

Programs and Resources

Tool Kit – EPSDT/Bright Futures Periodicity Schedule and Coding Matrix

The following is a list of EPSDT (Early Periodic Screening Diagnosis Treatment)/Bright Futures Services & Codes. Note: Immunizations and other services billed with EPSDT/Bright Futures E/M codes will pay as primary.

| Age on DOS Calculator.net | E/M Code Billed with Modifier EP | Other Services/CPT/Modifiers Required |
|------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Newborn (Inpatient) (0-16 days) | 99460 or 99463 | <ul style="list-style-type: none"> • (For services performed in the future, use 52 Mod with zero dollar charge) • (For services referred to an external lab, use 90 Mod with zero dollar charge) • (For EPSDT/Bright Futures services billed in addition to the primary E&M, use 25 Mod with EP Mod and the dollar charge) Newborn Hearing Screening Newborn Metabolic Hemoglobin Screening Critical Congenital Heart Defect Screening Newborn Bilirubin Concentration Screening |
| 0-8 months (3-260 days) | 99381 or 99391 | Maternity Depression Screening – 96161 with modifier 59 • At each visit between 1 month and 6 - 8 months visit Newborn Hearing Screening • At the 3 – 5 day, 1 mo. or 2 - 3 mo. visit if not previously billed Newborn Metabolic Hemoglobin Screening • At the 3 – 5 day, 1 mo. or 2 – 3 mo. visit if not previously billed Oral health risk assessment at 6 month visit |
| 9 -11 months (261 - 365 days) | 99381 or 99391 | Developmental Screening - 96110 Anemia Screening - 85018 Lead Screening - 83655 Perform oral health risk assessment |
| 12 months (366-412 days) | 99382 or 99392 | 85018 if not previously billed between 9-11 mos 83655 if not previously billed between 9 mos and 6 yrs Dental Referral - YD modifier reported in box 10d and perform oral health risk assessment |
| 15 months (413-504 days) | 99382 or 99392 | 83655 if not previously billed between 9 mos and 6 yrs |



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|-----------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>18 months (505-641 days)</p> | <p>99382 or 99392</p> | <p>Autism Spectrum Disorder Screening - 96110 with modifier U1 96110 83655 if not previously billed between 9 mos and 6 yrs YD reported in box 10d and perform oral health risk assessment</p> |
| <p>24 months (1y 9m up to 2y 3m) (642-822 days)</p> | <p>99382 or 99392</p> | <p>96110/U1 83655 YD reported in box 10d and perform oral health risk assessment</p> |
| <p>30 months (2y 3m up to 2y 9m) (823-1003 days)</p> | <p>99382 or 99392</p> | <p>96110 83655 if not previously billed between 9 mos and 6 yrs YD reported in box 10d and perform oral health risk assessment</p> |
| <p>3 years (2y 9m up to 3y 6m) (1004-1276 days)</p> | <p>99382 or 99392</p> | <p>Vision Acuity Screening – 99173 or Instrument based vision screening – 99174 or 99177 Hearing Audio Screen - 92551 or Pure Tone-Air Only 92552 (Required if Risk Assessment is positive) 92567 Tympanometry 83655 if not previously billed between 9 mos and 6 yrs YD reported in box 10d</p> |
| <p>4 years (3y 6m up to day before 5th B-day) (1277-1826 days)</p> | <p>99382 or 99392</p> | <p>99173, 99174, or 99177 92551, 92552 or 92567 83655 if not previously billed between 9 mos and 6 yrs YD reported in box 10d</p> |
| <p>5 years (5y up to 5y 6m) (1827-2007 days)</p> | <p>99383 or 99393</p> | <p>99173, 99174, or 99177 92551 or 92552 83655 if not previously billed between 9 mos and 6 yrs YD reported in box 10d</p> |
| <p>6 years (5y 6m up to 6y 6m) (2008-2372 days)</p> | <p>99383 or 99393</p> | <p>99173, 99174, or 99177 92551 or 92552 83655 if not previously billed between 9 mos and 6 yrs 80061 (Required if Risk Assessment is positive) YD reported in box 10d</p> |

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|-----------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>7 years (6y 6m up to 7y 6m) (2373-2737 days)</p> | <p>99383 or 99393</p> | <p>99173, 99174, or 99177 (Required if Risk Assessment is positive) 92551 or 92552 (Required if Risk Assessment is positive) YD reported in box 10d</p> |
| <p>8 years (7y 6m up to 8y 6m) (2738-3103 days)</p> | <p>99383 or 99393</p> | <p>99173, 99174, or 99177 92551 or 92552 Dyslipidemia Screening - 80061 (Required if Risk Assessment is positive) YD reported in box 10d</p> |
| <p>9 Years (8y 6m up to 9y 6m) (3104-3468 days)</p> | <p>99383 or 99393</p> | <p>99173, 99174, or 99177 (Required if Risk Assessment is positive) 92551 or 92552 (Required if Risk Assessment is positive) 80061 YD reported in box 10d</p> |
| <p>10 Years (9y 6m up to 10y 6m) (3469-3833 days)</p> | <p>99383 or 99393</p> | <p>99173, 99174, or 99177 92551 or 92552 80061 (To Be Performed, unless previously completed) YD reported in box 10d</p> |
| <p>11 Years 10y 6m up to day before 12th B-day (3834-4382 days)</p> | <p>99383 or 99393</p> | <p>99173, 99174, or 99177 (Required if Risk Assessment is positive) 92551 or 92552 80061 (To Be Performed, unless previously completed) Tobacco, Alcohol or Drug Use Assessment 96160 YD reported in box 10d</p> |
| <p>12 Years (12y up to 12y 6m) (4383-4564 days)</p> | <p>99384 or 99394</p> | <p>99173, 99174, or 99177 92551 or 99252 (To Be Performed, unless previously completed) 80061 (If indicated by history and/or symptoms) Adolescent depression screening 96127 Tobacco, Alcohol or Drug Use Assessment 96160 YD reported in box 10d</p> |
| <p>13-14 Years (12y 6m up to 14y 6m) (4565-5294 days)</p> | <p>99384 or 99394</p> | <p>99173, 99174, or 99177 (Required if Risk Assessment is positive) 92551 or 99252 (To Be Performed, unless previously completed) 80061 (If indicated by history and/or symptoms) Adolescent depression screening 96127 Tobacco, Alcohol or Drug Use Assessment 96160 YD reported in box 10d</p> |

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|-------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 15 Years (14y 6m up to 15y 6m) (5295-5659 days) | 99384 or 99394 | 99173, 99174, or 99177 92551 or 92552 80061 (If indicated by history and/or symptoms) Adolescent depression screening 96127 Tobacco, Alcohol or Drug Use Assessment 96160 HIV Screening YD reported in box 10d |
| 16-17 Years (15y 6m up to day before 18th B-day) (5660-6574 days) | 99384 or 99394 | 99173, 99174, or 99177 (Required if Risk Assessment is positive) 92551 or 92552 (To Be Performed, unless previously completed) 80061 Adolescent depression screening 96127 Tobacco, Alcohol or Drug Use Assessment 96160 HIV Screening (To Be Performed, unless previously completed) YD reported in box 10d |
| 18 Years (18y up to 18y 6m) (6575-6755 days) | 99385 or 99395 | 99173, 99174, or 99177 (Required if Risk Assessment is positive) 92551 or 92552 80061 (To Be Performed, unless previously completed) Adolescent depression screening 96127 Tobacco, Alcohol or Drug Use Assessment 96160 HIV Screening (To Be Performed, unless previously completed) YD reported in box 10d |
| 19-20 years (18y 6m up to day before 21st B-day) (6756-7670 days) | 99385 or 99395 | 99173, 99174, or 99177 (Required if Risk Assessment is positive) 92551 or 92552 (To Be Performed, unless previously completed) 80061 (To Be Performed, unless previously completed) Adolescent depression screening 96127 Tobacco, Alcohol or Drug Use Assessment 96160 YD reported in box 10d |

