

EXHIBIT 430-1

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
EPSDT PERIODICITY SCHEDULE

PROCEDURES	INFANCY								EARLY CHILDHOOD					MIDDLE CHILDHOOD			ADOLESCENCE	
	AGE	new born	2-4 days	by 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	3 yr	4 yr	5 yr	6 yr		8 yr
History Initial/Interval	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Height & Weight	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Head Circumference	x	x	x	x	x	x	x	x	x	x	x							
Blood Pressure												x	x	x	x	x		x
Nutritional Assessment	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Vision	SEE SEPARATE SCHEDULE																	
Hearing/Speech	SEE SEPARATE SCHEDULE																	
Dev./Behavioral Assess.	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Physical Examination	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Immunization	SEE SEPARATE SCHEDULE																	
Tuberculin Test									+	+	+	+	+	+	+	+	+	+
Hematocrit/Hemoglobin									x	→	+	→	→	→	→	→	→	← +13 →
Urinalysis															x			← +16 →
Lead Screen /Verbal							x	x		x	x		x	x	x	x		
Lead Screen/Blood Test								x			x	x*	x*	x*	x*			
Anticipatory Guidance	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Dental Referral	SEE SEPARATE SCHEDULE																	

These are minimum requirements. If at any time other procedures, tests, etc. are medically indicated, the physician is obligated to perform them. If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.

- Key: x = to be completed
 + = to be performed for members at risk when indicated
 ← x → = the range during which a service may be provided, with the x indicating the preferred age
 * = Members not previously screened who fall within this range (36 to 72 months of age) must have a blood lead screen performed

NOTE: If American Academy of Pediatrics guidelines are used for the screening schedule and/or more screenings are medically necessary, those additional interperiodic screenings will be covered