

EPSDT PERIODIC EXAMINATION SCHEDULE

Screening Code		Modifier	Age of Child	Unit
New Patient	Established Patient			
99381	99391	EP	3-5 Days	1
99381	99391	EP	0 – 1 Months	1
99381	99391	EP	2 Months	1
99381	99391	EP	4 Months	1
99381	99391	EP	6 Months	1
99381	99391	EP	9 Months	1
99382	99392	EP	12 Months	1
99382	99392	EP	15 Months	1
99382	99392	EP	18 Months	1
99382	99392	EP	24 Months	1
99382	99392	EP	30 Months	1
99382	99392	EP	3 – 4 years*	1
99383	99393	EP	5 - 11 years*	1
99384	99394	EP	12 – 17 years*	1
99385	99395	EP	18 - 21 years*	1

Beginning at 3 years of age EPSDT Screenings must be done annually up to the age of 21.

SENSORY SCREENINGS AND DEVELOPMENTAL/BEHAVIORAL ASSESSMENTS

Screening Code	EPSDT Service	Age of Child	Period Limitations	Unit
99173-EP	Vision Screen	3, 4, 5, 6, 8, 10, 12 &15 Years of Age	3, 4, 5, 6, 8, 10, 12, & 15 Years of Age	1 Per Year
92551-EP	Hearing Screen	4,5,6,8,10, Once between 11-14, 15-17 & 18-21 Years of Age	4, 5, 6, 8, 10, Once between 11-14, 15-17 & 18-21 Years of Age	1 Per Year
96110-EP	Developmental Screen	9, 18, & 30 Months	9, 18, & 30 Months	1 Per Month
96110-EP	Autism Screen	18 & 24 Months	18 & 24 Months	1 Per Month
96160-EP	Depression Screen	12 – 21 Years	Annually Beginning at Age 12	1 Per Year
96161-EP	Maternal Depression Screen	1-6 Months	1, 2, 4, & 6 Months	1 Per Month