

Medicaid 2011 Health Check Guidelines

All visits to include the following on an annual basis:

Comprehensive unclothed physical exam	Height and Weight	Comprehensive Health History	Nutritional Assessment	Anticipatory guidance and health education	Oral screening	Appropriate immunizations
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Visit	HC	Wt /Ht	BMI BMI %	BP	Validated Dvlpt screen	Dvlpt surveillance	Autism Screen	Health Risk Assessment	Vision	Hearing	1 st Dental Referral	Hgb or Hct	Lead	NB screen
Newborn	X	X		*										X
2 mo	X	X		*		X				*				
4 mo	X	X		*		X				*				
6 mo	X	X		*	X					*				
9 mo	X	X		*		X				*				
12 mo	X	X		*	X					*		X (btwn 9-12 mo)	X	
15 mo (if no 9 mo)	X	X		*		X				*				
18 mo	X	X		*	X (if not at 2 yrs)		X			*				
2 yrs				*	X (if not at 18 mos)		X			*			X	
3 yrs			X	X	X				X	*	X			
4 yrs			X	X	X				X	X				
5 yrs			X	X	X				X	X				
6 yrs			X	X		X			X	X				
7 yrs			X	X		X			X	X				
8 yrs			X	X		X			X	X				
9 yrs			X	X		X			X	X				
10 yrs			X	X		X			X	X				
11yrs			X	X		X		†		*		*		
12 yrs			X	X		X		†		*		*		
13 yrs			X	X		X		†	X	*		*		
14 yrs			X	X		X		†		*		*		
15 yrs			X	X		X		†		*		*		
16 yrs			X	X		X		†	X	*		*		
17 yrs			X	X		X		†		*		*		
18 yrs			X	X		X		†		*		*		
19 yrs			X	X		X		†	X	*		*		
20 yrs			X	X		X		†		*		*		

*If risk factors

† Recommended, not required