

EPSDT Billing Information

Procedure Codes for EPSDT 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 (18-20 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 (18-20 years of age)

- **Interperiodic Codes**

99211-EP-99215EP Office and/or Outpatient setting

99233-EP Inpatient Hospital setting

- **Hearing**

92551-EP

- **Vision**

99173-EP

Note:

- The purpose of an inter-periodic screening is to identify new problems between screenings. The codes will not count against the recipient's benefit limits if billed with an EP modifier.
- An office visit is not billable on the same day with an EPSDT screening by the same provider or provider group.
- EP modifiers are used when billing initial, periodic and interperiodic screenings. Once chronic problems have been identified, providers should bill the appropriate level of office visit code and bill the services as EPSDT referring.
- The hgb or hct are included in the screening reimbursement and should not be billed separately.
- EPSDT recipients, under 18 years of age, are not subject to co-payments.

Effective 10/19/2016