

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) billing guide

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) services are federally mandated services intended to provide preventive health care to children and young adults (under the age of 21) at periodic intervals which are based on the recommendations of the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC). All primary care providers (PCPs) who provide services to Members under the age of twenty-one (21) are required to provide comprehensive health care, screenings, and preventive services. GHP Family requires Participating PCPs to provide all EPSDT services in compliance with federal and state regulations and periodicity schedules.

EPSDT screens for any new Member under the age of twenty-one (21) must be scheduled within forty-five (45) days from the effective date of Enrollment unless the child is already under the care of a PCP and the child is current with screens and immunizations.

GHP Family will make quarterly lists available to each PCP that identify Members who have not had an encounter during the first six (6) months of enrollment or Members who have not complied with EPSDT periodicity and immunization schedules for children. It is the PCP's responsibility to contact all Members who have not had an Encounter during the previous twelve (12) months or within the MA appointment time frames. These EPSDT Member lists are also available upon request from GHP Family.

These screenings offer a unique opportunity to perform a comprehensive evaluation of a child's health and provide appropriate and timely follow-up diagnostic and treatment services. To encourage providers to perform complete EPSDT screens, support the additional time needed to perform such screens, and increase the number of screens performed, EPSDT rates have been established.

To be considered a complete visit, all required components listed on the Department of Human Services (DHS) Periodicity Schedule must be completed. See (Exhibit A) for the complete DHS Periodicity Schedule.

If the visit is considered incomplete, the provider will receive the incomplete visit rate. Incomplete EPSDT screens are office visits during which the provider did not complete all the required components listed on the Periodicity Schedule for the child's screening period. This may include the use of applicable modifiers, diagnosis codes, and required referral codes.

What services are included in an EPSDT exam?

- Comprehensive health and developmental history
- Comprehensive unclothed physical exam
- Appropriate immunizations according to age and health history
- Appropriate laboratory tests including lead toxicity screening
- Health education (anticipatory guidance including child development, healthy lifestyles, and accident and disease prevention)

After completion of a comprehensive screen, members are entitled to all services included in the approved DHS State Plan for diagnosing and treating a discovered condition. These services include:

Vision services

At a minimum, diagnosis and treatment for defects in vision, including eyeglasses. Vision services must be provided according to a distinct periodicity schedule developed by the state and at other intervals as medically necessary. Coding is as follows:

Patient Age	Procedure Code	Modifier
Required at ages 3, 4, 5, 6, 8, 10, 12, 15	99173, 99174, 99177	EP
Risk Assessment at ages 7, 9, 11, 13, 14, 16, 17, 18, 19 and 20	99173, 99174, 99177	EP

Dental services

At minimum, dental services include relief of pain and infections, restoration of teeth, and maintenance of dental health. Dental services may not be limited to emergency services.

Dental risk assessment has been added to the EPSDT requirement for patients 6-8 months of age and again between the ages of 9-11 months of age.

Hearing services

At a minimum, hearing services include diagnosis and treatment for defects in hearing, including hearing aids. Coding is as follows:

Patient Age	Procedure	Code Description	Modifier
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Required at the following ages: Newborn Screen (If not completed as part of the newborn screen, must be done at 3-5 day, 1 month or 2-3 months)	Appropriate CPT code		EP
Required at the following ages: a) Ages 4, 5, 6, 8 and 10 Once during ages 11-14, once during ages 15-17 and once during ages 18-20.	92551	Screening test, pure tone, air only	EP
	92552	Pure tone audiometry (threshold); air only	EP
Risk Assessment at ages 3, 7 and 9.	92551	Screening test, pure tone, air only	EP
	92552	Pure tone audiometry (threshold); air only	EP

Immunizations

During these visits, vaccines recommended by the **Childhood and Adolescent Immunization Schedule** are administered.

- The *Recommended Immunization Schedule for Persons Aged 0 Through 18 Years, The Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind and the Vaccines that might be indicated for children and adolescents aged 18 years or younger based on Medical indications* can be found [here](#).

NOTE: Providers who see Medicaid or uninsured patients, should utilize the Vaccine for Children Program (VFC) offered by the Department of Health. Providers would receive the vaccine directly from the VFC program with no cost to them. If a VFC vaccine is given during the visit, the provider is reimbursed for the administration of the vaccine. The provider should submit a claim to GHP Family reporting the appropriate CPT code for the vaccine given. This process effects children from birth through age 18 (until their 19th birthday) whether they have only Medicaid or Medicaid as a secondary carrier. More information regarding this program can be found on the Department of Health’s [website](#).

When reporting immunizations for Members not included in the Vaccine for Kids program, as defined by DHS, providers should report both the applicable immunization and administration code **without the use of the EP modifier** and will receive separate reimbursement for both codes. **NDC codes for vaccines should be present on all EPSDT claims.**

Other necessary health care services

Diagnostic services

When a screening examination indicates the need for further evaluation of an individual's health, diagnostic services must be provided. Necessary referrals should be made without delay and there should be follow-up to ensure the enrollee receives a complete diagnostic evaluation.

Treatment

Necessary health care services must be made available for treatment of all physical and mental illnesses or conditions discovered by any screening and diagnostic procedures.

Tobacco, alcohol, or drug use assessment

For patients 11 through 20 years of age a tobacco, alcohol, or drug use risk assessment is to be performed at each of these visits.

Autism screening

Autism - or more precisely the autism spectrum disorders (ASDs) - represents a broad group of developmental disorders characterized by impaired social interactions, problems with verbal and nonverbal communication, and repetitive behaviors, or severely limited activities and interests. Coding is as follows:

Patient Age	Procedure Code	Code Description	Modifier – 1 st Position	Modifier – 2 nd Position
Required at ages 18 and 24 Months	96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	EP	U1**

** The U1 modifier distinguishes the autism screening from the developmental screening.

Developmental screening

Developmental delay is defined as a condition which represents a significant delay in the process of development. More precisely children may have skills deficits including specific delays in language, perception, meta-cognition, and social, emotional and/or motor development. Early identification and quality early intervention services can improve outcomes for children, families, and communities. Coding is as follows:

Patient Age	Procedure Code	Code Description	Modifier
Required at 9-11 months, 18 months and 30 months	96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	EP

Reporting developmental screening

When a child is referred to another practitioner as a result of the developmental delay screen, the YO EPSDT referral code must be populated in block 10d of the CMS-1500 form. In addition, Members with suspected developmental delays under the age of five (5):

- **Are required to be referred by their PCP to local Early Intervention Program services through the CONNECT Helpline at (800) 692-7288.**
- **And should be referred to the GHP Family Special Needs Unit (SNU) for additional comprehensive management.**

Resources for developmental screening

Several resources are available to assist providers in educating themselves about surveillance and structured screening and in remaining up to date on validated screening tools. Providers may refer to the following resources for additional information:

The National AAP Policy Statement: Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening may be found online at <http://pediatrics.aappublications.org/content/118/1/405>.

The 2017 Bright Futures Guidelines may be found on the AAP Bright Futures web site on-line at: <https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx>

The Centers for Disease Control and Prevention Child Development Web site online at: <https://www.cdc.gov/ncbddd/childdevelopment/facts.html>

The Pennsylvania Medical Assistance Bulletin (MAB) 99-09-07 *Structured Screening for Developmental Delays and Autism Spectrum Disorder* may be found online at: <http://www.dhs.pa.gov/publications/bulletinsearch/bulletinselected/index.htm?bn=99-09-07>

Anemia screening

Anemia is a condition that develops when your blood lacks enough healthy red blood cells or hemoglobin. Coding is as follows:

Patient Age	Procedure Code	Code Description	Modifier
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Required at age 9-11 months. (If not completed at 9-11 months, must be done at 12 months)	85013	Blood count; spun microhematocrit	EP
	85018	Blood count; hemoglobin	
If indicated by Risk assessment and/or symptoms ages 15 months thru 20 years	85013	Blood count; spun microhematocrit	EP
	85018	Blood count; hemoglobin	

Dyslipidemia

Dyslipidemia screening is now required for children between the ages of 9 and 11 years of age. Coding is as follows:

Patient Age	Procedure Code	Code Description	Modifier
Required at age 9 years (If not completed at 9 years, must be done at next screening opportunity of 10 or 11 years) and 17 years (If not completed at 17 years, must be done at next screening opportunity of 18, 19 or 20)	80061	Lipid Panel	EP
Risk Assessment at 6, 8, 12 thru 16 years	80061	Lipid Panel	EP

Lead screening

Protecting children from exposure to lead is important to lifelong good health. Even low levels of lead in blood have shown to affect IQ, ability to pay attention, and academic achievement. Effects of lead exposure cannot be corrected. All GHP Family children are considered at risk for lead toxicity.

Risk questions should be asked at every visit. Coding is as follows:

Patient Age	Procedure Code	Code Description	Modifier
Required at age 9-11 months (If not completed at 9-11 months, must be done at next screening opportunity of 12, 15 or 18 months) and 24 months (If not completed at 24 months, must be done at next screening opportunity of 30 months, 3, 4, 5 or 6 years)	83655	Lead	EP

Maternal depression screening

Providers are to use a standardized health risk assessment instrument when screening for maternal depression. Providers may use a standardized screening instrument that is the most suitable tool for the provider’s practice. Coding is as follows:

Patient Age	Procedure	Code Description	Modifier
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Required by 1 month and at months 2, 4 and 6.	96161	Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument	EP
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Additional risk assessment testing to be done if indicated by history and/or symptoms:

- Sickle Cell**
 Sickle Cell Disease (SCD) is an inherited group of red blood cell disorders. Among people with SCD, “sickle” or abnormally shaped red blood cells get stuck in small blood vessels and block the flow of blood and oxygen to organs in the body. These blockages can cause repeated episodes of severe pain, organ damage, and serious infections, or even stroke.
- Tuberculin (TB) Test**
 Tuberculosis (TB) is a contagious bacterial infection that usually affects the lungs. In rare cases, it may spread to other body tissues or organs (extra-pulmonary TB).
- Sexually Transmitted Diseases (STD)**
 STDs can include gonorrhea, syphilis, chlamydia, and more. Any sexually active person can be infected with any STD.
- HIV Screening** - 15 thru 18 years of age
- Depression Screening** - 12 thru 20 years of age

Reporting EPSDT services

Providers submitting for a complete EPSDT screening, including immunizations, on the CMS 1500 or UB-04 claim form or the 837-electronic format must:

Primary diagnosis code: Z00110, Z00111, Z00121, Z00129, Z761, Z762, Z0000 or Z0001

Enter visit code: 03 EPSDT Claim Modifiers:

- EP = Complete EPSDT exam
- 90 = Referred child to an outside laboratory
- U1 = Autism

Age Appropriate Evaluation and Management Codes

(As listed on the current EPSDT Periodicity Scheduled and Coding Matrix) **Newborn Care:**

99460 Newborn care (during the admission) 99463 Newborn (same day discharge)

Patient Age	New Patient	Established Patient
Age < 1 year	99381	99391
Age 1 – 4 years	99382	99392

Age 5 – 11 years	99383	99393
Age 12 – 17 years	99384	99394
Age 18 – 20 years	99385	99395

EP Modifier

The EP modifier is required on all portions of the EPSDT bundle of services. However, the assessment code will be the only line to receive payment. Failure to use the EP modifier on all applicable lines may cause the claim to deny or to price per component instead of at the complete screening fee schedule rate.

Billing example 1: A 1-month old new patient comes into the office for an EPSDT Screen. As per the Periodicity Schedule, the required components for a 1-month EPSDT screen are:

- New patient visit code – 99381
- Maternal Depression Screening – 96161
- Hearing screen (if not completed at Newborn screen) – appropriate CPT code
- Modifiers: EP (for a complete EPSDT) on visit code and each required EPSDT component

Billing Example 2: A 4-year old established patient comes into the office for an EPSDT Screen. As per the Periodicity Schedule, the required components for a 4-year EPSDT Screen are:

- Established patient visit code – 99392
- Visual acuity screen – 99173, 99174, and 99177
- Hearing screen – 92551 or 92552
- Venous Lead (if not done at 24 mo, 30 mo or 3yr screen) - 83655
- Referral to a dental provider – Enter YD referral code in Block 10d
- Modifiers: EP (for a complete EPSDT) on visit code and each required EPSDT component

Billing Example 3: A 9-month-old established patient comes into the office for an EPSDT Screen. As per the Periodicity Schedule, the required components for a 9-11-month EPSDT Screen are:

- Established patient visit code – 99391
- Developmental screen – 96110. If a developmental delay is suspected, enter YO referral code in block 10d and contact the CONNECT Helpline at (800) 692-7288
- Anemia (Hemoglobin/Hematocrit) – 85018 or 85013
- Venous Lead – 83655
- Dental assessment
- Modifiers: EP (for a complete EPSDT) on visit code and each required EPSDT component

Note for an incomplete EPSDT:

- For providers who were unable to provide a required EPSDT service, please use the appropriate procedure code with modifier 52. Providers should make every effort possible to complete that service at the next screening opportunity.
- For all procedure codes reported with modifiers 52 or 90, a zero dollar (\$0) billed amount must be reported.

Referrals:

When a Member is referred to another practitioner as a result of an EPSDT, a two-character referral code must be populated on the claim form. An appropriate diagnosis code must be included for each referral.

YM – Medical Referral

YD – Dental Referral (Required component for all children 3 years of age and above) YV – Vision Referral

YH – Hearing Referral

YB – Behavioral Health Referral YO – Other Referral

Miscellaneous

Coordination of Benefits

GHP Family is almost always the payer of last resort; however, there are exceptions. GHP Family is the primary payer on the following services:

- Preventive pediatric care (including EPSDT services to children)
- Services to children having medical coverage under a Title IV-D child support order.

GHP will pay any claim submitted for these services but will, through Coordination of Benefits, investigate whether a TPL payer exists. If such payer does exist, we will notify provider and begin process to recapture GHP Family payment.

EXHIBIT A

Pennsylvania's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule and Coding Matrix (Effective May 26, 2020)														
Services	Newborn (Inpatient)	3-5 d	By 1 mo	2-3 mo	4-5 mo	6-8 mo	9-11 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y
Complete Screen: 1,2,3	A complete screen requires all codes indicated for each periodicity be completed and reported. Report only one CPT code if multiple CPT codes are listed per service, except for immunizations.													
New Patient	99460 EP 4 / 99463 EP 5	99381 EP	99381 EP	99381 EP	99381 EP	99381 EP	99381 EP	99382 EP	99382 EP	99382 EP	99382 EP	99382 EP	99382 EP	99382 EP
Established Patient		99391 EP	99391 EP	99391 EP	99391 EP	99391 EP	99391 EP	99392 EP	99392 EP	99392 EP	99392 EP	99392 EP	99392 EP	99392 EP
Pennsylvania Newborn Screening Panel	• 6	• 7	→											
Newborn Bilirubin	•													
Critical Congenital Heart Defect Screening 8	•													
Developmental Surveillance 9	•	•	•	•	•	•		•	•		•		•	•
Psychosocial/Behavioral Assessment 10	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tobacco, Alcohol or Drug Use Assessment														
Maternal Depression Screening 10,11			96161	96161	96161	96161								
Developmental Screening							96110			96110		96110		
Autism Screening										96110 U1	96110 U1			
Vision 11	Assessed through observation or through health history/physical.													
• Visual acuity screen													99173	99173
• Instrument-based screening 12													99174	99174
													99177	99177
Hearing 11,13	•	• 14	→		Assessed through observation or through health history/physical.									
• Audio Screen													★	92551
• Pure tone-air only														92552
Oral Health 15						•	•	★		★	★	★	◆ 16	◆ 16
Anemia 11,17														
• Hematocrit (spun)					★ 18		85013 18	85013 14	If indicated by risk assessment and/or symptoms.					
• Hemoglobin							85018 18	85018 14						
Lead 11,17,19						★	83655	83655 14	83655 14	83655 14	83655	83655 14	83655 14	83655 14
Tuberculin Test 11	If indicated by history and/or symptoms.													
Sickle Cell														
Sexually Transmitted Infections 20														
Dyslipidemia 11,17														
Immunizations	Administer immunizations according to the ACIP schedule. Every visit should be considered an opportunity to bring a child's immunizations up to date. Refer to ACIP's Recommended Childhood and Adolescent Immunization Schedules: https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html													

Please refer to the EPSDT Program Periodicity Schedule and Coding Matrix Footnotes.

Key

• = to be performed

◆ = referral to a dental home

★ = risk assessment to be performed with appropriate action to follow, if positive

←•→ = range during which a service may be performed

**Pennsylvania's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program
Periodicity Schedule and Coding Matrix (Effective May 26, 2020)**

Services	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y
Complete Screen: ^{1,2,3}	A complete screen requires all codes indicated for each periodicity be completed and reported. Report only one CPT code if multiple CPT codes are listed per service, except for immunizations.															
New Patient	99383 EP	99383 EP	99383 EP	99383 EP	99383 EP	99383 EP	99383 EP	99384 EP	99384 EP	99384 EP	99384 EP	99384 EP	99384 EP	99385 EP	99385 EP	99385 EP
Established Patient	99393 EP	99393 EP	99393 EP	99393 EP	99393 EP	99393 EP	99393 EP	99394 EP	99394 EP	99394 EP	99394 EP	99394 EP	99394 EP	99395 EP	99395 EP	99395 EP
Developmental Surveillance ⁹	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Psychosocial/Behavioral Assessment ¹⁰	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tobacco, Alcohol or Drug Use Assessment							96160 ★	96160 ★	96160 ★	96160 ★	96160 ★	96160 ★	96160 ★	96160 ★	96160 ★	96160 ★
Developmental Screening	If indicated by risk assessment and/or symptoms.															
Autism Screening	If indicated by risk assessment and/or symptoms.															
Depression Screening								96127	96127	96127	96127	96127	96127	96127	96127	96127
Vision ¹¹																
• Visual acuity screen	99173	99173		99173		99173		99173			99173					
• Instrument-based screening ¹²	99174 99177	99174 99177	★	99174 99177	★	99174 99177	★	99174 99177	★	★	99174 99177	★	★	★	★	★
Hearing ¹¹																
• Audio Screen	92551	92551	★	92551	★	92551	←	92551	→	←	92551	→	←	92551	→	92551
• Pure tone-air only	92552	92552		92552		92552		92552			92552			92552		92552
Oral Health	◆ ¹⁶	◆ ¹⁶	◆ ¹⁶	◆ ¹⁶	◆ ¹⁶	◆ ¹⁶	◆ ¹⁶	◆ ¹⁶	◆ ¹⁶	◆ ¹⁶	◆ ¹⁶	◆ ¹⁶	◆ ¹⁶	◆ ¹⁶	◆ ¹⁶	◆ ¹⁶
Anemia ^{11,17}	If indicated by risk assessment and/or symptoms. See Recommendations to prevent and control iron deficiency in the United States. <i>MMWR</i> . 1998;47(RR-3):1-36. Beginning at 12 years of age for females, do once after onset of menses and if indicated by history and/or symptoms.															
• Hematocrit (spun)	If indicated by risk assessment and/or symptoms.															
• Hemoglobin	If indicated by risk assessment and/or symptoms.															
Lead ^{11,17,19}	83655 ¹⁴	83655 ¹⁴														
Tuberculin Test ¹¹	If indicated by history and/or symptoms.															
Sickle Cell	If indicated by history and/or symptoms.															
Sexually Transmitted Infections ²⁰	If indicated by history and/or symptoms.															
HIV Screening ²¹							★	★	★	★	←	→	←	→	★	★
Dyslipidemia ^{11,17}		★		★	80061	80061 ¹⁴	80061 ¹⁴							80061	80061 ¹⁴	80061 ¹⁴
Immunizations	Administer immunizations according to the ACIP schedule. Every visit should be considered an opportunity to bring a child's immunizations up to date. Refer to ACIP's Recommended Childhood and Adolescent Immunization Schedules: https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html															

Please refer to the EPSDT Program Periodicity Schedule and Coding Matrix Footnotes.

Key

- = to be performed
- ◆ = referral to a dental home

- ★ = risk assessment to be performed with appropriate action to follow, if positive
- ←•→ = range during which a service may be performed

EPSDT Program Periodicity Schedule and Coding Matrix Footnotes

¹ A complete screen must include the following: a comprehensive history; relevant measurements (for assessment of growth); physical examination; anticipatory guidance/counseling/risk factor reduction interventions; all assessments/screenings as indicated on Periodicity Schedule; and the ordering of appropriate laboratory/diagnostic procedures as recommended by the current AAP guidelines, found at: <https://brightfutures.aap.org/materials-and-tools/guidelines-and-pocket-guide/Pages/default.aspx>.

² Beginning at 2 years of age, weight for length measurement should be replaced by calculation of Body Mass Index. Age-appropriate nutrition counseling should be provided regarding promotion of healthy weight, healthy nutrition, and physical activity.

³ Blood pressure should be measured as indicated by child's risk status from infant to 3 years of age, when measurement should be universal.

⁴ Procedure code 99460 and modifier EP are to be used for a newborn screen performed in the hospital, but not on the same day as hospital discharge.

⁵ Procedure code 99463 and modifier EP are to be used for a newborn screen performed in the hospital on the same day as hospital discharge.

⁶ Pennsylvania Newborn Screening Panel should be done according to state law, prior to newborn's discharge from hospital. Confirm screen was completed, verify results and follow up as appropriate.

⁷ Verify results of Pennsylvania Newborn Screening Panel as soon as possible and follow up as appropriate.

⁸ Newborns should be screened for critical congenital heart disease using pulse oximetry before leaving the hospital.

⁹ Developmental Surveillance is required at each visit for a complete screen, except when developmental screening is required.

¹⁰ Psychosocial/behavioral assessment should be family-centered and may include an assessment of child social-emotional health, caregiver depression and anxiety, caregiver substance use disorder, and social determinants of health, including both risk factors and strengths/protective factors. Maternal depression screenings are included at intervals listed to incorporate recognition and management of perinatal depression into pediatric practice. Referrals should be made as appropriate.

¹¹ If testing for maternal depression, objective vision/hearing testing, anemia, lead, tuberculin, or dyslipidemia is not completed, use CPT code for standard testing method *plus* CPT modifier -52 EPSDT Screening Services/Components Not Completed. If a screening service/ component is reported with modifier 52, the

provider must complete the screening service/component during the next screening opportunity according to the Periodicity Schedule.

¹² Instrument-based screening may be completed to detect amblyopia, strabismus, and/or high refractive error in children who are unable or unwilling to cooperate with traditional visual acuity screening.

¹³ All newborns should receive an initial hearing screening before being discharged from hospital. If the hearing screening was not completed in hospital, the hearing screening should occur by 3 months of age.

¹⁴ Screening must be provided at times noted, unless done previously.

¹⁵ At 6-8 and 9-11 months, an oral health risk assessment is to be administered and the need for fluoride supplementation assessed. The first dental examination is recommended at the time of the eruption of the first tooth and no later than 12 months of age. At 12, 18, 24, and 30 months, determine if child has a dental home. If not, complete assessments and refer to dental home.

¹⁶ Beginning at 3 years of age, referral to a dental home is a required screening component and must be reported using the YD referral code.

¹⁷ When laboratory procedures are performed by a party other than the treating or reporting physician, use CPT code *plus* CPT modifier -90 Reference Outside Lab.

¹⁸ Initial measurement of hemoglobin or hematocrit to assess for iron-deficiency anemia is recommended between 9 and 12 months of age by the Centers for Disease Control and Prevention. Additionally, the AAP recommends risk assessment for anemia at 4 months of age, 15 months of age and then each periodicity thereafter.

¹⁹ Capillary samples may be used for blood lead testing; however, elevated blood lead levels based on capillary samples are presumptive and must be confirmed using a venous sample. All children 0-3 years of age with elevated blood lead levels should be referred to Early Intervention services. All children under 21 years of age with elevated blood lead levels should be referred for an Environmental Lead Investigation.

²⁰ All sexually active patients should be screened for sexually transmitted infections (STI).

²¹ Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.