

EPSDT/Bright Futures Codes & Assessments



Aetna Better Health® of Pennsylvania
Aetna Better Health® Kids

	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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REQUIRED ASSESSMENTS/REQUIRED CODES

New Patient	99460/99463	99381 EP	99382 EP	99383 EP	99384 EP	99385 EP											
Established Patient		99391 EP	99392 EP	99393 EP	99394 EP	99395 EP											

ABOVE CPT CODE PLUS

Newborn Metabolic Hemoglobin Screening <small>(Screening should take place between newborn and 2 months of age.)</small>	•	•	•	•														
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.)	•	•	•	•														
• Audio Screen (Perform assessment unless age of screening is indicated.)															92551	92551 (ages 5, 6, 8, 10)	92551 (once between ages 11-14 & 15-17)	92551 (once between ages 18-20)
• Pure Tone-Air Only (Perform assessment unless age of screening is indicated.)															92552	92552 (ages 5, 6, 8, 10)	92552 (once between ages 11-14, 15-17)	92552 (once between ages 18-20)
Vision (Perform assessment unless age of screening is indicated.)													99173	99173	99173 (ages 5, 6, 8, 10)	99173 (ages 12, 15)		
Vision Acuity Screening																		
Instrument-Based Screening													99174, 99177	99174, 99177	99174, 99177 (ages 5, 6, 8, 10)	99174, 99177 (ages 12, 15)		
Maternal Depression Screening			96161	96161	96161	96161												
Anemia (Initial hemoglobin or hematocrit between 9-12 months of age.)																		
• Hematocrit					Risk Assessment Only		85013	85013										
• Hemoglobin							85018	85018										
Structured Developmental Screening										96110		96110						
Structured Autism Screening										96110 U1	96110 U1							
Dental							Risk Assessment	Risk Assessment	YD (Box 10d) or Assessment	YD (Box 10d)	YD (Box 10d)	YD (Box 10d)	YD (Box 10d)	YD (Box 10d)				
• Oral health risk assessment, referral to a dental home, at eruption of first tooth.																		
• 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																		
Venous Lead (Blood lead test only. Up to, and including, age 6 if not previously done.)								83655		83655								
Dyslipidemia Screening																80061 (once between ages 9-11)	80061 (once between ages 17-20)	
Screening for Depression																96127	96127	

REQUIRED ASSESSMENTS

Developmental Surveillance	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Psychosocial/Behavioral Assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tobacco, Alcohol or Drug Use Assessment															Age 11, 96160	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	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)	Age 18 (if not performed)
Hepatitis C Virus Infection																	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																	
Sickle Cell																	
Sexually Transmitted Infections																	

REQUIRED 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																
YM-Medical Referral	YB - Behavioral Health Referral																
YV-Vision Referral	YO-Other Referral																

Any developmental problem found during a screening exam in a child under 5 years old should be referred through PA Connect: 1-800-692-7288 for an appropriate referral to local, early intervention services.