Developmental screening:
 - a. Medical checkups completed by physicians, physician assistants, and advanced practice nurses (pediatric nurse practitioners and family nurse practitioners) conducting THSteps checkups for children birth through 6 years of age must include:
 - A standardized developmental screen (the provider's choice of observational or parent questionnaire) for a child between 9 through 12 months of age, 18 through 24 months of age, and every other year thereafter.
 - Standardized screening should also be conducted if a parent expresses concern about the child's developmental progress.
 - Developmental screening at all other visits to include a review of milestones (gross and fine motor skills; communication skills, speech-language development; self help/care skills; social, emotional, and cognitive development) and mental health.
 - b. Registered nurses conducting THSteps medical checkups for children birth through 6 years of age are required to conduct:
 - A standardized observational screen for children in the following age groups: 9 through 12 months of age; 18 through 24 months of age; and if the child does not have a record of a standardized observational developmental screen, again between 24 months through 6 years of age.
 - A standardized parent questionnaire at all other periodic visits through the 6th year of age or when a parent expresses concern about the child's developmental progress.
5. Sensory screening:
 - a. Vision:
 - Birth through 2 years of age—Screening includes history of high-risk conditions, observation, and physical examination.
 - Ages 3 through 10, 12, 15, and 18 years of age—Screening includes administration of an age-appropriate vision chart. Documentation of test results from a school vision screening program may be used if conducted within 12 months of the checkup.
 - b. Hearing:
 - Birth through 3 years of age—Screening includes history, observation, and screening by use of the Parent Hearing Questionnaire.
 - Ages 4 through 10, 12, 15, and 18 years of age—A puretone audiometer should be used to screen hearing at checkups. Subjective screening may be completed at all other checkups. Documentation of results from a school audiometric screening program may be used if conducted within 12 months of the checkup.
6. In areas of low prevalence, administer the Tuberculosis (TB) Questionnaire annually beginning at 1 year of age. In areas of high prevalence, administer the TB skin test at 1 year of age, once between 4 through 6 years of age, and once between 11 through 17 years of age. Administer the TB Questionnaire annually beginning at 2 years of age and thereafter at other checkups. All clients should return for the provider to read the skin test. The TB Questionnaire is available in the *Texas Medicaid Provider Procedures Manual (TMPPM)*.
7. All blood specimens are to be submitted to the DSHS Laboratory for analysis.
8. Newborn screening (hereditary/metabolic testing [hypothyroidism, PKU, galactosemia, sickle Hgb, and CAH]) is required by Texas law before hospital discharge and again between 1 and 2 weeks of age. Date and results of the second newborn screening are to be documented.
9. Hemoglobin (Hgb) and hematocrit (Hct) testing conducted at a Women, Infants, and Children (WIC) clinic or in a provider's office is acceptable within one month if date and value are documented.
10. Mandatory blood lead screening at 12 and 24 months of age. The Lead Exposure Questionnaire (available in the TMPPM) is acceptable at other visits.
11. If Hgb type has been performed previously and results are documented in the client's chart, it does not need to be repeated. Hgb type also is part of the newborn screening.
12. Hyperlipidemia screening should be completed for those at risk of increased levels of cholesterol (THSteps does not provide a formal questionnaire).
13. Children should be screened for risk of Type II diabetes. Fasting glucose screening should be obtained for those at risk of Type II diabetes.
14. For sexually active or high-risk adolescents, screening is to include evaluation for genital warts, cultures for gonorrhea and chlamydia, and blood test for syphilis.
15. While all adolescents should be screened for the risk of human immunodeficiency virus (HIV) infection, actual testing is voluntary.
16. The first Pap smear should be obtained at 21 years of age, 3 years from the onset of sexual activity, or at another age based on provider discretion.
17. Clients are not to be referred to the local health department for immunizations. Vaccines must be obtained from the Texas Vaccines for Children Program at DSHS and administered at the time of the checkup, unless medically contraindicated or because of parent's reasons of conscience including a religious belief.
18. Dental referrals are required for all patients beginning at 1 year of age. Patients are eligible for preventive dental checkups every six months thereafter, as well as emergency dental treatment at any time.
19. Counseling/anticipatory guidance is a required integral part of each checkup and must be face-to-face with the child's parent/caretaker and face-to-face with adolescents.

Note: Additional information is available in the TMPPM. To quickly reference the subjects listed above, refer to the manual's Index or use the Search tool available in the electronic edition.