

# Tool Kit – EPSDT Periodicity Schedule and Coding Matrix

The following is a list of EPSDT (Early Periodic Screening Diagnosis Treatment)/Bright Futures Services and Codes.

**Note:** Immunizations and other services billed with EPSDT E/M codes will pay as primary.

<b>Age on DOS</b> <a href="http://www.calculator.net/age-calculator.html">http://www.calculator.net/age-calculator.html</a>	<b>E/M Code Billed with Modifier EP</b>	<b>Other Services/CPT/Modifiers Required</b> <ul style="list-style-type: none"> <li>• (For services performed in the future, use 52 Mod with zero dollar charge)</li> <li>• (For services referred to an external lab, use 90 Mod with zero dollar charge)</li> <li>• (For EPSDT services billed in addition to the primary E&amp;M, use 25 Mod with EP Mod and the dollar charge)</li> </ul>
Newborn (Inpatient) (0-16 days)	99460 or 99463	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	<b>Maternity Depression Screening – 96161 with modifier 59</b> • At each visit between 1 month and 6 - 8 months visit <b>Newborn Hearing Screening</b> • At the 3 – 5 day, 1 mo. or 2 - 3 mo. visit if not previously billed <b>Newborn Metabolic Hemoglobin Screening</b> • At the 3 – 5 day, 1 mo. or 2 – 3 mo. visit if not previously billed <b>Oral health risk assessment at 6 month visit</b>
9 -11 months (261 - 365 days)	99381 or 99391	<b>Developmental Screening</b> - 96110 <b>Anemia Screening</b> - 85018 <b>Lead Screening</b> - 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 <b>Dental Referral</b> - YD modifier reported in box 10d or 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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18 months (505-641 days)	99382 or 99392	<b>Autism Spectrum Disorder Screening</b> - 96110 with modifier U1 96110 83655 if not previously billed between 9 mos and 6 yrs YD reported in box 10d or perform oral health risk assessment
24 months (1y 9m up to 2y 3m) (642-822 days)	99382 or 99392	96110/U1 83655 YD reported in box 10d or perform oral health risk assessment
30 months (2y 3m up to 2y 9m) (823-1003 days)	99382 or 99392	96110 83655 if not previously billed between 9 mos and 6 yrs YD reported in box 10d or perform oral health risk assessment
3 years (2y 9m up to 3y 6m) (1004-1276 days)	99382 or 99392	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
4 years (3y 6m up to day before 5th B-day) (1277-1826 days)	99382 or 99392	99173, 99174, or 99177 92551, 92552 or 92567 83655 if not previously billed between 9 mos and 6 yrs YD reported in box 10d
5 years (5y up to 5y 6m) (1827-2007 days)	99383 or 99393	99173, 99174, or 99177 92551 or 92552 83655 if not previously billed between 9 mos and 6 yrs YD reported in box 10d
6 years (5y 6m up to 6y 6m) (2008-2372 days)	99383 or 99393	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

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

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15 Years (14y 6m up to 15y 6m) (5295-5659 days)	99384 or 99394	99173, 99174, or 99177 92551 or 99252 80061 (If indicated by history and/or symptoms) Adolescent depression screening <b>HIV Screening</b> 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 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 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 YD reported in box 10d

