

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Quick Reference Billing and Coding Guide

Primary care practitioners are expected to adhere to the EPSDT periodicity schedule for well-child preventive services for members who are younger than 21 years of age. This guide reflects the content based on the American Academy of Pediatrics, CMS, and Nebraska State Medicaid billing guidelines. This guide describes EPSDT exam components and provides guidance on how to bill appropriately. Please always follow the State and CMS billing guidance and ensure the EPSDT codes are covered prior to submission.

Age	CPT Code: New Patient	CPT Code: Established Patient	ICD-10-CM Diagnosis Codes	Modifiers and Referral Indicators as Applicable
Under 1 year	99381	99391	Z00.110 Newborn under 8 days old Z00.111 Newborns 8 to 28 days old or Z00.121 Routine child health exam with abnormal findings Z00.129 Routine child health exam without abnormal findings	Modifier EP: Used with procedure codes 99381-99385 and 99391-99395 when a Full or Partial screening is performed. Correct referral indicator on the claim <u>MUST</u> be included when using CPT well-child preventive codes: <ul style="list-style-type: none"> AV: Patient refused referral S2: Patient is currently under treatment for diagnostic or corrective health problem NU: no referral given ST: Referral to another provider for diagnostic or corrective treatment
Ages 1-4 years	99382	99392	Z00.121 Z00.129	See above
Ages 5-11	99383	99393	Z00.121 Z00.129	See above
Ages 12-17	99384	99394	Z00.121 Z00.129	See above
Ages 18 or >	99385 Z00.000 or Z00.01	99395	Z00.00 General adult medical exam without abnormal findings Z00.01 General adult medical exam with abnormal findings	See above

T1015 – Federally Qualified Health Centers must use T1015 along with the appropriate CPT code with Modifier as applicable.

EPSDT Exam Components

EPSDT screening guidelines are taken from recommendations by American Academy of Pediatrics (AAP), American Academy of Pediatric Dentistry (AAPD), and the Centers for Medicare & Medicaid Services (CMS). Screening components during each visit will depend on the child's age and AAP periodicity schedule.

- Comprehensive health and development history (including both physical and mental health)
- Unclothed physical exam
- Developmental and behavioral health assessment
- Assessment and provision of immunizations as appropriate for age and health history
- Assessment of nutrition status
- Vision testing
- Hearing testing
- Laboratory procedures appropriate for age and population
- Oral health risk assessment on all children at preventive visits and dental referral according to the state dental periodicity schedule and requirements.
- Anticipatory guidance and health education
- Other necessary health care – diagnostic services and treatment to correct and ameliorate defects and physical and mental illnesses and conditions discovered by the screening services

Qualified Providers

- Screening services are to be performed by or under the supervision of a physician, nurse practitioner, dentist, or other provider qualified under State and Federal law.
 - Vision screening examinations: screening physician or ophthalmologist or optometrist
 - Hearing Screening: Screening physician or licensed audiologist

References

American Academy of Pediatrics Bright Futures [Preventive Pediatric Health Care Periodicity Schedule \(PDF\)](#) (2019, March).

American Academy of Pediatrics Bright Futures [Coding for Pediatric Preventive Care \(PDF\)](#) (2019).

Nebraska Medicaid Program Services, [471 NAC, Chapter 33 \(PDF\)](#) (2018, September).