

# Texas Health Steps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents

## COMPREHENSIVE HEALTH SCREENING\* BIRTH THROUGH 10 YEARS OF AGE

\* Comprehensive Health Screening, as indicated below, consists of federal and state components that are required for the checkup to be considered complete. Refer to the Texas Medicaid Provider Procedures Manual (TMPPM) for further detail at [http://www.tmph.com/Pages/Medicaid/Medicaid\\_Publications\\_Provider\\_manual.aspx](http://www.tmph.com/Pages/Medicaid/Medicaid_Publications_Provider_manual.aspx). Find current Periodicity Schedule online at [texashhs.org/texashealthstepsmedicalproviders](http://texashhs.org/texashealthstepsmedicalproviders).

AGE	History	Nutritional Screening	DEVELOPMENTAL SURVEILLANCE			MENTAL HEALTH		TB Questionnaire with Skin Test if Risk Identified	Unclothed Physical Examination	Critical Congenital Heart Defect Screening	MEASUREMENTS					VISION		HEARING		Dental Referral	Screen/Administer Immunizations According to ACIP Guidelines	LABORATORY TESTS					Health Education/Anticipatory Guidance
			Review of Milestones	ASQ, ASQ:SE, PEDS, or SWYC	M-CHAT or M-CHAT-R/FT™	Mental Health: Psychosocial/Behavioral Health Screening	Postpartum Depression Screening				Length	Height	Weight	BMI	Fronto-Occipital Circumference	Blood Pressure	Visual Acuity	Subjective Vision	Newborn Hearing Test (OAE or ABR)			Audiometric Screening	Subjective Hearing	Newborn Screening Panel	Blood Lead Screening	Anemia	
Newborn	Mandatory	Mandatory	Mandatory			Mandatory	Recommended	Mandatory			Mandatory		Mandatory						Mandatory	Mandatory	Mandatory					Mandatory	
D/C to 5 days																											
2 weeks																											
Months	2																										
	4																										
	6			Mandatory																							
	9																										
	12			Mandatory																							
	15																										
	18																										
Years	24																										
	30																										
	3																										
	4																										
	5																										
	6																										
	7																										
	8																										
9																											
10																											

LEGEND	
<span style="color: teal;">■</span>	Mandatory
<span style="color: purple;">■</span>	If not completed at the required age, must be completed at the first opportunity if age appropriate.
<span style="color: teal;">■</span> <span style="color: purple;">■</span>	For developmental, mental health, vision, or hearing screenings: when both colors appear at the same age, perform the most appropriate-level screen.
<span style="color: yellow;">■</span>	Recommended
<span style="color: red;">■</span>	Risk-based

Note: THSteps components may be performed at other ages if medically necessary. Check regularly for updates to this schedule: [texashhs.org/texashealthstepscheckupcomponents](http://texashhs.org/texashealthstepscheckupcomponents). For free online provider education: [txhealthsteps.com](http://txhealthsteps.com).








# Texas Health Steps Medical Checkup Periodicity Schedule for Infants, Children, and Adolescents

## COMPREHENSIVE HEALTH SCREENING\* 11 THROUGH 20 YEARS OF AGE

\* Comprehensive Health Screening, as indicated below, consists of federal and state components that are required for the checkup to be considered complete. Refer to the Texas Medicaid Provider Procedures Manual (TMPPM) for further detail at [http://www.tmhp.com/Pages/Medicaid/Medicaid\\_Publications\\_Provider\\_manual.aspx](http://www.tmhp.com/Pages/Medicaid/Medicaid_Publications_Provider_manual.aspx). Find current Periodicity Schedule online at [texasahhs.org/texashealthstepsmedicalproviders](https://www.texashealthsteps.com/texashealthstepsmedicalproviders).

AGE	History	Nutritional Screening	MENTAL HEALTH		TB Questionnaire with Skin Test if Risk Identified	Unclothed Physical Examination	MEASUREMENTS				VISION		HEARING		Dental Referral	Screen/Administer Immunizations According to ACIP Guidelines	LABORATORY TESTS				Health Education/Anticipatory Guidance
			Mental Health: Psychosocial/ Behavioral Health Screening	PSC-17, PSC-35, Y-PSC, PHQ-9, PHQ-A, CRAFFT, Patient Health Questionnaire for Adolescents, or RAAPS			Height	Weight	BMI	Blood Pressure	Visual Acuity	Subjective Vision	Audiometric Screening	Subjective Hearing			Dyslipidemia	Type 2 Diabetes	STD/STI Screening	HIV Test	
11	Mandatory	Mandatory	Mandatory	Recommended	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Risk-based	Risk-based	Risk-based	Risk-based	Mandatory
12	Mandatory	Mandatory	Mandatory	Recommended	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Risk-based	Risk-based	Risk-based	Risk-based	Mandatory
13	Mandatory	Mandatory	Mandatory	Recommended	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Risk-based	Risk-based	Risk-based	Risk-based	Mandatory
14	Mandatory	Mandatory	Mandatory	Recommended	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Risk-based	Risk-based	Risk-based	Risk-based	Mandatory
15	Mandatory	Mandatory	Mandatory	Recommended	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Risk-based	Risk-based	Risk-based	Risk-based	Mandatory
16	Mandatory	Mandatory	Mandatory	Recommended	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Risk-based	Risk-based	Risk-based	Risk-based	Mandatory
17	Mandatory	Mandatory	Mandatory	Recommended	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Risk-based	Risk-based	Risk-based	Risk-based	Mandatory
18	Mandatory	Mandatory	Mandatory	Recommended	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Risk-based	Risk-based	Risk-based	Risk-based	Mandatory
19	Mandatory	Mandatory	Mandatory	Recommended	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Risk-based	Risk-based	Risk-based	Risk-based	Mandatory
20	Mandatory	Mandatory	Mandatory	Recommended	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Mandatory	Risk-based	Risk-based	Risk-based	Risk-based	Mandatory

LEGEND	
	Mandatory
	If not completed at the required age, must be completed at the first opportunity if age appropriate.
	For developmental, mental health, vision, or hearing screenings: when both colors appear at the same age, perform the most appropriate-level screen.
	Recommended
	Risk-based

Note: THSteps components may be performed at other ages if medically necessary. Check regularly for updates to this schedule: [texasahhs.org/texashealthstepscheckupcomponents](https://www.texashealthsteps.com/texashealthstepscheckupcomponents). For free online provider education: [txhealthsteps.com](https://www.texashealthsteps.com).