



Medical Management Update
January 2018



Early and Periodic Screening,
Diagnosis and Treatment (EPSDT)

Annually, MDHHS issues a new bulletin (MSA 17-34) to update the EPSDT requirements to match the new periodicity schedule of the American Academy of Pediatrics (AAP). The periodicity schedule is found in its entirety at: <http://brightfutures.aap.org>

The 2017 recommendations from the AAP include the following changes:

- **Vision** - PCPs are to perform a subjective vision screening (i.e., by history) or risk assessment at each well child visit. At age 18 years, a risk assessment should be performed. A visual acuity screening is recommended at 4 and 5 years of age, as well as in cooperative children 3 years of age.
- **Hearing** - For children of any age, a subjective hearing screening (i.e., by history) is to be performed at each well child visit. Screen children with audiometry once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years.
- **Developmental/Behavioral Health** – A psychosocial/behavioral assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression and social determinants of health. A depression screening is to be performed annually for all children and adolescents who are 12 years of age and older. Screening for maternal depression is to be performed by the infant’s PCP.
- **Newborn Bilirubin** – A universal pre-discharge new bilirubin screening is to be performed, PCPs should confirm initial screening was accomplished.
- **Sexually Transmitted Infections (STIs)** – A risk assessment for STIs is to be performed annually for all sexually active individuals beginning at 11 years of age.
- **Human Immunodeficiency Virus (HIV)** – A risk assessment for HIV is to be performed annually for children beginning at 11 years of age.
- **Oral Health** – Children should be referred to establish a dental home when the first tooth erupts. PCP should continue to perform an oral health risk assessment during each well-child visit. If a dental home has not been established, PCP should apply fluoride varnish when the first tooth erupts. The PCP should consider oral fluoride supplementation if the primary water source is deficient in fluoride. On line training materials are available at: www.smilesforlifeoralhealth.org. Also, oral health resource materials can be found at www.michigan.gov/oralhealth.

McLaren Health Plan thanks you for the quality care you deliver!

PCP Feedback (Please print)	Comments, requests, questions, etc.: FAX to (877) 502-1567
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