Pennsylvania's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program
Periodicity Schedule and Coding Matrix – December 23, 2025

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]	■	■	■	■	■	■		■	■		■		■	■
Behavioral/Social/Emotional Screening [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]														
• Visual acuity screen	Assessed through observation or through health history/physical.												99173	99173
• Instrument-based screening [12]													99174 99177	99174 99177
Hearing [11, 13]	■	■ [14] ⟶	⟶	⟶	Assessed through observation or through health history/physical.									
• Audio Screen													★	92551
• Pure tone-air only														92552
Oral Health [15]						■ [15]	■ [15]	★ [15]		★ [15]	★ [15]	★ [15]	♦ [16]	♦ [16]
• Topical Fluoride Varnish [26]						⟵	⟵	● [26] ⟶	⟶	⟶	⟶	⟶	⟶	⟶
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]
Hepatitis B Virus Infection [20]	⟵	⟶	⟶	⟶	⟶	⟶	⟶	★ ⟶	⟶	⟶	⟶	⟶	⟶	⟶
Tuberculin Test [11]	If indicated by history and/or symptoms.													
Sickle Cell														
Sexually Transmitted Infections [21]														
Dyslipidemia [11, 17]														
Immunizations [22]	Administer immunizations according to recommended schedules by ACIP and nationally recognized medical associations such as AAP, AAFP, and ACOG. Every visit should be considered an opportunity to bring a child's immunizations up to date.													

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

Key

■ = to be performed

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

♦ = referral to a dental home

⟵●⟶ = range during which a service may be performed

Pennsylvania's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program
Periodicity Schedule and Coding Matrix - December 23, 2025

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]	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Behavioral/Social/Emotional Screening [10]	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Tobacco, Alcohol or Drug Use Assessment							96160 ★	96160 ★	96160 ★	96160 ★	96160 ★	96160 ★	96160 ★	96160 ★	96160 ★	96160 ★
Sudden Cardiac Arrest and Sudden Cardiac Death							←					★				→
Developmental Screening Autism Screening	If indicated by risk assessment and/or symptoms.															
Depression Screening [23]								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
• Pure tone-air only	92552	92552		92552		92552			92552			92552				92552
Oral Health [16, 26]	♦[16]	♦[16]	♦[16]	♦[16]	♦[16]	♦[16]	♦[16]	♦[16]	♦[16]	♦[16]	♦[16]	♦[16]	♦[16]	♦[16]	♦[16]	♦[16]
• Topical Fluoride Varnish[26]	←								●[26]							→
Anemia [11, 17] • Hematocrit (spun) • Hemoglobin	If indicated by risk assessment and/or symptoms. See Recommendations to prevent and control iron deficiency in the United States. *MMWR*. 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.															
Lead [11, 17, 19]	83655[14]	83655 [14]														
Tuberculin Test [11] Sickle Cell Sexually Transmitted Infections [21]	If indicated by history and/or symptoms.															
HIV Screening [24]							★	★	★	★	■					→
Hepatitis B Virus Infection [20]	←								★							→
Hepatitis C Virus Infection [25]														★	★	★
Dyslipidemia [11, 17]		★		★	80061	80061[14]	80061[14]	If indicated by history and/or symptoms.					80061	80061[14]	80061[14]	80061[14]
Immunizations [22]	Administer immunizations according to recommended schedules by ACIP and nationally recognized medical associations such as AAP, AAFP, and ACOG. Every visit should be considered an opportunity to bring a child's immunizations up to date.															

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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 American Academy of Pediatrics (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] Complete assessment of child social-emotional health. Behavioral/social/emotional screening should be family-centered and may include caregiver depression and anxiety, caregiver substance use disorder, caregiver postpartum follow-up, 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 establishment of a child's dental home for the first dental examination by a dental provider 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] While referral to a dental home is recommended at the time of eruption of the first tooth and no later than 12 months of age, referral to a dental home indicated by the YD modifier is a required screening element beginning at 3 years of age.

[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 (CDC). 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 providers are to follow the Recommended Schedule for Obtaining a Confirmatory Venous Sample established by the CDC. 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] Risk Assessment is to be completed once before the age of 21, with appropriate action to follow, if positive.

[21] All sexually active patients should be screened for sexually transmitted infections (STI).

[22] Vaccine counseling only visits (except when counseling for the COVID-19 immunization) may not be billed in addition to a complete EPSDT screen. Pennsylvania's Medical Assistance (MA) Program covers all vaccine recommendations from the Advisory Committee on Immunization Practice (ACIP), AAP, the American Academy of Family Physicians (AAFP), and the American College of Obstetricians and Gynecologists (ACOG) as communicated in Governor Shapiro's Executive Order titled, "Protecting Pennsylvanians' Health and Freedom by Ensuring Access to Safe and Effective Vaccines", on October 1, 2025 and as outlined in MA Bulletin 99-25-08 issued December 2, 2025.

[23] Screen adolescents for depression and suicide risk, making every effort to preserve confidentiality of the adolescent.

[24] Screen adolescents for HIV at least once between the ages of 15 and 21, making every effort to preserve confidentiality of the adolescent. After initial screening, youth at increased risk of HIV infection should be retested annually or more frequently.

[25] Those at increased risk of HCV infection, including those with past or current injection drug use, should be tested for HCV infection and reassessed annually.

[26] Primary care clinicians are recommended to apply fluoride varnish for all infants and children, up to 21 years of age, beginning with the eruption of primary teeth. Consider when systemic fluoride exposure is suboptimal. Fluoride varnish may be applied every 3-6 months in the primary care office and billed using procedure code 99188.