

EPSDT Bucket	Newborn (Inpatient)	1 MO	2-3 MO	4-5 MO	6-8 MO	9-11 MO	12 MO	15 MO	18 MO	24 MO	30 MO	3 YR	4 YR	5 YR	6 YR	7 YR	8 YR	9 YR											
Ages (per DHS)	0-16 days	0-46 days	47-107 days	108-168 days	169-260 days	261-365 days	366-412 days	413-504 days	505-641 days	1y 9m up to 2y 3m	2y 3m up to 2y 9m	2y 9m up to 3y 6m	3y 6m up to day before 5th b-day	5y up to 5y 6m	5y 6m up to 6y 6m	6y 6m up to 7y 6m	7y 6m up to 8y 6m	8y 6m up to 9y 6m											
Days (calculated by UPMC for You)	0-16	0-46	47-107	108-168	169-260	261-365	366-412	413-504	505-641	642-822	823-1003	1004-1276	1277-1826	1827-2007	2008-2372	2373-2737	2738-3103	3104-3468											
EPSDT Services																													
New patient	99460	99381	99381	99381	99381	99381	99382	99382	99382	99382	99382	99382	99382	99383	99383	99383	99383	99383											
	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or	or											
Est patient	99463 and EP modifier	99391 and EP modifier	99391 and EP modifier	99391 and EP modifier	99391 and EP modifier	99391 and EP modifier	99392 and EP modifier	99392 and EP modifier	99392 and EP modifier	99392 and EP modifier	99392 and EP modifier	99392 and EP modifier	99392 and EP modifier	99393 and EP modifier	99393 and EP modifier	99393 and EP modifier	99393 and EP modifier	99393 and EP modifier											
ICD-10 diagnosis	Z38.00, Z38.01 or Z38.2*	Z76.1 Z76.2 Z00.121 or Z00.129	Z76.1 Z76.2 Z00.121 or Z00.129	Z76.1 Z76.2 Z00.121 or Z00.129	Z76.1 Z76.2 Z00.121 or Z00.129	Z76.1 Z76.2 Z00.121 or Z00.129	Z76.1 Z76.2 Z00.121 or Z00.129	Z76.1 Z76.2 Z00.121 or Z00.129	Z76.1 Z76.2 Z00.121 or Z00.129	Z76.1 Z76.2 Z00.121 or Z00.129	Z76.1 Z76.2 Z00.121 or Z00.129	Z76.1 Z76.2 Z00.121 or Z00.129	Z76.1 Z76.2 Z00.121 or Z00.129	Z76.1 Z76.2 Z00.121 or Z00.129	Z76.1 Z76.2 Z00.121 or Z00.129	Z76.1 Z76.2 Z00.121 or Z00.129	Z76.1 Z76.2 Z00.121 or Z00.129	Z76.1 Z76.2 Z00.121 or Z00.129											
Newborn metabolic hemoglobin screening	←.....	•→																										
Congenital heart defect screening	•																												
Developmental surveillance	•	•	•	•	•		•	•		•		•	•	•	•	•	•	•											
Psychosocial/behavioral assessment	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•											
Alcohol & drug use assessment																													
Developmental screening						96110			96110		96110			If indicated by risk assessment and/or symptoms															
Autism screening									96110 U1	96110 U1				If indicated by risk assessment and/or symptoms															
Depression screening																													
Vision	Assessed through observation or through health history/physical																												
Visual acuity screen													99173	99173	99173	99173	★	99173	★										
Hearing																													
Audio screen													★	92551**	92551**	92551**	★	92551**	★										
Pure tone, air only	★	92552**	92552**	92552**	★	92552**	★																						
Dental																													
Dental referral†						★	★						YD	YD	YD	YD	YD	YD											
Anemia																													
Hematocrit				★		85013***		★	★	★	★	★	★	If indicated by risk assessment and/or symptoms See: Recommendation to prevent and control iron deficiency in the United States. MMWR. 198;47(RR-3):1-36. Beginning at 12 years of age for females, do once after onset of menses and if indicated by history and/or symptoms.															
Hemoglobin				★		85018***		★	★	★	★	★	★																
Venous lead						83655				83655																			
Tuberculin test	If indicated by history and/or symptoms																												
Sickle cell																													
Sexually transmitted infections																													
HIV screening																													
Dyslipidemia															★		★	80061											

EPSDT Periodicity Schedule as of 10/1/15, continued

EPSDT Bucket	10 YR	11 YR	12 YR	13 YR	14 YR	15 YR	16 YR	17 YR	18 YR	19 YR	20 YR
Ages (per DHS)	9y 6m up to 10y 6m	10y 6m up to day before 12th b-day	12y up to 12y 6m	12y 6m up to 13y 6m	13y 6m up to 14y 6m	14y 6m up to 15y 6m	15y 6m up to 16y 6m	16y 6m up to day before 18th b-day	18y up to 18y 6m	18y 6m up to 19y 6m	19y 6m up to day before 21st b-day
Days (calculated by UPMC for You)	3469-3833	3834-4382	4383-4564	4565-4929	4930-5294	5295-5659	5660-6025	6026-6574	6575-6755	6756-7120	7121-7670
EPSDT Services											
New patient	99383	99383	99384	99384	99384	99384	99384	99384	99385	99385	99385
	or	or	or	or	or	or	or	or	or	or	or
Est Patient	99393 and EP modifier	99393 and EP modifier	99394 and EP modifier	99394 and EP modifier	99394 and EP modifier	99394 and EP modifier	99394 and EP modifier	99394 and EP modifier	99395 and EP modifier	99395 and EP modifier	99395 and EP modifier
ICD-10 diagnosis	Z76.1 Z76.2 Z00.121 or Z00.129	Z76.1 Z76.2 Z00.121 or Z00.129	Z76.1 Z76.2 Z00.121 or Z00.129	Z76.1 Z76.2 Z00.121 or Z00.129	Z76.1 Z76.2 Z00.121 or Z00.129	Z76.1 Z76.2 Z00.121 or Z00.129	Z76.1 Z76.2 Z00.121 or Z00.129	Z76.1 Z76.2 Z00.121 or Z00.129	Z76.1 Z76.2 Z00.121 or Z00.129	Z76.1 Z76.2 Z00.121 or Z00.129	Z76.1 Z76.2 Z00.121 or Z00.129
Newborn metabolic hemoglobin screening											
Congenital heart defect screening											
Developmental surveillance	•	•	•	•	•	•	•	•	•	•	•
Psychosocial/behavioral assessment	•	•	•	•	•	•	•	•	•	•	•
Alcohol & drug use assessment		Through risk assessment									
Developmental screening	If indicated by risk assessment and/or symptoms										
Autism screening	If indicated by risk assessment and/or symptoms										
Depression screening		•	•	•	•	•	•	•	•	•	•
Vision											
Visual acuity screen	99173	★	99173	★	★	99173	★	★	99173	★	★
Hearing											
Audio screen	92551**	Through risk assessment									
Pure tone, air only	92552**										
Dental											
Dental referral†	YD	YD	YD	YD	YD	YD	YD	YD	YD	YD	YD
Anemia											
Hematocrit	If indicated by risk assessment and/or symptoms										
Hemoglobin	See: Recommendation to prevent and control iron deficiency in the United States. MMWR. 198;47(RR-3):1-36. Beginning at 12 years of age for females, do once after onset of menses and if indicated by history and/or symptoms.										
Venous lead											
Tuberculin test											
Sickle cell											•
Sexually transmitted infections											
HIV screening							★	★	★		
Dyslipidemia	If indicated by risk assessment and/or symptoms								80061		

Providers must use the -52 modifier if any of the required services are not complete.

KEY

- = To be performed
- ★ = Risk assessment to be performed with appropriate action to follow, if positive
- † = In order to fulfill the requirements necessary for billing a YD referral code, providers should assess the need for fluoride supplementation and determine whether the patient has a dental home. If the patient does not have a dental home, a referral should be made to one. Any discussion, referrals and risk assessments performed should be documented in the medical record. Absence of the YD referral code during any required screening period will indicate an incomplete EPSDT screen.

The EP modifier must be included on all claim lines.

*For Newborn EPSDT screenings performed in the Inpatient setting, providers should bill the Place of Service 21 accordingly, with the diagnosis code Z38.00, Z38.01, or Z38.2 in the primary field, AND with diagnosis code Z76.1, Z76.2, Z00.121 or Z00.129 in the secondary field.

**Both hearing tests do not need to be performed. Either the Audio screen (92551) or the Pure tone, air only (92552) must be completed.

***Both anemia tests do not need to be performed. Either the Anemia-Hematocrit (85013) or the Anemia-Hemoglobin (85018) must be completed.

Providers are responsible for the appropriate billing of services.



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