

**Pennsylvania's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program
Periodicity Schedule and Coding Matrix
(Effective 08/7/2017)**

Services	Newborn (Inpatient)	By 1 Mo	2-3 Mo	4-5 Mo	6-8 Mo	9-11 Mo	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	99460 EP ^{9/} 99463 EP ¹⁰	99381 EP	99381 EP	99381 EP	99381 EP	99381 EP	99382 EP	99382 EP	99382 EP	99382 EP	99382 EP	99382 EP	99382 EP	
Established Patient		99391 EP	99391 EP	99391 EP	99391 EP	99391 EP	99392 EP	99392 EP	99392 EP	99392 EP	99392 EP	99392 EP	99392 EP	
<ul style="list-style-type: none"> Newborn Metabolic Hemoglobin Screening ² 	←-----●-----→													
<ul style="list-style-type: none"> Newborn Bilirubin 	●													
<ul style="list-style-type: none"> Critical Congenital Heart Defect Screening ² 	●													
<ul style="list-style-type: none"> Developmental Surveillance ¹² 	●	●	●	●	●		●	●		●		●	●	
<ul style="list-style-type: none"> Psychosocial/Behavioral Assessment ¹⁴ 	●	●	●	●	●	●	●	●	●	●	●	●	●	
<ul style="list-style-type: none"> Tobacco, Alcohol or Drug Use Assessment 														
<ul style="list-style-type: none"> Maternal Depression Screening 		96160	96160	96160	96160									
<ul style="list-style-type: none"> Developmental Screening 						96110			96110		96110			
<ul style="list-style-type: none"> Autism Screening 									96110 U1	96110 U1				
Vision ³	Assessed through observation or through health history/physical.													
<ul style="list-style-type: none"> Visual acuity screen 												99173	99173	
Hearing ^{3, 16}				Assessed through observation or through health history/physical.										
<ul style="list-style-type: none"> Audio Screen 	92551	92551 ¹¹	92551 ¹¹									★	92551	
<ul style="list-style-type: none"> Pure tone-air only 	92552	92552 ¹¹	92552 ¹¹										92552	
Dental ^{6, 13}					★ ⁵	★ ⁵	● or ★ ⁵		● or ★ ⁵	● or ★ ⁵	● or ★ ⁵	● ⁵	● ⁵	
Anemia ^{3, 4}														
<ul style="list-style-type: none"> Hematocrit (spun) 				★ ⁷		85013 ⁷	85013 ¹¹	If indicated by risk assessment and/or symptoms.						
<ul style="list-style-type: none"> Hemoglobin 						85018 ⁷	85018 ¹¹							
Venous Lead ^{3, 4}						83655	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. For children 18 years and younger, these immunization codes are collected for administration purposes to document antigens given. Because the PA Department of Health provides vaccines free of charge to providers through the Vaccines for Children Program (see MA Bulletins 01-00-10, 10-00-03, 11-00-05, 26-00-04), only a vaccine administration fee will be reimbursed.													

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Services	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	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	99383 EP	99383 EP	99383 EP	99383 EP	99383 EP	99383 EP	99383 EP	99384 EP	99384 EP	99384 EP	99384 EP	99384 EP	99384 EP	99385 EP	99385 EP	99385 EP
Established Patient	99393 EP	99393 EP	99393 EP	99393 EP	99393 EP	99393 EP	99393 EP	99394 EP	99394 EP	99394 EP	99394 EP	99394 EP	99394 EP	99395 EP	99395 EP	99395 EP
• Developmental Surveillance ¹²	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
• Psychosocial/Behavioral Assessment ¹⁴	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
• 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	★	99173	★	99173	★	99173	★	★	99173	★	★	★	★	★
Hearing ³																
• Audio Screen	92551	92551	★	92551	★	92551			92551				92551			92551
• Pure tone-air only	92552	92552		92552		92552	←-----	92552	-----→	←-----	92552	-----→	←-----	92552	-----→	92552
Dental ^{6, 13}	• ⁵	• ⁵	• ⁵	• ⁵	• ⁵	• ⁵	• ⁵	• ⁵	• ⁵	• ⁵	• ⁵	• ⁵	• ⁵	• ⁵	• ⁵	• ⁵
Anemia ^{3, 4}	If indicated by risk assessment and/or symptoms. See Recommendations to prevent and control iron deficiency in the United States. <i>MMWR</i> . 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.															
• Hematocrit (spun)	If indicated by risk assessment and/or symptoms.															
• Hemoglobin	If indicated by risk assessment and/or symptoms.															
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 ¹⁵							★	★	★	★	←-----	•-----→	★	★		
Dyslipidemia ^{3, 4}		★		★	80061	80061 ¹¹	80061 ¹¹	If indicated by history and/or symptoms.					80061	80061 ¹¹	80061 ¹¹	80061 ¹¹
Immunizations	Administer immunizations according to the ACIP schedule. For children 18 years and younger, these immunization codes are collected for administration purposes to document antigens given. Because the PA Department of Health provides vaccines free of charge to providers through the Vaccines for Children Program (see MA Bulletins 01-00-10, 10-00-03, 11-00-05, 26-00-04), only a vaccine administration fee will be reimbursed.															

Please refer to the EPSDT Program Periodicity Schedule and Coding Matrix Legend.

EPSDT Program Periodicity Schedule and Coding Matrix

LEGEND

¹ Included in the complete screen: a comprehensive history and physical examination; counseling/anticipatory guidance/risk factor reduction interventions; age-appropriate nutritional counseling; the calculation of Body Mass Index (BMI); newborn metabolic/hemoglobin screening and follow-up; newborn bilirubin screening; growth measurements and head circumference; an oral dental exam; blood lead (BL) risk assessment; blood pressure risk assessment; developmental and autism screenings; developmental surveillance; psychosocial/behavioral assessments; maternal depression screening; alcohol and drug use assessment; and the ordering of appropriate laboratory/diagnostic procedures as recommended by the current AAP guidelines.

² Newborn metabolic and hemoglobinopathy and Congenital Heart Defect (CHD) screenings should be done according to state law. According to AAP recommendations, Newborn metabolic and hemoglobinopathy screenings should take place between newborn and 2 months of age. Newborns should be screened for critical congenital heart disease using pulse oximetry before leaving the hospital.

³ Use CPT modifier -52 EPSDT Screening Services/Components Not Completed *plus* CPT code for standard testing method for objective vision/hearing testing, anemia, dyslipidemia, lead and tuberculin testing 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 for ages that require visual acuity screening or hearing screening.

⁴ Use CPT modifier -90 Reference Outside Lab *plus* CPT code when laboratory procedures are performed by a party other than the treating or reporting physician.

⁵ • Indicates referral to a dental home, ★ indicates administer oral health risk assessment. Assess need for fluoride supplementation. Determine whether the patient has a dental home. If the patient does not have a dental home, a referral should be made to one.

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 is recommended between 9 and 12 months of age. Additionally, AAP recommends risk assessment for hematocrit or hemoglobin at ages 15 and 30 months of age.

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 Provide at times noted, unless done previously.

¹² Developmental Surveillance is required for all periods, except when developmental screenings are required.

¹³ All referrals to a dental home must be reported using the YD referral code.

¹⁴ Assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health.

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.

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.

Key

• = to be performed

★ = risk assessment to be performed with appropriate action to follow, if positive