

Pennsylvania's Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Program Periodicity Schedule
and Coding Matrix

NOVEMBER 2022

EPSDT Screening Billing Guide

CMS-1500 Format/ Electronic 837P Format

- All EPSDT screening services including vaccine administration fees should be submitted to Highmark Wholecare plans either on a CMS-1500 or the corresponding 837P format for EDI claims within 60 days from the date of service. (We 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 Pennsylvania Children's Checkup (EPSDT) Program Periodicity Schedule and Coding Matrix as well as the Recommended Childhood Immunization Schedule for screening eligibility information and the services required to bill for a complete EPSDT screen including the appropriate evaluation and management codes and modifiers are documented.
- With the exception of the dental component for clinics that do not offer dental services, FQHCs/RHCs may not bill for partial screens.
- Highmark Wholecare's plans use 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 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

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.
- If an EPSDT evaluation is billed with the EP modifier and no screenings required for the periodicity are included on the claim, Highmark Wholecare plans will deny the claim and the provider can resubmit the claim with the appropriate screenings.
- If an EPSDT evaluation is billed with the EP modifier and not all required screenings are included on the claim, we will deny the claim and the provider can resubmit the claim with the appropriate screenings.
- Highmark Wholecare plans expect that providers will perform all services for each periodicity as outlined.
- Vaccine counseling only visits (except when counseling for the COVID-19 immunization) may not be billed in addition to a complete EPSDT screen.

Diagnosis Codes

Ages 0–17:

- 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

Modifiers

EP – Service provided as part of Medicaid Early Periodic Screening Diagnosis and Treatment (EPSDT) program. 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.

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.

25 – A significant, separately identifiable evaluation and management (E/M) service by the same physician on the same day of the procedure or other service.

Per the AMA CPT Manual, if another problem or preexisting condition is significant enough to be addressed at the same time, modifier 25 maybe added to the appropriate Office/Outpatient code. (99202–99215)

52 – Reduced Services – If any of the required components of an EPSDT visit is unable to be performed, it should be billed with modifier 52 added. This indicates that the component will be done upon the next screening opportunity and a \$0 dollar amount should be billed. Documentation in the medical record must support the use of modifier 52.

90 – Reference (Outside) Laboratory – When laboratory procedures are performed by a party other than the treating or reporting physician, that CPT should be billed with modifier 90 added and a \$0 amount should be billed by the provider.

Reporting Fraud and Abuse

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

- Call our Fraud Hotline at **1-844-718-6400**. This confidential hotline answers 7 days a week, 24 hours a day.
- Complete a referral form on our website at: <https://www.highmarkwholecare.com/fraud-and-abuse>.
- Write to us at:
Highmark Wholecare
Attention: FWA Department
Four Gateway Center
444 Liberty Avenue, Suite 2100
Liberty Avenue Pittsburgh, PA 15222

Additional Information about our Fraud and Abuse program can be found in the Provider Policy and Procedure Manual.

Newborns – 11 Months

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 Pennsylvania 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. Outpatient providers should verify results of the Pennsylvania Newborn Screening Panel as soon as possible 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 ■ At 6–8 and 9–11 months, an oral health risk assessment is to be administered and the need for fluoride supplementation assessed. The establishment of a child's dental home for the first dental examination by a dental provider 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 or 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. Diagnosis code of Z00.100 "Health Examination for Newborn Under 8 Days Old" is also acceptable for this Periodicity.
- 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. Diagnosis code of Z00.100 "Health Examination for Newborn Under 8 Days Old" is also acceptable for this Periodicity.
- 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 Complete assessment of child social-emotional health. Behavioral/social/emotional screening should be family-centered and may include caregiver depression and anxiety, caregiver substance use disorder, caregiver postpartum follow-up, and social determinants of health, including both risk factors and strengths/protective factors. Maternal depression screenings are included at intervals listed to incorporate recognition and management of perinatal depression into pediatric practice. Referrals should be made as appropriate.
- ¹⁴ 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.
- 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.
- ¹⁷ Blood pressure should be measured as indicated by child's risk status from infant to 3 years of age, when measurement should be universal.
- ¹⁹ Vaccine counseling only visits (except when counseling for the COVID-19 immunization) may not be billed in addition to an EPSDT screen.
- ²⁰ Risk assessment to occur once before the age of 21 with appropriate action to follow.

Services	Newborn (Inpatient)	3-5 Days	By 1 Mo	2-3 Mo	4-5 Mo	6-8 Mo	9-11 Mo
Age	0-16 Days	0-16 Days	17-46 Days	47-107 Days	108-168 Days	169-260 Days	261-365 Days
Complete Screen: ^{1,15,17}	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
Pennsylvania Newborn Screening Panel ²	<-----●----->						
Newborn Bilirubin	●						
Critical Congenital Heart Defect Screening ²	●						
Developmental Surveillance ¹²	●	●	●	●	●	●	
Behavioral/Social/Emotional Screening ¹³	●	●	●	●	●	●	●
Maternal Depression Screening ¹³			96161	96161	96161	96161	
Developmental Screening							96110
Autism Screening							
Vision: ³							
Visual Acuity Screen	Assessed through observation or through health history or physical.						
Hearing: ^{3,14}							
Audio Screen	●	●	●	Assessed through observation or through health history/physical.			
Pure Tone-Air Only	●	● ¹¹	● ¹¹				
Dental ^{5,6}						■ ⁶	■ ⁶
Anemia ^{3,4}							
Hematocrit (spun)					★ ⁷		85013 ⁷
Hemoglobin					★ ⁷		85018 ⁷
Venous Lead ^{3,4}						★	83655
Tuberculin Test ⁴	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.						
Hepatitis B ²⁰	<-----★----->						
Dyslipidemia ^{3,4}	If indicated by history and/or symptoms.						
Immunizations ¹⁹	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

1-4 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 2-17)	
Z68.51	<5th Percentile for Age
Z68.52	5th to <85th for Age
Z68.53	85th to <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. Age-appropriate nutrition counseling should be provided regarding promotion of healthy weight, healthy nutrition, and physical activity.

- 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 establishment of a child's dental home for the first dental examination by a dental provider 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 Complete assessment of child social-emotional health. Behavioral/social/emotional screening should be family-centered and may include caregiver depression and anxiety, caregiver substance use disorder, caregiver postpartum follow-up, and social determinants of health, including both risk factors and strengths/protective factors. Maternal depression screenings are included at intervals listed to incorporate recognition and management of perinatal depression into pediatric practice. Referrals should be made as appropriate.
- 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.
- ¹⁷ Blood pressure should be measured as indicated by child's risk status from infant to 3 years of age, when measurement should be universal.
- ¹⁹ Vaccine counseling only visits (except when counseling for the COVID-19 immunization) may not be billed in addition to an EPSDT screen.
- ²⁰ Risk assessment to occur once before the age of 21 with appropriate action to follow.

Services	12 Mo	15 Mo	18 Mo	24 Mo	30 Mo	3 Years	4 Years
Age	366-412 Days	413-504 Days	505-637 Days	1Y 9M up to 2Y 3M	2Y 3M up to 2Y 9M	2Y 9M up to 3Y 6M	3Y 6M up to the day before 5th birthday
Complete Screen: ^{1,15,17}	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	●	●		●		●	●
Behavioral/Social/Emotional Screening ¹³	●	●	●	●	●	●	●
Developmental Screening			96110		96110		
Autism Screening			96110 U1	96110 U1			
Vision: ³							
Visual Acuity Screen	Assessed through observation or through health history/physical.					99173	99173
Instrument-Based Screening ¹⁴						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	◆ ⁵	◆ ⁵
Anemia ^{3,4,7}							
Hematocrit (spun)	85013 ¹¹	If indicated by risk assessment and/or symptoms.					
Hemoglobin	85013 ¹¹						
Venous Lead ^{3,4}	83655 ¹¹	83655 ¹¹	83655 ¹¹	83655	83655 ¹¹	83655 ¹¹	83655 ¹¹
Tuberculin Test ⁴	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.						
Hepatitis B ²⁰	←-----	-----	-----	★-----	-----	-----	-----→
Dyslipidemia ⁴	If indicated by history and/or symptoms.						
Immunizations ¹⁹	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

5-10 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 2-17)	
Z68.51	<5th Percentile for Age
Z68.52	5th to <85th for Age
Z68.53	85th to <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. Age-appropriate nutrition counseling should be provided regarding promotion of healthy weight, healthy nutrition, and physical activity.

- 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 Complete assessment of child social-emotional health. Behavioral/social/emotional screening should be family-centered and may include caregiver depression and anxiety, caregiver substance use disorder, caregiver postpartum follow-up, and social determinants of health, including both risk factors and strengths/protective factors. Maternal depression screenings are included at intervals listed to incorporate recognition and management of perinatal depression into pediatric practice. Referrals should be made as appropriate.
- 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.
- ¹⁷ Blood pressure should be measured as indicated by child's risk status from infant to 3 years of age, when measurement should be universal.
- ¹⁹ Vaccine counseling only visits (except when counseling for the COVID-19 immunization) may not be billed in addition to an EPSDT screen.
- ²⁰ Risk assessment to occur once before the age of 21 with appropriate action to follow.

Services	5 Years	6 Years	7 Years	8 Years	9 Years	10 Years
Age	5Y up to 5Y 6M	5Y 6M up to 6Y 6M	6Y 6M up to 7Y 6M	7Y 6M up to 8Y 6M	8Y 6M up to 9Y 6M	9Y 6M up to 10Y 6M
Complete Screen: ^{1,15,17}	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
Established Patient	99393 EP	99393 EP	99393 EP	99393 EP	99393 EP	99393 EP
Developmental Surveillance ¹²	●	●	●	●	●	●
Behavioral/Social/Emotional Screening ¹³	●	●	●	●	●	●
Developmental Screening	If indicated by history and/or symptoms.					
Autism Screening	If indicated by history 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:						
Audio Screen	92551	92551	★	92551	★	92551
Pure Tone–Air Only	92552	92552	★	92552	★	92552
Dental ^{5,6}	◆ ⁵	◆ ⁵	◆ ⁵	◆ ⁵	◆ ⁵	◆ ⁵
Anemia ⁴						
Hematocrit (spun)	If indicated by risk assessment and/or symptoms.					
Hemoglobin						
Venous Lead ^{3,4}	83655 ¹¹	83655 ¹¹				
Tuberculin Test ⁴	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.					
Hepatitis B ²⁰	<-----	-----	-----	★ -----	-----	----->
Dyslipidemia ^{3,4}		★		★	80061	80061 ¹¹
Immunizations ¹⁹	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

11-16 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 2-17)	
Z68.51	<5th Percentile for Age
Z68.52	5th to <85th for Age
Z68.53	85th to <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. Age-appropriate nutrition counseling should be provided regarding promotion of healthy weight, healthy nutrition, and physical activity.

- 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 Complete assessment of child social-emotional health. Behavioral/social/emotional screening should be family-centered and may include caregiver depression and anxiety, caregiver substance use disorder, caregiver postpartum follow-up, and social determinants of health, including both risk factors and strengths/protective factors. Maternal depression screenings are included at intervals listed to incorporate recognition and management of perinatal depression into pediatric practice. Referrals should be made as appropriate.
- 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.
- ¹⁷ Blood pressure should be measured as indicated by child's risk status from infant to 3 years of age, when measurement should be universal.
- ¹⁹ Vaccine counseling only visits (except when counseling for the COVID-19 immunization) may not be billed in addition to an EPSDT screen.
- ²⁰ Risk assessment to occur once before the age of 21 with appropriate action to follow.
- ²¹ Screen adolescents for depression and suicide risk, making every effort to preserve confidentiality of the adolescent.
- ²² Risk assessment for sudden cardiac arrest and sudden cardiac death has been added to occur once between the ages of 11 and 21 years with appropriate action to follow if positive.

Services	11 Years	12 Years	13 Years	14 Years	15 Years	16 Years
Age	10Y 6M up to day before 12 th birthday	12Y up to 12Y 6M	12Y 6M up to 13Y 6M	13Y 6M up to 14Y 6M	14Y 6M up to 15Y 6M	15Y 6M up to 16Y 6M
Complete Screen: ^{1,15,17}	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	99384 EP	99384 EP	99384 EP	99384 EP	99384 EP
Established Patient	99393 EP	99394 EP	99394 EP	99394 EP	99394 EP	99394 EP
Developmental Surveillance ¹²	●	●	●	●	●	●
Behavioral/Social/Emotional Screening ¹³	●	●	●	●	●	●
Tobacco, Alcohol or Drug Use Assessment† ¹³	96160	96160	96160	96160	96160	96160
Sudden Cardiac Arrest and Sudden Cardiac Death ²²	★ -----					----->
Developmental Screening	If indicated by history and/or symptoms.					
Autism Screening	If indicated by history and/or symptoms.					
Depression Screening ²¹		96127	96127	96127	96127	96127
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 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 ¹⁶	★	★	★	★	<-----	-----
Hepatitis B ²⁰	<-----	-----	-----	★	-----	----->
Dyslipidemia ^{3,4}	80061 ¹¹	If indicated by history and/or symptoms.				
Immunizations ¹⁹	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

17-20 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 Complete assessment of child social-emotional health. Behavioral/social/emotional screening should be family-centered and may include caregiver depression and anxiety, caregiver substance use disorder, caregiver postpartum follow-up, and social determinants of health, including both risk factors and strengths/protective factors. Maternal depression screenings are included at intervals listed to incorporate recognition and management of perinatal depression into pediatric practice. Referrals should be made as appropriate.
- 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.
- ¹⁷ Blood pressure should be measured as indicated by child's risk status from infant to 3 years of age, when measurement should be universal.
- ¹⁸ Those at increased risk of HCV infection, including those with past or current injection drug use, should be tested for HCV infection and reassessed annually.
- ¹⁹ Vaccine counseling only visits (except when counseling for the COVID-19 immunization) may not be billed in addition to an EPSDT screen.
- ²⁰ Risk assessment to occur once before the age of 21 with appropriate action to follow.
- ²¹ Screen adolescents for depression and suicide risk, making every effort to preserve confidentiality of the adolescent.
- ²² Risk assessment for sudden cardiac arrest and sudden cardiac death has been added to occur once between the ages of 11 and 21 years with appropriate action to follow if positive.

Services	17 Years	18 Years	19 Years	20 Years
Age	16Y 6M up to day before 18th birthday	18Y up to 18Y 6M	19Y 6M up to 19Y 6M	19Y 6M up to day before 21st birthday
Complete Screen: ^{1,15,17}	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	99385 EP	99385 EP	99385 EP
Established Patient	99394 EP	99395 EP	99395 EP	99395 EP
Developmental Surveillance ¹²	●	●	●	●
Behavioral/Social/Emotional Screening ¹³	●	●	●	●
Tobacco, Alcohol or Drug Use Assessment	96160	96160	96160	96160
Sudden Cardiac Arrest and Sudden Cardiac Death ²²	<-----★----->			
Developmental Screening	If indicated by history and/or symptoms.			
Autism Screening	If indicated by history and/or symptoms.			
Depression Screening ²¹	96127	96127	96127	96127
Vision: ³				
Visual Acuity Screen	★			
Instrument-Based Screening ¹⁴	★			
	★			
Hearing: ³				
Audio Screen	----->	<-----	92551 ----->	
Pure Tone-Air Only	----->	<-----	92552 ----->	
Dental ^{5,6}	◆ ⁵	◆ ⁵	◆ ⁵	◆ ⁵
Anemia ⁴				
Hematocrit (spun)	If indicated by risk assessment 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 ¹⁶	-----●----->		★	★
Hepatitis B ²⁰	<-----		★----->	
Hepatitis C Virus Infection ¹⁸		★	★	★
Dyslipidemia ^{3,4}	80061	80061 ¹¹	80061 ¹¹	80061 ¹¹
Immunizations ¹⁹	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			

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Lead Testing

Capillary samples may be used for blood lead testing; however, elevated blood lead levels based on capillary samples are presumptive and must be confirmed using a venous sample.

All children 0–3 years of age with confirmed elevated blood lead levels should be referred to Early Intervention services. All children under 21 years of age with confirmed elevated blood lead levels should be referred for an Environmental Lead Investigation.

Lead Retesting Guidelines

Highmark Wholecare plans follow the Centers for Disease Control and Prevention (CDC) Recommended Actions Based on Blood Lead Levels (BLL). The CDC provides guidelines regarding a schedule for follow up testing based on confirmed elevated lead level results.

Children who have a confirmed venous blood lead level $\geq 3.5\mu\text{g/dL}$ need to be retested until the level is below $3.5\mu\text{g/dL}$.

Schedule for Follow-Up Blood Lead Testing

Venous Blood lead Levels ($\mu\text{g/dL}$)	Early follow up testing (2–4 tests after identification)	Later follow up testing after BLL declining
$\geq 3.5\text{--}9$	3 months*	6–9 months
10–19	1–3 months*	3–6 months
20–24	1–3 months*	1–3 months
25–44	2 weeks–1 month	1–months
≥ 45	As soon as possible	As soon as possible

*Seasonal variation of BLLs exists and may be more apparent in colder climate areas. Greater exposure in the summer months may necessitate more frequent follow ups.

*Some case managers or healthcare providers may choose to repeat blood lead tests on all new patients within a month to ensure that their BLL level is not rising more quickly than anticipated.

Please refer to the CDC website for summary recommendations at:
<https://www.cdc.gov/nceh/lead/advisory/acclpp/actions-blls.htm>

Children with a Blood Lead Level of $\geq 3.5\mu\text{g/dL}$ should be referred for an Environmental Lead Investigation per guidelines. Please refer to our website at [HighmarkWholecare.com](https://www.highmarkwholecare.com) for the most up to date list of Environmental Lead Investigation Providers.

Questions can be emailed to EPSDTinfo@HighmarkWholecare.com.

A Resource Guide: Care Management of a Child with Elevated Blood Lead Levels can be found at [paleadfree.org](https://www.paleadfree.org)

Health benefits or health benefit administration may be provided by or through Highmark Wholecare, coverage by Gateway Health Plan, an independent licensee of the Blue Cross Blue Shield Association (“Highmark Wholecare”).

