



EPSDT member tips sheet

Birth–30 months

EPSDT stands for early, periodic, screening, diagnosis and treatment. See what each of these words means for your child's health below.

Early – Finding health problems that need care early

Periodic – Checking your child's health at the age it should be checked

Screening – Health checks that examine your child's body, mind and teeth, and how well your child sees and hears

Diagnosis – Performing follow-up tests when problems or risks are found

Treatment – Your doctor will talk to you about how to help correct or improve any identified health problems

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1629447-01-01 (XX/22)



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EPSDT SCREENS

	Newborn	3-5 Days	1 month	2-3 months	4-5 months	6-8 months	9-11 months	12 months	15 months	18 months	24 months	30 months
 Blood screen												
 Critical congenital heart defect screen												
 Hearing check (if indicated)*												
 Developmental surveillance & behavioral assessment												
 Dental checks (includes fluoride)												
 Lead screen												
 Anemia screen												
 Developmental screening												
 Autism screen												
 Tuberculosis (TB) screen (if indicated)*												
 Sickle cell screen (if indicated)*												
 Vision check (if indicated)*												
 Cholesterol (dyslipidemia) (if indicated)*												

*Risk assessment to be performed and completed if indicated.

IMMUNIZATIONS

Hepatitis B (1st dose birth, 2nd dose 1-2 months, 3rd dose between 6 months to 15 months)												
Rotavirus												
Diphtheria, tetanus and pertussis (DTaP)-1												
DTaP-2												
DTaP-3												
DTaP-4												
Haemophilus influenzae type B (Hib)												
Pneumococcal (PCV)												
Inactivated polio vaccine												
Influenza (flu)												
Measles, mumps and rubella (first dose either 12 months or 15 months)												
Varicella (first dose either 12 months or 15 months)												
Hepatitis A												

EPSDT is a benefit for children under age 21 who are enrolled in Medicaid. EPSDT can provide coverage, at no cost to members, for medically necessary services, even if these are not normally covered by Medicaid.

Some EPSDT covered services include:

 Physical exams

 Dental exams

 Shots

 Blood checks and lab tests

 Vision tests

 Hearing tests

 Age-appropriate developmental and autism screenings

 Lead poisoning testing

EPSDT Screenings – Regular well-child visits may include growth screenings about physical and mental milestones, vision and hearing checks, and other screenings which are based on the child’s age.



Some examples of questions to ask during your child’s well-child visit:

- Is my child acting and moving right for his/her age?
- What vaccine(s) does my child need at today’s visit?
- How can I get a record of my child’s vaccines?
- When should my child go to the dentist?
- Did my child’s blood test show any lead?
- How do children get lead poisoning?
- When should I set up my child’s next well-child visit?

Ask about any concerns that you may have.

If you need help finding a provider, call Member Services at **1-800-279-1878 (TTY: 711)**

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