

## Early Periodic Screening Diagnosis and Treatment (EPSDT)

### **Procedure codes for Screenings:**

#### **Initial**

- 99381 – EP (Under 1 year of age)
- 99382 – EP (1 - 4 years of age)
- 99383 – EP (5 – 11 years of age)
- 99384 – EP (12 – 17 years of age)
- 99385 – EP (18 – 21 years of age)

#### **Periodic**

- 99391 – EP (Under 1 year of age)
- 99392 – EP (1- 4 years of age)
- 99393 – EP (5 – 11 years of age)
- 99394 – EP (12 – 17 years of age)
- 99395 – EP (18 – 21 years of age)

#### **Hearing**

- 92551 – EP (Required for ages 4, 5, 6, 8, 10, and once between 11 & 14; 15 & 17 and 18-21)

#### **Vision**

- 99173 – EP (Required for ages 3, 4, 5, 6, 8, 10, 12, & 15)

#### **Depression Screening**

- 96160 – EP (Annually for ages 12 – 21)

#### **Maternal Depression Screening**

- 96161 – EP (Ages 0-6 months)

#### **Developmental Screening**

- 96110 – EP (9, 18, & 30 months of age)

#### **Autism Screening**

- 96110 – EP (18 & 24 months of age)

#### **Note:**

The EPSDT screening CPT codes for initial or periodic examinations must have the **EP** modifier listed in block **24D** of the CMS–1500 claim form. The vision, hearing, developmental, autism, depression, and maternal depression screening CPT codes must have the **EP** modifier listed in block **24D** of the CMS–1500 claim form which must be billed in conjunction with the comprehensive age appropriate screening. **EP** is a required modifier for all EPSDT claims.

Hemoglobin and/or Hematocrit & Urine Dipstick for Sugar & Protein are included in the screening reimbursement – Not to Be Billed Separately. No co-pay for beneficiaries under 18.