

Bright Futures Codes & Assessments



Newborn (Inpatient)	3-5 Days	By 1 Month	2-3 Months	4-5 Months	6-8 Months	9-11 Months	12 Months	15 Months	18 Months	24 Months	30 Months	3 Years	4 Years	5-11 Years	12-17 Years	18-20 Years
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ASSESSMENTS

Newborn Blood	•	•	•	•												
Critical Congenital Heart Defect Screening	•															
Newborn Bilirubin	•															
Hearing (If initial hearing screening not completed in the hospital, screening should occur by 3 months of age)	•	•	•	•	Assessed through observation or through health history/physical								92551	92551 (ages 5, 6, 8, 10)	92551 (once between ages 11-14 & 15-17)	92551 (once between ages 18-20)
Vision (Perform assessment unless age of screening is indicated)	Assessed through observation or through health history/physical											99173	99173	99173 (ages 5, 6, 8, 10)	99173 (ages 12, 15)	
Vision Acuity Screening																
Maternal Depression Screening			96161	96161	96161	96161										
Anemia					Risk Assessment		85018	85018	Perform screening if indicated by risk assessment and/or symptoms							
Developmental Screening							96110		96110		96110			Perform screening if indicated by risk assessment and/or symptoms		
Autism Screening									96110 U1	96110 U1				Perform screening if indicated by risk assessment and/or symptoms		
Dental • Oral health risk assessment, referral to a dental home, at eruption of first tooth						Risk Assessment	Risk Assessment	YD (Box 10d) or Assessment		YD (Box 10d) or Assessment	YD (Box 10d) or Assessment	YD (Box 10d) or Assessment	YD (Box 10d)	YD (Box 10d)	YD (Box 10d)	YD (Box 10d)
• Fluoride varnish (May be applied up to 4 times per year in PCP office, ages 0-16 Medicaid, CHIP – No age restriction)						99188	99188	99188	99188	99188	99188	99188	99188	99188	99188 (age 5)	
• Fluoride Supplementation						Risk assessment to be performed with appropriate action to follow if positive										
Venous Lead (Blood lead test only, up to, and including, age 6 if not previously done)							83655				83655		Children between ages 36 months and 72 months with no record of a previous blood lead screening test must receive one.			
Dyslipidemia Screening															80061 (once between ages 9-11)	80061 (once between ages 17-20)
															Perform screening if indicated by risk assessment and/or symptoms	
Screening for Depression															96127	96127
Immunizations	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Hep B Virus Infection																
															Risk assessment to be performed with appropriate action to follow if positive	
Developmental Surveillance	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Psychosocial/Behavioral Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tobacco, Alcohol or Drug Use Assessment															Age 11, 96160	96160
Health & Developmental History (Physical & Mental)	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Height & Weight	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
BMI Value																Z68.1-Z68.45
BMI Percentile or BMI Plotted on Age/Growth Chart											Z68.51-Z68.54	Z68.51-Z68.54	Z68.51-Z68.54	Z68.51-Z68.54	Z68.51-Z68.54	Z68.51-Z68.54
Head Circumference	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Physical Exam	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Physical Exam for Blood Pressure																
HIV Screening (Those at increased risk of HIV infection should be tested for HIV & reassessed annually)															Assessment age 11	Ages 15, 16 or 17 (Assessment ages 12, 13, 14)
Hepatitis C Virus Infection																Age 18 (if not performed)
																Risk assessment to be performed with appropriate action to follow, if positive
Dyslipidemia Assessment															Ages 6, 8	•

ASSESSMENTS INDICATED VIA HISTORY OR SYMPTOMS

Tuberculin Test	As indicated via history or symptoms
Sickle Cell	
Sexually Transmitted Infections	

PREVENTIVE COUNSELING & CODES

Assessment & Counseling for Nutrition													Z71.3	Z71.3	Z71.3	Z71.3	Z71.3
Assessment & Counseling for Physical Activity													Z71.82	Z71.82	Z71.82	Z71.82	Z71.82
Health Education/Anticipatory Guidance	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

REFERRAL CODES (BOX 10D OF CMS 1500)

YD-Dental Referral	YH-Hearing Referral	Any developmental problem found during a screening exam in a child under 5 years old should be referred through PA Connect at 1-800-692-7288 for an appropriate referral to local, early intervention services.
YM-Medical Referral	YB - Behavioral Health Referral	
YV-Vision Referral	YO-Other Referral	