

**Pennsylvania's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program  
Periodicity Schedule and Coding Matrix  
(Effective 08/10/2015)**

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
<b>Assessment: <sup>1</sup></b>	<b>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.</b>												
New Patient	99460 EP <sup>9</sup> / 99463 EP <sup>10</sup>	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
• Newborn Metabolic Hemoglobin Screening <sup>2</sup>	←-----●-----→												
• Congenital Heart Defect Screening <sup>2</sup>	•												
• Developmental Surveillance <sup>12</sup>	•	•	•	•	•		•	•		•		•	•
• Psychosocial/Behavioral Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•
• Alcohol and Drug Use Assessment													
• Developmental Screening						96110			96110		96110		
• Autism Screening									96110 U1	96110 U1			
<b>Vision <sup>3</sup></b>	Assessed through observation or through health history/physical.												
• Visual acuity screen													
<b>Hearing <sup>3</sup></b>													
• Audio Screen • Pure tone-air only												★	92551 92552
<b>Dental <sup>6, 13</sup></b>					★ <sup>5</sup>	★ <sup>5</sup>	• or ★ <sup>5</sup>		• or ★ <sup>5</sup>	• or ★ <sup>5</sup>	• or ★ <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>
<b>Anemia <sup>3, 4</sup></b>													
• Hematocrit (spun)						85013 <sup>7</sup>	85013 <sup>11</sup>	If indicated by risk assessment and/or symptoms.					
• Hemoglobin			★ <sup>7</sup>		85018 <sup>7</sup>	85018 <sup>11</sup>							
<b>Venous Lead <sup>3, 4</sup></b>						83655	83655 <sup>11</sup>	83655 <sup>11</sup>	83655 <sup>11</sup>	83655	83655 <sup>11</sup>	83655 <sup>11</sup>	83655 <sup>11</sup>
<b>Tuberculin Test <sup>3</sup></b>	If indicated by history and/or symptoms.												
<b>Sickle Cell</b>													
<b>Sexually Transmitted Infections <sup>8</sup></b>													
<b>Dyslipidemia <sup>3, 4</sup></b>													
<b>Immunizations</b>	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
Assessment: <sup>1</sup>	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 <sup>12</sup>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
• Psychosocial/Behavioral Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
• Alcohol and 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 <sup>3</sup>																
• Visual acuity screen	99173	99173	★	99173	★	99173	★	99173	★	★	99173	★	★	99173	★	★
Hearing <sup>3</sup>																
• Audio Screen	92551	92551	★	92551	★	92551	If indicated by history and/or symptoms.									
• Pure tone-air only	92552	92552		92552		92552										
Dental <sup>6, 13</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>	• <sup>5</sup>
Anemia <sup>3, 4</sup>	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. 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.															
• Hemoglobin	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.															
Venous Lead <sup>3, 4</sup>	83655 <sup>11</sup>	83655 <sup>11</sup>														
Tuberculin Test <sup>3</sup>	If indicated by history and/or symptoms.															
Sickle Cell	If indicated by history and/or symptoms.															
Sexually Transmitted Infections <sup>8</sup>	If indicated by history and/or symptoms.															
HIV Screening												★	★	★		
Dyslipidemia <sup>3, 4</sup>		★		★	80061	80061 <sup>11</sup>	80061 <sup>11</sup>	If indicated by history and/or symptoms.						80061	80061 <sup>11</sup>	8006 <sup>11</sup>
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 attached EPSDT Program Periodicity and Coding Matrix Legend.

## EPSDT Program Periodicity Schedule and Coding Matrix

### LEGEND

<sup>1</sup> Included in the assessment: 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; 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; alcohol and drug use assessment; and the ordering of appropriate laboratory/diagnostic procedures as recommended by the current AAP guidelines.

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> • 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.

<sup>6</sup> 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](http://www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf)

<sup>7</sup> 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.

<sup>8</sup> All sexually active patients should be screened for sexually transmitted infections (STI).

<sup>9</sup> 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.

<sup>10</sup> 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.

<sup>11</sup> Provide at times noted, unless done previously.

<sup>12</sup> Developmental Surveillance is required for all periods, except when developmental screenings are required.

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

#### Key

• = to be performed

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