



Schedule of Preventive Health Care

These are the minimum standards that must be followed for the provision of preventive health care to all HealthChoice/Maryland Medical Assistance (MA) enrollees ages birth to 21. This includes children enrolled in managed care programs, and children in special categories such as children in Rare and Expensive Case Management Program. The program continues to recommend yearly preventive visits from age 2 through 20 years. However, based on the provider's professional judgement, children after age 6 years can receive a preventive care visit at 2-year intervals if specifically documented in the medical record as the plan of care.

The Program also covers interperiodic/partial screens if medically necessary.

| Screening Components | Infancy | | | Early Childhood | | | | | | | | Late Childhood | | | | | Adolescence | | | | | | | | |
|--|----------|--------|--------|-----------------|--------|---------|-------|-------|-------|-------|-------|----------------|------|------|------|------|-------------|-------|-------|-------|-------|-------|-------|----------|----------|
| | New Born | 0-1 mo | 2-3 mo | 4-5 mo | 6-8 mo | 9-11 mo | 12 mo | 15 mo | 18 mo | 2 yrs | 3 yrs | 4 yrs | 5yrs | 6yrs | 7yrs | 8yrs | 9yrs | 10yrs | 11yrs | 12yrs | 13yrs | 14yrs | 15yrs | 16-17yrs | 18-20yrs |
| Health and Development History | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Developmental Assessment | S | S | S | S | * | * | * | * | * | * | * | S | S | S | S | S | S | S | S | S | S | S | S | S | S |
| Physical Examination (un clothed) | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Height & Weight | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Head Circum** | X | X | X | X | X | X | | | | | | | | | | | | | | | | | | | |
| Blood Pressure | | | | | | | | | | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | |
| Vision | S | S | S | S | S | S | S | S | S | S | S | * | * | * | S | S | S | S | S | * | S | S | S | S | S |
| Hearing | S | S | S | S | S | S | S | S | S | S | S | * | * | * | S | S | S | S | S | * | S | S | S | S | S |
| Hereditary/ Metabolic** Hemoglobinopathy | X | X | (X) | | | | | | | | | | | | | | | | | (X) | | | | | |
| Lead Assessment | | | | | X | X | X | X | X | X | X | X | X | | | | | | | | | | | | |
| Lead-Blood Test** | | | | | | | X | (X) | (X) | X | (X) | (X) | (X) | | | | | | | | | | | | |
| Anemia Hct/Hgb** | | | | | | | X | (X) | (X) | X | (X) | (X) | (X) | | | | | | | | | | | | |
| Immunizations | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Health Education/ Anticipatory Guidance | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Dental Assessment ¹ | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |

Key: X Required
 (X) Required if not done when previously scheduled
 S Subjective assessment required
 * Subjective Assessment required; objective testing recommended

** Additional testing/screening required for children and teens at risk
 1 Includes referral to dentist at every visit beginning at age 2