



**BlueCross BlueShield**  
of Illinois



# EPSDT Insights: Improving Health Outcomes for Children and Adolescents

**Early and Periodic Screening, Diagnostic and Treatment** is designed to address the physical, mental and developmental health of children under 21 years of age who are enrolled in Medicaid. At the core of EPSDT is the well-child visit, where the goal of EPSDT is to discover and treat childhood health conditions before they become serious or disabling.

In Illinois, these screening visits are called the **Healthy Kids checkups**. These checkups should occur from infancy through 20 years old. Checkups should be regularly scheduled to help the child's primary care provider identify any problems early and assist with a treatment plan for the child. Following the **Bright Futures/American Academy of Pediatrics Periodicity Schedule** of well-child visits and screenings, providers can ensure that infants, children and adolescents are receiving the full benefit of their comprehensive health care coverage.

This document provides an overview of program requirements. For more information, refer to our EPSDT **[clinical practice and billing guideline](#)**.

The material presented here is for informational and educational purposes only. 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. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Checking eligibility and/or benefit information and/or obtaining prior authorization is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage, including, but not limited to, exclusions and limitations applicable on the date services were rendered. Regardless of any prior authorization or benefit determination, the final decision about any service or treatment is between the member and their health care provider.

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## EPSDT well-child visits should include:

- Comprehensive health and developmental history
- Comprehensive physical examination
- Assessment of physical, emotional and developmental health
- Immunizations appropriate to age and health history
- Laboratory tests such as blood lead tests
- Assessment of mental and behavioral health
- Assessment of blood pressure beginning at age 3
- Assessment of mouth, oral cavity and teeth, including referral to a dentist
- Assessment of nutritional status
- Assessment of vision, including referrals
- Assessment of hearing, including referrals
- Assessment of overall health, including referrals
- Health education (also called anticipatory guidance)
- Family planning and reproductive health services, including screening for sexually transmitted infections, contraceptives and referrals
- Assessment of safety such as use of booster and car seats and preventing access to firearms

## EPSDT 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
- Case management
- Behavioral and mental health services
- Specialty care
- Vision services
- Hearing services
- Dental services
- School-based services
- Transportation, travel and scheduling assistance

## Required EPSDT Codes

When billing an EPSDT visit, use the appropriate well-child visit Current Procedural Terminology (CPT®) code. All associated screening and lab codes are reflective of provider participation in the EPSDT Program.

**Well-child visit:** 99381-99385 (new patients), 99391-99395 (established patients)



Screening Type	Codes	Frequency
Anemia screening	<b>85018</b> - Blood count; hemoglobin	Required at 12 months old. <b>Risk assessment</b> - inquiry related to menstrual cycle of adolescent females.
Blood lead screening	<b>83655</b>	At age 12 and 24 months old; or once between 24-72 months old if they have no record of ever being tested.
Dyslipidemia screening	<b>80061</b> - Lipid panel (includes total cholesterol, high-density lipoprotein [HDL] cholesterol and triglycerides)	Once between 9 and 11 years old and once between 17 and 20 years old.
Visual acuity screening	<b>99173</b> - Quantitative bilateral visual acuity exam <b>99174</b> - Instrument-based ocular screening (e.g., photoscreening, automated-refraction), bilateral, with remote-analysis and report <b>99177</b> - Instrument-based ocular screening (e.g., photoscreening, automated-refraction), bilateral; with on-site analysis	Required at ages 3, 4, 5, 6, 8, 10, 12 and 15 years old. Photoscreening codes are appropriate through age 5 years or if medically necessary due to developmental or other medical conditions.
Hearing screening	<b>92551</b> - Screening test, pure tone, air only <b>92552</b> - Pure tone audiometry (threshold), air only <b>92587</b> - Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic emissions, with interpretation and report	Required at ages 4, 5, 6, 8, 10, between 11-14, between 15-17 and between 18-20 years old.
Structured autism screening	<b>96110</b> - with <b>U1</b> modifier	Required at age 18 months and 24 months old using a validated <a href="#">screening tool</a> .
Structured developmental screening	<b>96110</b>	Required between 9 and 11 months old, again at 18 months old and at 30 months old using a validated <a href="#">screening tool</a> .
Perinatal depression screening	<b>96161</b>	Required by 1 month old and at 2, 4 and 6 months old using a validated <a href="#">screening tool</a> .
Tobacco, alcohol or drug use assessment	<b>96160</b>	Required for patients ages 11-20 years old using a validated <a href="#">screening tool</a> .
Behavioral, social and emotional screening	<b>96127</b>	Required for newborn up to 21 years old, every EPSDT visit using a validated screening tool.
Depression and suicide risk screening	<b>96127</b> - with diagnosis code Z13.31 (Encounter for screening for depression)	Required annually for ages 12-21 years old using a validated <a href="#">screening tool</a> .
Application of topical fluoride varnish	<b>99188</b>	Recommended to be performed by PCP at first tooth eruption and every 3-6 months until dental home is established. <b>Utilize a <a href="#">Dental Risk Assessment Tool</a> for patients 6-8 months of age and again between the ages of 9-11 months of age.</b> Referral to dental home indicated at 1 year.
HIV screening	<b>86701</b> - Antibody; HIV-1 <b>86703</b> - Antibody; HIV-1 and HIV-2; single assay	Required once between the ages of 15 and 21 years old.
Sexually transmitted infections	<b>87491</b> - Infectious agent detection by nucleic acid (DNA or RNA); C trachomatis, amplified probe technique <b>87591</b> - Infectious agent detection by nucleic acid (DNA or RNA); N gonorrhoeae, amplified probe technique	STI screenings are to be performed annually for sexually active adolescents.

## Immunizations

Well visits are an excellent time to ensure your patient's immunizations are up to date in accordance with the [Centers for Disease Control & Prevention Child and Adolescent Vaccine Schedule](#). Use the [Illinois Comprehensive Automated Immunization Registry Exchange \(I-CARE\)](#) for guidance on what shots your patient needs. Offer immunizations at all visits, including sick visits, to ensure your patients are caught up. A minor illness or cold isn't a contraindication to a child receiving vaccines.

## 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.

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 listed criteria.

## Criteria for Early Intervention Services

- A physical or mental condition resulting in developmental delay
- Developmental delay in cognitive, physical or communication
- 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

## Early Intervention Service Examples

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

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.

## Opportunities for EPSDT improvement

- Educate staff to schedule visits within the [AAP/Bright Futures guideline](#) time frames.
- Contact parents to schedule their child's well-child exam.
- Assess child's need for additional EPSDT services and refer for treatment as needed.
- Take the opportunity to catch up on EPSDT screenings during a sick visit.
- Schedule the next EPSDT visit during sick visits.
- Well visit and EPSDT screenings, including immunizations, **must** be completed during a sports physical visit.
- Check immunizations with I-CARE and offer shots as appropriate at every visit, including sick visits.

**Member resources:** You and your patients can refer to our [Member Health and Wellness Programs](#) for more information.

**Confirm coverage:** Always check [eligibility and benefits](#) prior to rendering care. If you have questions, call customer service at **877-860-2837**.

**Provider support:** To learn more about EPSDT efforts, email our [Medicaid Quality Improvement team](#).