

Virginia EPSDT Periodicity Chart

Age	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 years	8 years	9 years	10 years	11 years	12 years	13 years	14 years	15 years	16 years	17 years	18 years	19 years	20 years								
History, Measurements, Physical Exam Lab Tests and Anticipatory Guidance, etc.	Follow the AAP Recommendations for Preventive Pediatric Health Care																																					
Mandatory Blood Lead Test								12 & 24 month Blood Lead Test			Lead Test if no prior history																											
Immunizations	Immunizations follow American Committee on Immunization Practices (ACIP)																																					
Vision Screen													Administered at the 3, 4, 5, 6, 8, 10, 12, 15 and 18 year visits																									
Hearing Screen	Administered at the Newborn, 4, 5, 6, 8 and 10 year visits																																					
Psychosocial/ Behavioral Assessment	Follow the AAP Recommendations for Preventive Pediatric Health Care																																					
Developmental Testing						Administered at the 9, 18, 24 and 30 month visits																																
Refer to Dental Home/Assess Oral Risks								12 m		24 m		30 m	Refer for dental services at 3 and 6 years. <i>Dental exams provided every 6 months.</i>																									
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