

Delaware's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule and Coding Matrix



EPSDT SCREENING BILLING GUIDE

CMS-1500 Format/ Electronic 837P Format

- All EPSDT screening services including vaccine administration fees should be submitted to Highmark Health Options either on a CMS-1500 or the corresponding 837P format for EDI claims within 60 days from the date of service. **(Highmark Health Options cannot accept an EPSDT screen on a UB-04 or the corresponding 837I format.)**
- An EPSDT screen is complete when codes from each service area required for that age, including the appropriate evaluation and management codes, are documented. Consult the current Bright Futures / American Academy of Pediatrics (AAP) Recommendations for Preventive Pediatric Health Care as well as the recommended Childhood Immunization Schedule based on the Advisory Committee on Immunization Practices (ACIP) for screening information and the services required to bill for a complete EPSDT screen.
- Claims will be paid at the provider's EPSDT rate only if the appropriate evaluation and management code and EP modifier are submitted.
- With the exception of the dental component for clinics that do not offer dental services, FQHCs/ RHCs may not bill for partial screens.
- Highmark Health Options uses fully automated coding review software. The software programmatically evaluates claim payments in accordance with CPT-4, HCPCS, ICD-10, AMA and CMS guidelines as well as industry standards, medical policy and literature and academic affiliations.

CMS-1500 EDI Format Requirements

- All EPSDT screening services must be reported with the age-appropriate evaluation and management code along with the EP modifier.
- The EP modifier must follow the evaluation and management code in the first position on the claim form. Use CPT Modifier plus CPT code when applicable.
- Appropriate ICD-10 diagnosis codes must be noted in Box 21.
- Populate the SV111 of the 2400 loop with a "yes" for an EPSDT claim (this is a mandatory federal requirement).
- Populate the Data Element CLM12 in the 2300 Claim Information Loop with "01" (meaning EPSDT).
- Populate NTE01 of the NTE segment with "ADD". This means that additional information is available in "field" NTE02 (see below).
- Populate NTE02 of the NTE segment of the 2300 Claim Information Loop with appropriate referral codes: **YO – Other | YV – Vision | YH – Hearing | YB – Behavioral | YM – Medical | YD – Dental**

For CMS-1500 Paper Format Requirements please visit the website.

Important points to know about the EPSDT requirements:

- Providers are allowed to perform a sick visit and an EPSDT visit during the same date of service with modifier 25.
- The EPSDT service will be paid in full if all of the appropriate services are rendered for the correct EPSDT periodicity visit.
- Incorrect billing will result in a reduced rate.
- Highmark Health Options expects that providers will perform all services for each periodicity as outlined.

Diagnosis Codes

Ages 0-20:

Z00.121 Encounter for routine child health examination with abnormal findings

Z00.129 Encounter for routine child health examination without abnormal findings

Ages 15-20 the following is also acceptable:

Z00.00 Encounter for general adult medical examination without abnormal findings

Z00.01 Encounter for general adult medical examination with abnormal findings

EP Modifier

To receive credit for EPSDT, the EP Modifier must accompany the age appropriate evaluation and management code along with all services indicated for the member's age.

Reporting Fraud and Abuse:

There are multiple ways to report fraud, waste or abuse and you may remain anonymous when reporting. If you suspect fraud or abuse, it is your responsibility to report the issue to Highmark Health Options. You can report fraud or abuse in the following ways:

- Call our Fraud Hotline at 1-844-325-6256. This confidential hotline answers 7 days a week, 24 hours a day.
- Complete a referral form on our website at <https://www.highmarkhealthoptions.com/ReportFraud>
- Write to Highmark Health Options at: **Highmark Health Options**

Attention: Payment Integrity Department
Four Gateway Center, Suite 2100
444 Liberty Avenue
Pittsburgh, PA 15222

Additional Information about Highmark Health Option's Fraud and Abuse program can be found in the Provider Policy and Procedure Manual.

Newborn - 11 Months Old EPSDT Legend

¹ A complete screen must include the following: a comprehensive history, relevant measurements (for assessment of growth), physical examination, anticipatory guidance/counseling/risk factor reduction interventions, all assessments/screenings as indicated on the Periodicity Schedule and the ordering of appropriate laboratory/diagnostic procedures as recommended by the current AAP guidelines, found at: <https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx>

² Delaware Newborn Screening Panel should be done according to state law, prior to the newborn's discharge from hospital. Confirm screen was completed, verify results and follow up as appropriate. Newborns should be screened for critical congenital heart disease using pulse oximetry before leaving the hospital.

³ If testing for maternal depression, objective vision/hearing testing, anemia, lead, tuberculin or dyslipidemia is not completed, use CPT code for standard testing method *plus* CPT modifier -52 EPSDT Screening Services/Components Not Completed. If a screening service/component is reported with modifier 52, the provider must complete the screening service/component during the next screening opportunity according to the Periodicity Schedule.

⁴ When laboratory procedures are performed by a party other than the treating or reporting physician, use CPT *plus* CPT modifier -90 to Reference Outside Lab.

⁵ ◆ Indicates referral to a dental home. ■ At 6-8 and 9-11 months, an oral health risk assessment is to be administered and the need for fluoride supplementation assessed. The first dental examination is recommended at the time of the eruption of the first tooth and no later than 12 months of age. At 12, 18, 24 and 30 months, determine if the child has a dental home. If not, complete assessments and refer to dental home. Beginning at 3 years of age, referral to a dental home is a required screening component and must be reported using the YD referral code.

⁶ Dental Periodicity Schedule: Per the American Academy of Pediatric Dentistry, the first examination is recommended at the time of the eruption of the first tooth and no later than 12 months of age. Repeat every 6 months or as indicated by the child's risk status/susceptibility to disease. www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf

⁷ Initial measurement of hemoglobin or hematocrit to assess for iron-deficiency anemia is recommended between 9 and 12 months of age by the Centers for Disease Control and Prevention. Additionally the AAP recommends risk assessment for anemia at 4 months of age, 15 months of age and then at each periodicity thereafter.

⁸ All sexually active patients should be screened for sexually transmitted infections (STI).

⁹ Procedure code 99460 and modifier EP are to be used for a newborn screen performed in the hospital, but not on the same day as hospital discharge.

¹⁰ Procedure code 99463 and modifier EP are to be used for a newborn screen performed in the hospital on the same day as hospital discharge.

¹¹ Screening must be provided at times noted, unless done previously.

¹² Developmental Surveillance is required at each visit for a complete screen, except when developmental screening is required.

¹³ Psychosocial/behavioral assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression and social determinants of health, including both risk factors and strengths/protective factors.

¹⁵ 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.

¹⁶ All newborns should receive an initial hearing screening before being discharged from hospital. If the hearing screening was not completed in hospital, the hearing screening should occur by 3 months of age.

Newborn - 11 Months Old

Services	Newborn (Inpatient)	3-5 Days	By 1 Mo	2-3 Mo	4-5 Mo	6-8 Mo	9-11 Mo
Complete Screen: ¹	A completed screen requires a code from each service required for that age. Report only one CPT code if multiple CPT codes are listed per service, except for immunizations.						
New Patient ¹⁵	99460 EP ⁹ / 99463 EP ¹⁰	99381 EP	99381 EP	99381 EP	99381 EP	99381 EP	99381 EP
Established Patient		99391 EP	99391 EP	99391 EP	99391 EP	99391 EP	99391 EP
Delaware Newborn Screening Panel ²	←-----●-----→						
Newborn Bilirubin	●						
Critical Congenital Heart Defect Screening ²	●						
Developmental Surveillance ¹²	●	●	●	●	●	●	
Psychosocial/Behavioral Assessment ¹³	●	●	●	●	●	●	●
Tobacco, Alcohol or Drug Use Assessment							
Maternal Depression Screening ³		96161	96161	96161	96161	96161	
Developmental Screening							96110
Autism Screening							
Vision: ³	Assessed through observation or through health history/physical.						
Visual Acuity Screen	Assessed through observation or through health history/physical.						
Hearing: ^{3,16}	Assessed through observation or through health history/physical.						
Audio Screen	92551	92551 ¹¹	92551 ¹¹	92551 ¹¹	Assessed through observation or through health history/physical.		
Pure Tone-Air Only	92552	92552 ¹¹	92552 ¹¹	92552 ¹¹	Assessed through observation or through health history/physical.		
Dental ^{5,6}						■ ⁵	■ ⁵
Anemia: ^{3,4}							
Hematocrit (spun)					★ ⁷		85013 ⁷
Hemoglobin					★ ⁷		85018 ⁷
Venous Lead ^{3,4}							83655
Tuberculin Test ³	If indicated by history and/or symptoms.						
Sickle Cell	If indicated by history and/or symptoms.						
Sexually Transmitted Infections ⁸	If indicated by history and/or symptoms.						
Dyslipidemia ^{3,4}	If indicated by history and/or symptoms.						
Immunizations	Administer immunizations according to the ACIP schedule. Every visit should be considered an opportunity to bring a child's immunizations up-to-date. Refer to ACIP's Recommended Childhood and Adolescent Immunization Schedules: https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html						

● = To be Performed

★ = Risk Assessment to be Performed with Appropriate Action to Follow, if Positive

1 Year - 4 Years EPSDT Legend

¹ A complete screen must include the following: a comprehensive history, relevant measurements (for assessment of growth), physical examination, anticipatory guidance/counseling/risk factor reduction interventions, all assessments/screenings as indicated on the Periodicity Schedule and the ordering of appropriate laboratory/diagnostic procedures as recommended by the current AAP guidelines, found at: <https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx>

Pediatric BMI Coding (Ages 3-17)

Z68.51 < 5th Percentile for Age

Z68.52 5th - <85th for Age

Z68.53 85th - <95th for Age

Z68.54 >= 95th for Age

Documentation must include height, weight and BMI percentile during the measurement year. The height, weight and BMI must be from the same data source.

³ If testing for maternal depression, objective vision/hearing testing, anemia, lead, tuberculin or dyslipidemia is not completed, use CPT code for standard testing method *plus* CPT modifier -52 EPSDT Screening Services/Components Not Completed. If a screening service/component is reported with modifier 52, the provider must complete the screening service/component during the next screening opportunity according to the Periodicity Schedule.

⁴ When laboratory procedures are performed by a party other than the treating or reporting physician, use CPT *plus* CPT modifier -90 to Reference Outside Lab.

⁵ ◆ Indicates referral to a dental home. ■ At 6-8 and 9-11 months, an oral health risk assessment is to be administered and the need for fluoride supplementation assessed. The first dental examination is recommended at the time of the eruption of the first tooth and no later than 12 months of age. At 12, 18, 24 and 30 months, determine if the child has a dental home. If not, complete assessments and refer to dental home. Beginning at 3 years of age, referral to a dental home is a required screening component and must be reported using the YD referral code.

⁶ Dental Periodicity Schedule: Per the American Academy of Pediatric Dentistry, the first examination is recommended at the time of the eruption of the first tooth and no later than 12 months of age. Repeat every 6 months or as indicated by the child's risk status/susceptibility to disease. www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf

⁷ Initial measurement of hemoglobin or hematocrit to assess for iron-deficiency anemia is recommended between 9 and 12 months of age by the Centers for Disease Control and Prevention. Additionally the AAP recommends risk assessment for anemia at 4 months of age, 15 months of age and then at each periodicity thereafter.

⁸ All sexually active patients should be screened for sexually transmitted infections (STI).

¹¹ Screening must be provided at times noted, unless done previously.

¹² Developmental Surveillance is required at each visit for a complete screen, except when developmental screening is required.

¹³ Psychosocial/behavioral assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression and social determinants of health, including both risk factors and strengths/protective factors.

¹⁴ Instrument-based screening may be completed to detect amblyopia, strabismus, and/or high refractive error in children who are unable or unwilling to cooperate with traditional screening.

¹⁵ 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.

1 Year - 4 Years

Services	12 Mo	15 Mo	18 Mo	24 Mo	30 Mo	3 Y	4 Y
Complete Screen: ¹	A completed screen requires a code from each service required for that age. Report only one CPT code if multiple CPT codes are listed per service, except for immunizations.						
New Patient ¹⁵	99382 EP	99382 EP	99382 EP	99382 EP	99382 EP	99382 EP	99382 EP
Established Patient	99392 EP	99392 EP	99392 EP	99392 EP	99392 EP	99392 EP	99392 EP
Developmental Surveillance ¹²	●	●		●		●	●
Psychosocial/Behavioral Assessment ¹³	●	●	●	●	●	●	●
Tobacco, Alcohol or Drug Use Assessment							
Developmental Screening			96110		96110		
Autism Screening			96110 U1	96110 U1			
Vision: ³							
Visual Acuity Screen						99173	99173
Instrument-Based Screening ¹⁴	Assessed through observation or through health history/physical.					99174	99174
						99177	99177
Hearing: ³							
Audio Screen	Assessed through observation or through health history/physical.					★	92551
Pure Tone-Air Only						★	92552
Dental: ^{5,6}	◆ or ■ ⁵	◆ or ■ ⁵	◆ or ■ ⁵	◆ or ■ ⁵	◆ or ■ ⁵	◆ ⁵	◆ ⁵
Anemia: ^{3,4,7}							
Hematocrit (spun)	85013 ¹¹	If indicated by risk assessment and/or symptoms.					
Hemoglobin	85018 ¹¹						
Venous Lead ^{3,4}	83655 ¹¹	83655 ¹¹	83655 ¹¹	83655	83655 ¹¹	83655 ¹¹	83655 ¹¹
Tuberculin Test ³	If indicated by history and/or symptoms.						
Sickle Cell	If indicated by history and/or symptoms.						
Sexually Transmitted Infections ⁸	If indicated by history and/or symptoms.						
Dyslipidemia ^{3,4}	If indicated by history and/or symptoms.						
Immunizations	Administer immunizations according to the ACIP schedule. Every visit should be considered an opportunity to bring a child's immunizations up-to-date. Refer to ACIP's Recommended Childhood and Adolescent Immunization Schedules: https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html						

● = To be Performed

★ = Risk Assessment to be Performed with Appropriate Action to Follow, if Positive

5 Years - 11 Years EPSDT Legend

¹ A complete screen must include the following: a comprehensive history, relevant measurements (for assessment of growth), physical examination, anticipatory guidance/counseling/risk factor reduction interventions, all assessments/screenings as indicated on the Periodicity Schedule and the ordering of appropriate laboratory/diagnostic procedures as recommended by the current AAP guidelines, found at: <https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx>

Pediatric BMI Coding (Ages 3-17)

Z68.51	< 5 th Percentile for Age
Z68.52	5 th - <85 th for Age
Z68.53	85 th - <95 th for Age
Z68.54	>= 95 th for Age

Documentation must include height, weight and BMI percentile during the measurement year. The height, weight and BMI must be from the same data source.

³ If testing for maternal depression, objective vision/hearing testing, anemia, lead, tuberculin or dyslipidemia is not completed, use CPT code for standard testing method *plus* CPT modifier -52 EPSDT Screening Services/Components Not Completed. If a screening service/component is reported with modifier 52, the provider must complete the screening service/component during the next screening opportunity according to the Periodicity Schedule.

⁴ When laboratory procedures are performed by a party other than the treating or reporting physician, use CPT *plus* CPT modifier -90 to Reference Outside Lab.

⁵ ♦ Indicates referral to a dental home. Beginning at 3 years of age, referral to a dental home is a required screening component and must be reported using the YD referral code. Determine if the child has a dental home. If not, complete assessments and refer to dental home.

⁶ Dental Periodicity Schedule: Per the American Academy of Pediatric Dentistry, the first examination is recommended at the time of the eruption of the first tooth and no later than 12 months of age. Repeat every 6 months or as indicated by the child's risk status/susceptibility to disease. www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf

⁸ All sexually active patients should be screened for sexually transmitted infections (STI).

¹¹ Screening must be provided at times noted, unless done previously.

¹² Developmental Surveillance is required at each visit for a complete screen, except when developmental screening is required.

¹³ Psychosocial/behavioral assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression and social determinants of health, including both risk factors and strengths/protective factors.

¹⁴ Instrument-based screening may be completed to detect amblyopia, strabismus, and/or high refractive error in children who are unable or unwilling to cooperate with traditional screening.

¹⁵ 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.

¹⁶ Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.

5 Years - 11 Years

Services	5 Y	6 Y	7 Y	8 Y	9 Y	10 Y	11 Y
Complete Screen: ¹	A completed screen requires a code from each service required for that age. Report only one CPT code if multiple CPT codes are listed per service, except for immunizations.						
New Patient ¹⁵	99383 EP	99383 EP	99383 EP	99383 EP	99383 EP	99383 EP	99383 EP
Established Patient	99393 EP	99393 EP	99393 EP	99393 EP	99393 EP	99393 EP	99393 EP
Developmental Surveillance ¹²	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment ¹³	●	●	●	●	●	●	●
Tobacco, Alcohol or Drug Use Assessment							Through risk assessment.
Developmental Screening	If indicated by risk assessment and/or symptoms.						
Autism Screening	If indicated by risk assessment and/or symptoms.						
Vision: ³							
Visual Acuity Screen	99173	99173	★	99173	★	99173	★
Instrument-Based Screening ¹⁴	99174	99174	★	99174	★	99174	★
	99177	99177	★	99177	★	99177	★
Hearing: ³							
Audio Screen	92551	92551	★	92551	★	92551	←---
Pure Tone-Air Only	92552	92552	★	92552	★	92552	←---
Dental ^{5,6}	♦ ⁵	♦ ⁵	♦ ⁵	♦ ⁵	♦ ⁵	♦ ⁵	♦ ⁵
Anemia: ^{3,4}							
Hematocrit (spun)	If indicated by risk assessment and/or symptoms. See recommendations to prevent and control iron deficiency in the United States. MMWR. 1998;47(RR-3): 1-36. Beginning at 12 years of age for females, do once after onset of menses and if indicated by history and/or symptoms.						
Hemoglobin							
Venous Lead ^{3,4}	83655 ¹¹	83655 ¹¹					
Tuberculin Test ³	If indicated by history and/or symptoms.						
Sickle Cell	If indicated by history and/or symptoms.						
Sexually Transmitted Infections ⁸	If indicated by history and/or symptoms.						
HIV Screening ¹⁶							★
Dyslipidemia ^{3,4}		★		★	80061	80061 ¹¹	80061 ¹¹
Immunizations	Administer immunizations according to the ACIP schedule. Every visit should be considered an opportunity to bring a child's immunizations up-to-date. Refer to ACIP's Recommended Childhood and Adolescent Immunization Schedules: https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html						

● = To be Performed ★ = Risk Assessment to be Performed with Appropriate Action to Follow, if Positive

12 Years - 17 Years EPSDT Legend

¹ A complete screen must include the following: a comprehensive history, relevant measurements (for assessment of growth), physical examination, anticipatory guidance/counseling/risk factor reduction interventions, all assessments/screenings as indicated on the Periodicity Schedule and the ordering of appropriate laboratory/diagnostic procedures as recommended by the current AAP guidelines, found at: <https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx>

Pediatric BMI Coding (Ages 3-17)

Z68.51 < 5th Percentile for Age

Z68.52 5th - <85th for Age

Z68.53 85th - <95th for Age

Z68.54 ≥ 95th for Age

Documentation must include height, weight and BMI percentile during the measurement year. The height, weight and BMI must be from the same data source.

³ If testing for maternal depression, objective vision/hearing testing, anemia, lead, tuberculin or dyslipidemia is not completed, use CPT code for standard testing method *plus* CPT modifier -52 EPSDT Screening Services/Components Not Completed. If a screening service/component is reported with modifier 52, the provider must complete the screening service/component during the next screening opportunity according to the Periodicity Schedule.

⁴ When laboratory procedures are performed by a party other than the treating or reporting physician, use CPT *plus* CPT modifier -90 to Reference Outside Lab.

⁵ ♦ Indicates referral to a dental home. Beginning at 3 years of age, referral to a dental home is a required screening component and must be reported using the YD referral code. Determine if the child has a dental home. If not, complete assessments and refer to dental home.

⁶ Dental Periodicity Schedule: Per the American Academy of Pediatric Dentistry, the first examination is recommended at the time of the eruption of the first tooth and no later than 12 months of age. Repeat every 6 months or as indicated by the child's risk status/susceptibility to disease. www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf

⁸ All sexually active patients should be screened for sexually transmitted infections (STI).

¹² Developmental Surveillance is required at each visit for a complete screen, except when developmental screening is required.

¹³ Psychosocial/behavioral assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression and social determinants of health, including both risk factors and strengths/protective factors.

¹⁴ Instrument-based screening may be completed to detect amblyopia, strabismus, and/or high refractive error in children who are unable or unwilling to cooperate with traditional screening.

¹⁵ 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.

¹⁶ Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.

12 Years - 17 Years

Services	12 Y	13 Y	14 Y	15 Y	16 Y	17 Y
Complete Screen: ¹	A completed screen requires a code from each service required for that age. Report only one CPT code if multiple CPT codes are listed per service, except for immunizations.					
New Patient ¹⁵	99384 EP	99384 EP	99384 EP	99384 EP	99384 EP	99384 EP
Established Patient	99394 EP	99394 EP	99394 EP	99394 EP	99394 EP	99394 EP
Developmental Surveillance ¹²	●	●	●	●	●	●
Psychosocial/Behavioral Assessment ¹³	●	●	●	●	●	●
Tobacco, Alcohol or Drug Use Assessment	Through risk assessment.					
Developmental Screening	If indicated by risk assessment and/or symptoms.					
Autism Screening	If indicated by risk assessment and/or symptoms.					
Depression Screening	●	●	●	●	●	●
Vision: ³						
Visual Acuity Screen	99173	★	★	99173	★	★
Instrument-Based Screening ¹⁴	99174	★	★	99174	★	★
	99177	★	★	99177	★	★
Hearing: ³						
Audio Screen	-----	92551	----->	<-----	92551	----->
Pure Tone-Air Only	-----	92552	----->	<-----	92552	----->
Dental: ^{5,6}	♦ ⁵	♦ ⁵	♦ ⁵	♦ ⁵	♦ ⁵	♦ ⁵
Anemia: ^{3,4}						
Hematocrit (spun)	If indicated by risk assessment and/or symptoms. See recommendations to prevent and control iron deficiency in the United States. MMWR. 1998;47(RR-3): 1-36. Beginning at 12 years of age for females, do once after onset of menses and if indicated by history and/or symptoms.					
Hemoglobin	If indicated by history and/or symptoms.					
Tuberculin Test ³	If indicated by history and/or symptoms.					
Sickle Cell	If indicated by history and/or symptoms.					
Sexually Transmitted Infections ⁸	If indicated by history and/or symptoms.					
HIV Screening ¹⁶	★	★	★	<-----		●
Dyslipidemia ^{3,4}	If indicated by history and/or symptoms. 80061					
Immunizations	Administer immunizations according to the ACIP schedule. Every visit should be considered an opportunity to bring a child's immunizations up-to-date. Refer to ACIP's Recommended Childhood and Adolescent Immunization Schedules: https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html					

● = To be Performed

★ = Risk Assessment to be Performed with Appropriate Action to Follow, if Positive

18 Years - 20 Years EPSDT Legend

¹ A complete screen must include the following: a comprehensive history, relevant measurements (for assessment of growth), physical examination, anticipatory guidance/counseling/risk factor reduction interventions, all assessments/screenings as indicated on the Periodicity Schedule and the ordering of appropriate laboratory/diagnostic procedures as recommended by the current AAP guidelines, found at: <https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx>

³ If testing for maternal depression, objective vision/hearing testing, anemia, lead, tuberculin or dyslipidemia is not completed, use CPT code for standard testing method *plus* CPT modifier -52 EPSDT Screening Services/Components Not Completed. If a screening service/component is reported with modifier 52, the provider must complete the screening service/component during the next screening opportunity according to the Periodicity Schedule.

⁴ When laboratory procedures are performed by a party other than the treating or reporting physician, use CPT *plus* CPT modifier -90 to Reference Outside Lab.

⁵ ♦ Indicates referral to a dental home. Beginning at 3 years of age, referral to a dental home is a required screening component and must be reported using the YD referral code. Determine if the child has a dental home. If not, complete assessments and refer to dental home.

⁶ Dental Periodicity Schedule: Per the American Academy of Pediatric Dentistry, the first examination is recommended at the time of the eruption of the first tooth and no later than 12 months of age. Repeat every 6 months or as indicated by the child's risk status/susceptibility to disease. www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf

⁸ All sexually active patients should be screened for sexually transmitted infections (STI).

¹¹ Screening must be provided at times noted, unless done previously.

¹² Developmental Surveillance is required at each visit for a complete screen, except when developmental screening is required.

¹³ Psychosocial/behavioral assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression and social determinants of health, including both risk factors and strengths/protective factors.

¹⁴ 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.

¹⁵ Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.

18 Years - 20 Years

Services	18 Y	19 Y	20 Y
Complete Screen: ¹	A completed screen requires a code from each service required for that age. Report only one CPT code if multiple CPT codes are listed per service, except for immunizations.		
New Patient ¹⁴	99385 EP	99385 EP	99385 EP
Established Patient	99395 EP	99395 EP	99395 EP
Developmental Surveillance ¹²	●	●	●
Psychosocial/Behavioral Assessment ¹³	●	●	●
Tobacco, Alcohol or Drug Use Assessment	Through risk assessment.		
Developmental Screening	If indicated by risk assessment and/or symptoms.		
Autism Screening	If indicated by risk assessment and/or symptoms.		
Depression Screening	●	●	●
Vision: ³			
Visual Acuity Screen	★	★	★
Hearing: ³			
Audio Screen	←-----		92551
Pure Tone-Air Only	←-----		92552
Dental ^{5,6}	♦ ⁵	♦ ⁵	♦ ⁵
Anemia: ^{3,4}			
Hematocrit (spun)	If indicated by risk assessment and/or symptoms. See recommendations to prevent and control iron deficiency in the United States. MMWR. 1998;47(RR-3):1-36. Beginning at 12 years of age for females, do once after onset of menses and if indicated by history and/or symptoms.		
Hemoglobin			
Tuberculin Test ³	If indicated by history and/or symptoms.		
Sickle Cell	If indicated by history and/or symptoms.		
Sexually Transmitted Infections ⁸	If indicated by history and/or symptoms.		
HIV Screening ¹⁵	-----→	★	★
Dyslipidemia ^{3,4}	80061 ¹¹	80061 ¹¹	80061 ¹¹
Immunizations	Administer immunizations according to the ACIP schedule. Every visit should be considered an opportunity to bring a child's immunizations up-to-date. Refer to ACIP's Recommended Childhood and Adolescent Immunization Schedules: https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html		

● = To be Performed ★ = Risk Assessment to be Performed with Appropriate Action to Follow, if Positive



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