

# EPSDT/Bright Futures Codes & Assessments



Aetna Better Health® of Pennsylvania  
Aetna Better Health® Kids

Newborn (Inpatient)	3-5 Days	By 1 Month	2-3 Months	4-5 Months	6-8 Months	9-11 Months	12 Months	15 Months	18 Months	24 Months	30 Months	3 Years	4 Years	5-11 Years	12-17 Years	18-20 Years
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## REQUIRED ASSESSMENTS/REQUIRED CODES

<b>New Patient</b>	99460/ 99463	99381 NP	99381 NP	99381 NP	99381 NP	99381 NP	99381 NP	99382 NP	99382 NP	99382 NP	99382 NP	99382 NP	99382 NP	99383 NP	99384 NP	99385 NP
<b>Established Patient</b>		99391 EP	99391 EP	99391 EP	99391 EP	99391 EP	99391 EP	99392 EP	99392 EP	99392 EP	99392 EP	99392 EP	99392 EP	99393 EP	99394 EP	99395 EP

## ABOVE CPT CODE PLUS

<b>Newborn Metabolic Hemoglobin Screening</b> (Screening should take place between newborn and 2 months of age.)	•	•	•	•												
<b>Critical Congenital Heart Defect Screening</b>	•															
<b>Newborn Bilirubin</b>	•															
<b>Hearing</b> (If initial hearing screening not completed in the hospital, screening should occur by 3 months of age.)	•	•	•	•	Assessed through observation or through health history/physical.											
• <b>Audio Screen</b> (Perform assessment unless age of screening is indicated.)																
• <b>Pure Tone-Air Only</b> (Perform assessment unless age of screening is indicated.)																
<b>Vision</b> (Perform assessment unless age of screening is indicated.)	Assessed through observation or through health history/physical.										99173	99173	99173 (ages 5, 6, 8, 10)	99173 (ages 12, 15)		
<b>Vision Acuity Screening</b>											99174, 99177	99174, 99177	99174, 99177 (ages 5, 6, 8, 10)	99174, 99177 (ages 12, 15)		
<b>Instrument-Based Screening</b>																
<b>Maternal Depression Screening</b>			96161	96161	96161	96161										
<b>Anemia</b> (Initial hemoglobin or hematocrit between 9-12 months of age.)																
• <b>Hematocrit</b>					Risk Assessment		85013	85013	Perform screening if indicated by risk assessment and/or symptoms.							
• <b>Hemoglobin</b>					Only		85018	85018								
<b>Structured Developmental Screening</b>							96110		96110							
<b>Structured Autism Screening</b>									96110 U1	96110 U1						
<b>Dental</b>																
• Oral health risk assessment, referral to a dental home, at eruption of first tooth.																
• Fluoride varnish (May be applied up to 4 times per year in PCP office, ages 0-16 Medicaid, CHIP - No age restriction.)							99188	99188	99188	99188	99188	99188	99188	99188	99188	99188 (age 5)
• Fluoride Supplementation																
<b>Venous Lead</b> (Blood lead test only. Up to, and including, age 6 if not previously done.)							83655				83655					
<b>Dyslipidemia Screening</b>																80061 (once between ages 9-11)
<b>Screening for Depression</b>																80061 (once between ages 17-20)
															96160	96160

## REQUIRED ASSESSMENTS

<b>Developmental Surveillance</b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>Psychosocial/Behavioral Assessment</b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>Tobacco, Alcohol or Drug Use Assessment</b>																
<b>Health &amp; Developmental History (Physical &amp; Mental)</b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	Age 11	96127
<b>Height &amp; Weight</b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>BMI Value</b>																Z68.1-Z68.45
<b>BMI Percentile or BMI Plotted on Age/Growth Chart</b>											Z68.51-Z68.54	Z68.51-Z68.54	Z68.51-Z68.54	Z68.51-Z68.54	Z68.51-Z68.54	Z68.51-Z68.54
<b>Head Circumference</b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>Physical Exam</b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>Physical Exam for Blood Pressure</b>	Risk Assessment to be performed with appropriate action to follow if positive										•	•	•	•	•	
<b>HIV Screening</b> (Those at increased risk of HIV infection should be tested for HIV & reassessed annually.)															Assessment age 11	Age 18 (if not performed)
<b>Dyslipidemia Assessment</b>															Ages 6, 8	•

## ASSESSMENTS INDICATED VIA HISTORY OR SYMPTOMS

<b>Tuberculin Test</b>	As indicated via history or symptoms.
<b>Sickle Cell</b>	
<b>Sexually Transmitted Infections</b>	

## REQUIRED PREVENTIVE COUNSELING & CODES

<b>Assessment &amp; Counseling for Nutrition</b>													Z71.3	Z71.3	Z71.3	Z71.3	Z71.3
<b>Assessment &amp; Counseling for Physical Activity</b>													Z71.82	Z71.82	Z71.82	Z71.82	Z71.82
<b>Health Education/Anticipatory Guidance</b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

## REFERRAL CODES (BOX 10D OF CMS 1500)

<b>YD-Dental Referral</b>	<b>YH-Hearing Referral</b>	Any developmental problem found during a screening exam in a child under 5 years old should be referred through PA Connect: 1-800-692-7288 for an appropriate referral to local, early intervention services.
<b>YM-Medical Referral</b>	<b>YB - Behavioral Health Referral</b>	
<b>YV-Vision Referral</b>	<b>YO-Other Referral</b>	