

Pennsylvania Children's Checkup (EPSDT) Program Periodicity Schedule and Coding Matrix

(Effective 01-01-2002 Rev. 8/2005)

Report only one CPT code if multiple CPT codes are listed per service except for immunizations. A completed screen requires a code from each service required for that age.

Services	Newborn (Inpatient)	By 1 Month	2-3 Months	4-5 Months	6-8 Months	9-11 Months	12 Months	15 Months	18 Months
Assessment (new patient) ¹	99431 ⁶ / 99435 ⁷	99381	99381	99381	99381	99381	99382	99382	99382
Assessment (established patient) ¹		99391	99391	99391	99391	99391	99392	99392	99392
Vision ⁴	Assessed through observation or through health history/physical								
Visual acuity screen									
Dental									
Hearing ⁴									
Audio Screen									
Pure tone-air only									
Anemia ^{4,5}									
Hematocrit (spun)						85013			
Hemoglobin						85018			
Urinalysis ^{4,5}									
Dip stick w/ microscopy									
Dip stick w/o microscopy									
Automated w/ microscopy									
Automated w/o microscopy									
Venous Lead ^{4,5}						83655	83655 ³	83655 ³	83655 ³
Tuberculosis, Intradermal ⁴	If indicated by history and/or symptoms								
Sickle Cell									
STD									
Immunizations (each antigen)	According to ACIP schedule. For children 18 years and younger, these immunization codes are collected for administrative 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 may be reimbursed.								

1. Assessment includes a comprehensive history, a comprehensive examination, counseling/anticipatory guidance/risk factor reduction interventions, age-appropriate nutritional counseling, the calculation of Body Mass Index (BMI) and the ordering of appropriate laboratory/diagnostic procedures as recommended by the current AAP Guidelines. Also includes Physical Exam, Growth Measurement and Head Circumference, an Oral Dental Exam and BL Risk Assessment.
2. Refer for Preventive Dental Services.
3. Provide at this time unless done previously.
4. Use CPT modifier -52 Reduced Services *plus* CPT code for standard testing method for objective vision/hearing testing, anemia, urinalysis, lead and tuberculin testing not completed.
5. 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.
6. Procedure code 99431 is to be used for a newborn screen performed in the hospital, but not on the same day as hospital discharge.
7. Procedure code 99435 is to be used for a newborn screen performed in the hospital on the same day as hospital discharge.

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Services	2 Years	3 Years	4 Years	5 Years	6 Years	8 Years	10 Years	11 Years	12 Years	13 Years	14 Years	15 Years	16 Years	17 Years	18 Years	19 Years	20 Years	
Assessment (new patient) ¹	99382	99382	99382	99383	99383	99383	99383	99383	99384	99384	99384	99384	99384	99384	99385	99385	99385	
Assessment (established patient) ¹	99392	99392	99392	99393	99393	99393	99393	99393	99394	99394	99394	99394	99394	99394	99395	99395	99395	
Vision ⁴																		
Visual acuity screen	Assessed through observation or through health history/ physical	99173	99173	99173	99173	99173	99173	99173	99173	99173	99173	99173	99173	99173	99173	99173	99173	
Dental		X ²	X ²	X ²	X ²	X ²	X ²	X ²	X ²	X ²	X ²	X ²	X ²					
Hearing ⁴																		
Audio Screen		92551	92551	92551	92551	92551	92551	92551	92551	92551	92551	92551	92551	92551	92551	92551	92551	92551
Pure tone-air only		92552	92552	92552	92552	92552	92552	92552	92552	92552	92552	92552	92552	92552	92552	92552	92552	
Anemia ^{4,5}																		
Hematocrit (spun)									For females, do once after onset of menses and if indicated by history and/or symptoms									
Hemoglobin																		
Urinalysis ^{4,5}																		
Dip stick w/ microscopy				81000					If indicated by history and/or symptoms									
Dip stick w/o microscopy				81002														
Automated w/ microscopy				81001														
Automated w/o microscopy				81003														
Venous Lead ^{4,5}	83655	83655 ³	83655 ³	83655 ³	83655 ³	If indicated by history and/or symptoms												
Tuberculosis, Intradermal ⁴																		
Sickle Cell																		
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