



EPSDT

Early and Periodic Screening, Diagnostic and Treatment Clinical Practice & Billing Guideline

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The material presented here is for informational and educational purposes only, is not intended to be medical advice or a definitive source for coding claims and is not a substitute for the independent medical judgment of a physician or other health care provider. Health care providers are encouraged to exercise their own independent medical judgment based upon their evaluation of their patients' conditions and all available information, and to submit claims using the most appropriate codes based upon the medical record documentation and coding guidelines and reference materials.

Early and Periodic Screening, Diagnostic and Treatment Clinical Practice and Billing Guideline

Introduction

Early and Periodic Screening, Diagnostic and Treatment services are federally mandated services intended to address the physical, mental and developmental health of children under age 21 who are enrolled in Medicaid. **Well-child visits** are the core of EPSDT and are part of Illinois' [Healthy Kids Program](#). Their goal is to discover and treat health conditions early.

All primary care providers who treat Medicaid members under the age of 21 are required to provide comprehensive health care, EPSDT screenings and preventive services. We require partnering PCPs to provide all EPSDT services in compliance with federal and state regulations and per the [Bright Futures/American Academy of Pediatrics periodicity schedule](#).

Following is information on our clinical practice and billing guideline for well-child visits and screenings for our Medicaid members under 21. The evidence-based guideline is intended to help ensure that our members receive preventive and comprehensive services. We use this guideline to guide our quality improvement program. It's meant to support decision-making processes in patient care and isn't a substitute for clinical judgment in individual cases.

Sources

The guideline is based on the following sources:

- [Bright Futures/American Academy of Pediatrics periodicity schedule](#)
- [Handbook for Providers of Healthy Kids Services](#) from the Illinois Department of Healthcare and Family Services
- [Healthcare Effectiveness Data Information Set \(HEDIS®\) measures](#)
 - Child and Adolescent Well Care Child Visit (WCV)
 - Well-Child Visits in the First 30 Months of Life 30 (W30)
 - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)
 - Lead Screening in Children (LSC)
 - Childhood Immunization Status (CIS)
 - Immunization for Adolescents (IMA)
 - Oral Evaluation, Dental Services (OED)
 - Topical Fluoride for Children (TFC)
- [Medicaid Core Set Measure](#): Developmental Screening in the First Three Years of Life
 - Under age 1: Six visits (birth, 1, 2, 4, 6 and 9 months)
 - Ages 1-2: Four visits (12, 15, 18 and 24 months)
 - Ages 3-5: Three visits (3, 4 and 5 years)
 - Ages 6-9: Two visits (6 and 8 years)
 - Ages 10-14: Four visits (10, 12, 13 and 14 years)
 - Ages 15-18: Four visits (15, 16, 17 and 18 years)
 - Ages 19-20: Two visits (19 and 20 years)

EPSDT Benefit: Coverage Considerations

EPSDT Well-Child Visits

Visits should include:

- Comprehensive health and developmental history
- Comprehensive physical examination
- Assessment of physical, emotional and developmental health
- Immunizations appropriate to age
- Laboratory tests including blood lead tests and others
- Assessment of blood pressure beginning at age 3
- Assessment of mental and behavioral health
- Assessment of mouth, oral cavity and teeth, including referral to a dentist starting at 1 year
- Assessment of nutritional status
- Assessment of vision, including referrals
- Assessment of hearing, including referral for further evaluation, if needed
- Assessment of overall health, including referral for further evaluation, if needed
- Health education (also called anticipatory guidance, including child development, healthy lifestyles and accident and disease prevention)
- Management of identified health concerns, including referrals for specialty care and behavioral health
- Assessment of safety such as use of booster, car seats and preventing access to firearms
- Family planning and reproductive health services, including screening for sexually transmitted infections, contraceptives and referrals for additional services such as long-acting reversible contraception, if appropriate

EPSDT Services

Services may include:

- Preventive care screenings
- Diagnosis and treatment
- Personal care services
- Home health aide services
- Private duty nursing (RN, LPN)
- Early intervention services
- Physical, speech and occupational therapy
- Behavioral and mental health services
- Case management
- Specialty care
- Vision services
- Hearing services
- Dental services
- School-based services
- Transportation, travel and scheduling assistance

Prior Authorization

For Medicaid members, prior authorization may be required for these EPSDT services:

- Private duty nursing
- Home health aide
- Physical therapy
- Occupational therapy
- Speech therapy
- Behavioral therapy
- Hearing services

Always check eligibility and benefits before providing treatment or ordering services. This step helps confirm coverage details and prior authorization requirements and vendors, if applicable. Learn more about [prior authorization](#) and our [Medicaid service authorization program details and requirements](#).

Illinois Early Intervention Program

The **Illinois Early Intervention Program** provides support and services for families to help their children under age 3 meet developmental milestones. Free evaluation determines eligibility for early intervention support and services.

Criteria for Early Intervention Services in Illinois

Children residing in Illinois who are under age 3 and their families are eligible for Early Intervention Services if a child has one of the following:

- A physical or mental condition resulting in developmental delay
- Developmental delay in cognitive, physical (including vision and hearing), communication (social, emotional or adaptive) as confirmed by a multidisciplinary team
- At-risk condition of substantial development delay such as a parent who has been medically diagnosed as having a mental illness, serious emotional disorder or current alcohol or substance abuse by primary caregiver, primary caregiver who is currently less than 15 years old, current homelessness, chronic illness of caregiver, alcohol or substance abuse by the mother during pregnancy, education equal or less than the 10th grade and indicated case of child abuse or neglect

Early Intervention Services

Services may include:

- Assistive technology
- Auditory and aural rehabilitation
- Behavioral therapy
- Developmental family training and support
- Family training and support
- Health consultation
- Medical services (only for diagnostic or evaluation purposes)
- Nursing
- Nutrition
- Occupational therapy
- Physical therapy
- Psychological and other counseling services
- Service coordination
- Sign language and cues language
- Social work
- Speech language pathology
- Transportation
- Translation and interpretation to other languages
- Vision

Referrals

Call 800-843-6154 to refer a baby or toddler to Early Intervention Services. Use the Illinois Department of Human Services **office locator** to find the nearest Early Intervention Child and Family Connections Office. Refer to the HFS **Early Intervention Care Coordination Provider Toolkit** for more information.

Member Education and Support

Diagnosis and Treatment

Health problems should be identified and treated as early as possible. If a well-visit or EPSDT screening delivers an abnormal result, it's important for the provider to educate the family and member on the various treatment options available within the EPSDT benefit and direct them toward the services most appropriate for their needs. Some EPSDT services require a provider order and a letter of medical necessity for prior authorization.

Care Coordination

Care coordinators at Blue Cross and Blue Shield of Illinois are available to answer members' questions and help them access their EPSDT benefits. If the member isn't enrolled in Care Coordination and would like to access this service, please direct them to call **877-860-2837** (TTY/TDD: 711).

Billing for Well-Child Visits

When billing an EPSDT well-child visit, PCPs must use the appropriate well-child Current Procedural Terminology (CPT®) code and refer to the HFS [Handbook for Providers of Healthy Kids Services](#) or the AAP [Coding for Pediatric Preventive Care 2025](#). All associated screening and lab codes are reflective of provider participation in the EPSDT program.

Best practice considerations: Below are recommended ICD-10 diagnosis codes to use with well-child visit CPT codes to reflect the outcome of an EPSDT visit.

Coding resources: For more information, refer to the [HFS School Based/Linked Fee Schedule](#) and 2700.4 Instructions for Completing Form CMS-416: [Annual Early and Periodic Screening, Diagnostic and Treatment \(EPSDT\) Participation Report](#).

EPSDT Well-Child Visits: New Patients

CPT Codes	ICD-10-CM Codes
99381 - Infant (younger than 1 year)	Z00.110 - Health supervision for newborn under 8 days old or Z00.111 - Health supervision for newborn 8 to 28 days old or Z00.121 - Routine child health exam with abnormal findings or Z00.129 - Routine child health exam without abnormal findings
99382 - Early childhood (age 1–4 years) 99383 - Late childhood (age 5–11 years) 99384 - Adolescent (age 12–17 years)	Z00.121 - Routine child health exam with abnormal findings or Z00.129 - Routine child health exam without abnormal findings
99385 - 18 years or older	Z00.00 - General adult medical exam without abnormal findings or Z00.01 - General adult medical exam with abnormal findings

EPSDT Well-Child Visits: Established Patients

CPT Codes	ICD-10-CM Codes
99391 - Infant (younger than 1 year)	Z00.110 - Health supervision for newborn under 8 days old or Z00.111 - Health supervision for newborn 8 to 28 days old or Z00.121 - Routine child health exam with abnormal findings or Z00.129 - Routine child health exam without abnormal findings
99392 - Early childhood (age 1–4 years) 99393 - Late childhood (age 5–11 years) 99394 - Adolescent (age 12–17 years)	Z00.121 - Routine child health exam with abnormal findings or Z00.129 - Routine child health exam without abnormal findings
99395 - 18 years or older	Z00.00 - General adult medical exam without abnormal findings or Z00.01 - General adult medical exam with abnormal findings

Evaluation and Management Codes

CPT Codes	Description
99202-99205	New patient
99212-99215	Established patient

These E/M codes may also reflect a **sick visit**. You're encouraged to catch up on the child's well-child visit and EPSDT screenings during a sick visit. This includes immunizations, if no **contraindications** are present, according to the Centers for Disease Control and Prevention. An illness is separate from an EPSDT visit and can be billed in addition to the EPSDT and well-child visit code if documentation supports the two separate visits billed on the same day. For a sports physical to reflect an EPSDT well visit, it must include a complete EPSDT evaluation and exam.

Immunizations

Well visits for EPSDTs are an excellent time to ensure your patient's immunizations are up to date in accordance with the **CDC Child and Adolescent Vaccine Schedule**. Use the **Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE)** application as a guide for what shots your patient needs. Offer immunizations at all visits, including sick visits, to ensure your patients are caught up on recommended shots. A minor illness or cold is not a contraindication to a child receiving vaccines.

Screening Requirements, Tools and Coding

At specified visits, universal screenings are required for:

- Perinatal depression
- Developmental concerns
- Behavioral, social and emotional concerns
- Adolescent depression and suicide risk
- Substance use and oral health concerns

Resources for the information in this section include:

- [Bright Futures/AAP periodicity schedule](#)
- [HFS Handbook for Providers of Healthy Kids Services](#)
- [AAP Coding for Pediatric Preventive Care](#)

Also see the AAP website for links to commonly used [screening instruments and tools](#).

When billing an EPSDT visit, use the appropriate well-child CPT code. All associated screening and lab codes must be used to reflect provider participation in the EPSDT Program.

Perinatal Depression Screening

Perinatal depression may occur at any time during the pregnancy, immediately after delivery or even up to one year after the delivery. Newborn and infant visits offer providers the opportunity to assess how new parents are adjusting. For EPSDT compliance, use an appropriate [screening tool](#) and submit the billing code as follows:

Screening Type	Recommended Code	Frequency
Perinatal depression screening	G8431 HD* - Screening for clinical depression is documented as being positive and a follow-up plan is documented G8510 HD* - Screening for clinical depression is documented as being negative and a follow-up plan not required	Required by 1 month and at 2-, 4- and 6-month visits

*Use the HD modifier to identify pregnant and parenting patients for postpartum depression screening.

Autism Spectral Disorder Screening

Autism, also referred to as autism spectrum disorder, is a neurodevelopmental condition that presents with challenges of varying severity related to social skills, repetitive behavior, speech and nonverbal communication.

Because ASD can be recognized in early childhood, EPSDT autism screenings are required at 18 months and 24 months. If the screening is positive, the child must be referred for an autism evaluation and connected with a behavioral health care coordinator.

The Autism Program of Illinois is a network of resources for autism spectrum disorder in Illinois. TAP serves and supports persons with autism spectrum disorder and their families through a coordinated network of providers, parents and university programs while developing, utilizing and sharing best and promising practices.

Screening Type	Recommended Codes	Frequency
Autism screening	<p>96110 with U1 modifier - Distinguishes the autism screening from the developmental screening</p> <p>96112 - Developmental test administration, which includes assessment of areas like motor, language, cognitive and social functions using standardized instruments by a qualified health care professional</p> <p>96113 - Used for each additional half-hour of developmental testing beyond the first hour</p>	Required at age 18 months and 24 months old using a validated screening tool

Refer to the HFS **Handbook for Providers of Healthy Kids Services** and AAP **Coding for Pediatric Preventive Care** for more details.

Developmental Surveillance

Developmental surveillance is structured evaluation of a child’s competencies (knowledge, skills and aptitude) gathered through skilled observation of pediatricians during well-child visits. Subjective developmental surveillance is performed at each well-child visit as part of the well-child examination.

Screening Type	Frequency
Developmental surveillance	Required at newborn, days 3 through 5, by 1 month, 2 months, 4 months, 6 months, 12 months, 15 months, 24 months, 3 years and then annually until the child reaches 21 years

Developmental Screening and Assessment

Developmental screening takes a closer look at how a child is developing. Children should be referred for a comprehensive evaluation and services if concerns are noted on an objective developmental screening tool.

For EPSDT compliance, use an appropriate screening tool and submit the billing code as follows:

Screening Type	Recommended Code	Frequency
Developmental screening	96110	Required at 9 months old, 18 months old and 30 months old using a validated screening tool

Anemia Test

Anemia screenings should be performed on infants at ages 12 months and 24 months. The [AAP Committee on Nutrition](#) recommends iron supplementation or fortification in infants and screening all infants at age 12 months for anemia by determining hemoglobin concentration.

Screening Type	Recommended Code	Frequency
Anemia test	85018 - Blood count; hemoglobin	Hemoglobin concentration at 12 months. Risk assessment every five to 10 years for females starting at age 11 and throughout childbearing years and annually in females with risk factors

Lead-Related Evaluations and Blood Testing

HFS requires that lead testing be conducted in accordance with the state regulations and guidelines stipulated in the [Lead Poisoning and Prevention Act \(Public Act 094-0879\)](#).

Federal mandates and HFS policy require that all children enrolled in HFS Medical Programs be considered at risk for lead poisoning and receive a blood lead test at age 12 and 24 months. Children over the age of 24 months, up to age 7, without evidence of previous screening blood lead test should receive a screening blood lead test.

See the Illinois Department of Public Health [list of ZIP codes at high risk for lead poisoning](#).

Screening Type	Recommended Code	Frequency
Blood lead levels	83655 - Blood lead analysis 36415 U1 - Collection of venous blood for lead (venipuncture) 36416 U1 - Collection of capillary blood specimen for lead R78.71 - Abnormal lead level in blood	Bright Futures guidelines recommend lead screening using risk assessments (questionnaires) at 6, 9, 12, 18, 24 months, and annually from ages 3-6 , with blood lead tests (BLLs) indicated by positive risk factors (e.g., older housing, pica, low income, Medicaid enrollment). Key BLLs are required at 12 and 24 months for children on Medicaid , and universal blood tests are generally replaced by targeted testing based on risk, though follow-up confirmation with venous blood is crucial for elevated capillary (finger-prick) results. If lead level is positive, this should be coded and follow up needs to be documented.

Vision Screening

Bright Futures guidelines recommend annual screening from 3 through 6 years of age, and again at ages 8, 10, 12, 15 and 18 years.

Screening Type	Recommended Code	Frequency
Vision screening	<p>99172 - (Cannot be billed with 99393 or in addition to any other general ophthalmological service or an E/M code, per CPT guidelines) Visual function screening, automated or semi-automated, bilateral quantitative determination of visual acuity ocular alignment, color vision by pseudoisochromatic plates and field of vision (may include all or some screening of the determination(s) for contrast sensitivity, vision under glare)</p> <p>99173 - Screening test visual acuity quantitative, bilateral</p> <p>99173 - HOTV</p> <p>99173 - Lea</p> <p>99173 - Snellen</p> <p>99174 - Ocular photoscreening with interpretation and report, bilateral</p>	Annually 3 to 6 years old and at 8, 10, 12, 15 and 18 years old

Hearing Screening

Bright Futures guidelines recommend that all children have a hearing test at newborn, first week, first and second month stages of life, yearly from ages 4 to 6, and at ages 8 and 10.

Screening Type	Recommended Code	Frequency
Hearing screening	<p>92551 - Screening test, pure tone, air only</p> <p>92552 - Pure tone audiometry (threshold); air only</p> <p>92553 - Audiometry, air and bone</p> <p>92567 - Tympanometry (impedance testing)</p> <p>92587 - Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked</p> <p>92558 - Otoacoustic emissions</p> <p>92650 - Screening auditory evoked potentials</p>	<p>Newborn, first week; age 1 to 2 month visits</p> <p>Yearly from 4 to 6 years old</p> <p>8 and 10 years old</p> <p>Once between 11 to 14, 15 to 17, and 18 to 21 years old</p>

Dyslipidemia Risk Assessment and Laboratory Screening

A risk assessment, including family history of cardiovascular disease, should be done starting at age 2 and updated at each well-child visit until age 21.

Screening Type	Recommended Code	Frequency
Dyslipidemia screening	80061 - Lipid panel (includes total cholesterol, high-density lipoprotein cholesterol and triglycerides) 82465 - Cholesterol, serum, total 83718 - Lipoprotein, direct measurement, HDL cholesterol 84478 - Triglycerides	Required once between ages 9 and 11 years and once between ages 17 and 21

Behavioral, Social and Emotional Screening

Providers should be aware of potential risk factors and perform screenings based on the child's age and situations for behavioral, social and emotional screenings using the appropriate screening tool.

Screening Type	Recommended Code	Frequency
Behavioral, social and emotional screening	96127 - Brief emotional and behavioral assessment (e.g., depression inventory) with scoring and documentation, per standardized instrument	Required for newborn up to age 21, every EPSDT visit

Depression and Suicide Risk Screening

Providers should obtain screen for depression and suicide, as well as screen for a family history regarding mental health, depression, substance abuse and suicide.

Screening Type	Recommended Code	Frequency
Depression and suicide risk screening	96127 - with diagnosis code Z13.31 - Encounter for screening for depression 96127 HD - Parental stress index screening G0444 - Annual depression screening G8431 - Depression screen: positive with follow up scheduled G8510 - Depression screen: negative, no follow up	Required annually for ages 12 to 21

Tobacco, Alcohol and Drug Use Assessment

During a well-child health examination, youth should be screened using the Mental Health Screening Instrument, Substance Abuse Screening Instrument or the Experiences Questionnaire for tobacco, alcohol and drug use.

Screening Type	Recommended Code	Frequency
Tobacco, alcohol or drug use assessment	96160 - Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument	Risk assessment recommended for ages 11 through 20

Oral Health Screening and Fluoride Varnish

Oral health screening is part of the physical exam but does not replace referral to a dentist. Physicians should refer children to a dental home for routine and periodic preventive dental care within six months of the eruption of the first tooth or by age 1, as per recommendations by the AAP, the American Dental Association and the American Academy of Pediatric Dentists. Oral health risk assessment should be performed at 6 and 9 months.

Screening Type	Recommended Code	Frequency
Oral health screening	D0150 - Comprehensive Oral Evaluation, new or established patient (applies to general dentist and/or dental specialist)	6 and 9 months Dental home referral within 6 months of the first tooth eruption or by age 1
Fluoride varnishing	99188 - Application of topical fluoride varnish by a physician or other qualified health care professional D1206 - Topical application of fluoride varnish (applies to dental office)	Starting at age of primary tooth eruption Once teeth are present, every three to six months in primary care or dental office based on caries risk

Human Immunodeficiency Virus Screening

Bright Futures guidelines follow the [U.S. Preventive Services Task Force](#) recommendation and call for HIV screening between the ages of 15 and 21.

Screening Type	Recommended Code	Frequency
HIV screening	86701 - Antibody; HIV-1 86703 - Antibody; HIV-1 and HIV-2; single assay	Required once between the ages of 15 and 21

Reproductive Health and Sexually Transmitted Diseases

Education and counseling regarding STDs and reproductive health should be provided to adolescents, including reproductive and sexual coercion, abstinence, delaying sexual activity and barrier protection. Patients requesting birth control should be offered the most effective form as well as discuss emergency contraception. The CDC recommends that sexually active adolescents be **screened for STDs yearly**. The USPSTF recommends **cytology screening for cancer and cervical dysplasia screening** at age 21.

Screening Type	Recommended Code	Frequency
STD Screening	87491 - Infectious agent detection by nucleic acid (DNA or RNA); C. trachomatis, amplified probe technique	Recommended annually for sexually active adolescents Risk assessment starting at age 11 Recommended PAP is age 21, so this is not part of EPSDT
	87591 - Infectious agent detection by nucleic acid (DNA or RNA); N. gonorrhoeae, amplified probe technique	
	86704 - HBVcAb, IgM IgG	
	86705 - HBVcAb, IgM	
	86706 - HBsAb	
	86707 - Hepatitis Ab	
	87340 - HBsAb immunoassay, qual or semi quant	
	86803 - HCV Ab test	
	86804 - HCV Ab confirmatory test	
	87520 - HCV, Direct probe	
	87521 - Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	
	86780 - Syphilis: Treponemal Antibodies, Chemiluminescence Immunoassay	
	Z11.3 - Encounter for screening for infections with a predominantly sexual mode of transmission (excludes HPV and HIV)	
	Z11.8 - Encounter for screening for other infectious and parasitic diseases (e.g., Chlamydia)	

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