## MassHealth Consolidated Appropriations Act Section 5121 Medical Screening Schedule

The following table provides a list of preventive health screening components to be performed and/or reviewed by medical staff. Detailed descriptions of each component are provided in the accompanying Clinical Guidance and Best Practices document, which also contains details on dental components not listed here.

Screening Component	Age (years)													
	12	13	14	15	16	17	18	19	20	21	22	23	24	25
HISTORY (Initial/Interval)	٠	•	٠	•	•	•	•	•	•	٠	•	•	•	•
MEASUREMENTS														
Height and Weight	٠	•	٠	•	•	•	•	•	•	٠	•	•	•	•
Body Mass Index	٠	•	٠	•	•	•	•	•	•	٠	•	•	•	•
Blood Pressure	٠	•	•	•	•	•	•	•	•	٠	•	•	•	•
SENSORY SCREENING														
Vision	٠	*	*	•	*	*	•	*	*	*	*	*	*	*
Hearing	$\leftarrow$	$\leftarrow \bullet \rightarrow$	$\rightarrow$	←	$\leftarrow \bullet \rightarrow$	$\rightarrow$	←	←	$\leftarrow \bullet \rightarrow$	$\rightarrow$	*	*	*	*
DEVELOPMENTAL/BEHAVIORAL HEALTH														
Developmental Surveillance	٠	•	•	•	•	•	•	•	•					
Psychosocial/Behavioral Assessment	٠	•	٠	•	•	٠	•	•	•					
Tobacco, Alcohol, or Drug Use Assessment	٠	•	•	•	•	٠	•	•	•	•	•	•	•	•
Depression and Suicide Risk Screening	٠	•	٠	•	•	•	•	•	•	٠	•	•	•	•
PHYSICAL EXAMINATION	٠	•	٠	•	•	•	•	•	•	٠	•	•	•	•
PROCEDURES														
Immunization	٠	•	٠	•	•	•	•	•	•	٠	•	•	•	•
Anemia	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Tuberculosis	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Dyslipidemia	*	*	*	*	*	←	←	$\leftarrow \bullet \rightarrow$	$\rightarrow$	$\rightarrow$	*	*	*	*
Sexually Transmitted Infections	٠	•	٠	•	•	•	•	•	•	٠	•	•	•	•
HIV	٠	•	•	•	•	•	•	•	•	٠	•	•	•	•
Hepatitis B Virus Infection	$\bullet {\rightarrow}$	$\rightarrow$	$\rightarrow$	$\rightarrow$	$\rightarrow$	$\rightarrow$	$\rightarrow$	$\rightarrow$	$\rightarrow$	$\rightarrow$	$\rightarrow$	$\rightarrow$	$\rightarrow$	$\rightarrow$
Hepatitis C Virus Infection							$\bullet \rightarrow$	$\rightarrow$	$\rightarrow$	$\rightarrow$	$\rightarrow$	$\rightarrow$	$\rightarrow$	$\rightarrow$
Cervical Dysplasia										٠	*	*	*	*
ORAL HEALTH														
Fluoride Supplementation	*	*	*	*	*									
ANTICIPATORY GUIDANCE	•	•	٠	•	•	•	•	•	•	٠	•	•	•	•

**KEY:** • to be performed

★ risk assessment to be performed with appropriate action to follow, if positive

 $\leftarrow \bullet \rightarrow$  range during which a service may be provided