

Texas Health Steps Periodicity Schedule

COMPREHENSIVE HEALTH SCREENING* - BIRTH THROUGH 10 YEARS

*Comprehensive Health Screening is defined as: both objective screening with use of standardized procedures or screening tools and subjective screening of those components when a standardized procedure or screening tool is not required, for example, visits when audiometric hearing screening is not required. Screening must be age-appropriate and based on recognized national standards such as the National Center for Education in Maternal and Child Health (NCEMCH) Bright Futures. The absence of a symbol indicates that subjective screening is appropriate unless the provider determines an objective screen or test is necessary. Refer to the Texas Medicaid Provider Procedure Manual (TMPPM) for further detail.

AGE	History	MEASUREMENTS						Unclothed Physical Examination	Vision Screening (objective)	Parent Hearing Checklist	Hearing Screening (objective)	Nutritional Screening	DEVELOPMENTAL SCREENING		Mental Health Screening	Screen/Administer Immunizations according to ACIP Guidelines	LABORATORY TESTS						TB SCREENING		Dental Referral	Health Education/Anticipatory Guidance	
		Length	Height	Weight	BMI	Fronto-Occipital Circumference	Blood Pressure						ASQ or PEDS or other standardized tool	Autism Screening: MCHAT or other standardized tool			Newborn Hereditary/ Metabolic Testing	Hemoglobin Type	Lead Questionnaire	Blood Lead Screening	Anemia	Hyperlipidemia (as indicated)	Diabetes Type II (as indicated)	TB risk screening tool			TB Skin Test
Newborn	●	●		●		●		●	●	●					●	●											●
3-5 days	●	●		●		●		●	●	●					●												●
2 weeks	●	●		●		●		●	●	●					●	●											●
Months	2	●		●		●		●	●	●					●												●
	4	●		●		●		●	●	●					●												●
	6	●		●		●		●	●	●					●												●
	9	●		●		●		●	●	●					●												●
	12	●		●		●		●	●	●		●			●							●					●
	15	●		●		●		●	●	●					●												●
	18	●		●		●		●	●	●					●	●											●
	24	●		●		●		●	●	●					●							●					●
	30	●	●		●		●		●	●					●												●
	Years	3	●		●		●		●	●	●				●												
4		●		●		●		●	●	●				●													●
5		●		●		●		●	●	●				●													●
6		●		●		●		●	●	●					●												●
7		●		●		●		●	●	●					●												●
8		●		●		●		●	●	●					●												●
9		●		●		●		●	●	●					●												●
10		●		●		●		●	●	●					●												●

LEGEND OF SYMBOLS

●	Indicates a component is mandatory to complete during the checkup. If a component is not completed at the required age, then the provider must complete at the next checkup, if age-appropriate, or whenever medically necessary.
▲	TB screening: In counties designated as having a high incidence of TB, administer an intradermal skin test at ages 1 and 4 years of age and the DSHS approved questionnaire annually beginning at 2 years of age. In all other counties, administer the DSHS approved questionnaire annually beginning at 1 year of age.



Check regularly for updates to this schedule: dshs.state.tx.us/thsteps/providers_components.shtm
 For free online provider education: txhealthsteps.com

COMPREHENSIVE HEALTH SCREENING* - 11 THROUGH 20 YEARS

*Comprehensive Health Screening is defined as: both objective screening with use of standardized procedures or screening tools and subjective screening of those components when a standardized procedure or screening tool is not required, for example, visits when audiometric hearing screening is not required. Screening must be age-appropriate and based on recognized national standards such as the National Center for Education in Maternal and Child Health (NCEMCH) Bright Futures. The absence of a symbol indicates that subjective screening is appropriate unless the provider determines an objective screen or test is necessary. Refer to the Texas Medicaid Provider Procedure Manual (TMPPM) for further detail.

AGE	History	MEASUREMENTS				Unclothed Physical Examination	Vision Screening (objective)	Hearing Screening (objective)	Nutritional Screening	Mental Health Screening	Screen/Administer Immunizations according to ACIP Guidelines	LABORATORY TESTS (as indicated)					TB SCREENING		Dental Referral	Health Education/Anticipatory Guidance
		Height	Weight	BMI	Blood Pressure							Hemoglobin Type	Anemia	Hyperlipidemia	Diabetes Type II	STD Screening	HIV test	TB risk screening tool		
11	●	●	●	●	●	●					●						▲	▲	●	●
12	●	●	●	●	●	●	●				●						▲		●	●
13	●	●	●	●	●	●					●						▲		●	●
14	●	●	●	●	●	●					●						▲		●	●
15	●	●	●	●	●	●	●				●						▲		●	●
16	●	●	●	●	●	●					●						▲		●	●
17	●	●	●	●	●	●					●						▲		●	●
18	●	●	●	●	●	●	●				●						▲		●	●
19	●	●	●	●	●	●					●						▲		●	●
20	●	●	●	●	●	●					●						▲		●	●

LEGEND OF SYMBOLS

●	Indicates a component is mandatory to complete during the checkup. If a component is not completed at the required age, then the provider must complete at the next checkup, if age-appropriate, or whenever medically necessary.
▲	TB screening: In counties designated as having a high incidence of TB, administer an intradermal skin test at 11 years of age and the DSHS approved questionnaire annually thereafter. In all other counties administer the DSHS approved questionnaire annually.

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