

Medicaid Early Periodic Screening Diagnosis and Treatment (EPDST) Screening vs. Sports Physical

Exam Activity	EPDST (Ages 5–20)*	Sports Physical**
Health and Developmental History: A health and developmental history should be received from the parent or other responsible adult who is familiar with the child's health history. Child's height and weight should also be recorded and compared with the ranges considered normal for children of that age.	✓	✓ Recorded, but not compared
Blood Pressure Measurement	✓	✓
Sensory Screening , objective, by a standard testing method. Vision: Ages 5, 6, 8, 10, 12, 15, 18 Hearing: Ages 5, 6, 8, 10, 12, 15, 18	✓	✓
Sensory Screening , subjective, by history. Vision: Ages 7, 9, 11, 13, 14, 16, 17, 19, 20 Hearing: 7, 9, 11, 13, 14, 16, 17, 18, 19, 20	✓	✓
Immunization Record: The child's immunization status should be reviewed in the child's health record and the immunization registry. Needed immunization should be given.	✓	✗
Physical Exam: An unclothed physical examination should be performed to note obvious physical concerns, including orthopedic, genital, skin, and other observable deviations.	✓	✗
Body Mass Index (BMI)	✓	✗
Developmental/Surveillance and Psychosocial Behavioral Assessment annually. Parenting skills should be fostered at every visit.	✓	✗
Oral Health Risk Assessment should be performed at age 6 if a primary dentist has not been established. Perform a risk assessment and refer to a dentist. Recommend brushing with fluoride toothpaste in the proper dosage for age.	✓	✗
Depression screening to be performed each year between ages 12 through 20 using screening tools such as the Patient Health Questionnaire (PHQ)-2 or other tools available in the Guidelines for Adolescent Depression in Primary Care (GLAD-PC) toolkit. Testing should be done upon recognition of high-risk factors.***	✓	✗
Hematocrit or Hemoglobin to be checked by a blood test for patients at high-risk for anemia.***	✓	✗
High Cholesterol Screening to be performed at least once between the ages of 9 and 11 , and again at least once between the ages of 17 and 20 , using the non-HDL cholesterol test that does not require fasting. Abnormal results should be followed up with a fasting lipid profile.	✓	✗
Tuberculin test should be done upon recognition of high-risk factors.***	✓	✗
Hyperlipidemia risk assessment should be performed at ages 6–20 with fasting. Testing should be done upon recognition of high-risk factors.***	✓	✗
Sexually Transmitted Infection (STI) screening to be performed at ages 11–20 years. Testing should be done upon recognition of high-risk factors.*** All sexually active patients should be screened.	✓	✗
HIV screening performed one time between ages 15 and 18 years. Those at increased risk of HIV infection should be tested and reassessed annually.	✓	✗
Nutritional Assessment and counseling based on physical and lab determinations.	✓	✗
Lead Toxicity Screening annually. A blood lead test must be obtained at the time the child is determined to be high-risk.*** Children between the ages of twenty-four (24) months and six (6) years who have not received a screening blood lead test must receive one immediately regardless of their risk level.	✓	✗
Tobacco Cessation Counseling as needed. If the client is under the age of 18 and the parent/legal guardian smokes, he or she can be counseled as well.	✓	✗
Anticipatory Guidance: Injury prevention counseling	✓	✗
Anticipatory Guidance: Violence prevention counseling	✓	✗
Anticipatory Guidance: Nutrition Counseling	✓	✗

* <https://medicaid.mmis.arkansas.gov/Provider/Docs/epsdt.aspx> Section II

** History and Physical Examination Forms recommended by the Arkansas Activities Association

<https://members.ahsaa.org/public/userfiles/SMAC/PPE-Physical-Exam-form-single-page.pdf>

***High-Risk factors as defined by the American Academy of Pediatrics (AAP) – Your child's doctor can tell you and explain all high-risk factors and EPSDT screening exam activities

