

MassHealth Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program Medical Schedule Table (Effective 11/21/2024)

Note: Please see Appendix W for the Dental Protocol and Periodicity Schedule.

Age	Newborn	3-5 days	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y		
HISTORY (Initial/Interval)	*	*		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
MEASUREMENTS																																
Length/Height and Weight	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Head Circumference	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Weight for Length	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Body Mass Index	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Blood Pressure	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
SENSORY SCREENING																																
Vision	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Hearing	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
DEVELOPMENTAL/BEHAVIORAL HEALTH																																
Developmental Surveillance	*	*	*	*	*	*		*	*		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Developmental Screening ^[1]							C: 96110 U1/U2			C: 96110 U1/U2		C: 96110 U1/U2		*																	*	
Autism Spectrum Disorder Screening										C: 96110 U3/U4	C: 96110 U3/U4																					
Psychosocial/Behavioral Assessment	*	*	*	*	*	*	*	*	*	*	*	*	*	C: 96127 U1/U2	C: 96127 U1/U2	C: 96127 U1/U2	C: 96127 U1/U2	C: 96127 U1/U2	C: 96127 U1/U2	C: 96127 U1/U2	C: 96127 U1/U2	C: 96127 U1/U2	*	*	*	*	*	*	*	*		
Tobacco, Alcohol, or Drug Use Assessment																						*	*	*	*	*	*	*	*	*	*	
Depression Screening																							C: 96127 U1/U2	C: 96127 U1/U2	C: 96127 U1/U2	C: 96127 U1/U2	C: 96127 U1/U2	C: 96127 U1/U2	C: 96127 U1/U2	C: 96127 U1/U2	C: 96127 U1/U2	
Parent and Caregiver Depression Screening			C: 96110 UD + U1/U2	C: 96110 UD + U1/U2	C: 96110 UD + U1/U2	C: 96110 UD + U1/U2	C: 96110 UD + U1/U2	C: 96110 UD + U1/U2																								
PHYSICAL EXAMINATION	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
PROCEDURES																																
Newborn Blood	*	*																														
Newborn Bilirubin	*	*																														
Critical Congenital Heart Defect	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Immunization	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Anemia							*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Lead							*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Tuberculosis			*			*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Dyslipidemia						*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Sexually Transmitted Infections											*		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
HIV																						*	*	*	*	*	*	*	*	*	*	
ORAL HEALTH																																
Fluoride Varnish						*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
Fluoride Supplementation						*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
ANTICIPATORY GUIDANCE	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*								

[1] Developmental screening tests may also occur more frequently, as clinically indicated.

- KEY:**
- to be performed
 - ★ risk assessment to be performed with appropriate action to follow, if positive
 - ←•→ range during which a service may be provided
 - screen at four years of age if a child lives in a city or town with a high risk for childhood lead exposure. screen at entry to daycare, preschool, or kindergarten if not screened before
 - to be performed with screening results indicated by appropriate modifier
 - C: service code
 - U1: no need identified
 - U2: need identified
 - U3: use for autism spectrum disorder screening only - no further follow up needed
 - U4: use for autism spectrum disorder screening only - further follow up needed
 - UD: administration and scoring of a standardized screening tool for parent and caregiver postpartum depression