ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

AMPM 430 EPSDT Service Codes

Covered Services During an EPSDT Visit

EPSDT visits are all-inclusive visits. The payment for the EPSDT visit is intended to cover all elements outlined in AMPM 430 Attachment A. Providers are required to utilize national coding standards including the use of applicable modifier(s). Exceptions to payments are noted as listed below. Only those services specifically identified below as a separately billable service may be billed separately or in addition to the EPSDT visit. Services are billed on the date performed.

BEHAVIORAL HEALTH SCREENING and SERVICES		
SERVICE	**CODE**	**COMMENTS**
Adolescent suicide/depression screening - Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	96127	Use of a standardized, norm-referenced screening tool specific for suicide and depression is separately billable. This code can be used only once per EPSDT well child visit ages 10 years through 20 years.
Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	99408	Use of a standardized, norm-referenced screening tool specific for alcohol and/or substance (other than tobacco) abuse is separately billable. This code can only be used for ages 12 to 20 years at their annual EPSDT visit.
Alcohol and/or substance (other than tobacco) abuse structured screening (e.g., AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	99409	Use of a standardized, norm-referenced screening tool specific for alcohol and/or substance (other than tobacco) abuse is separately billable. This code can only be used for ages 12 to 20 years at their annual EPSDT visit.
Postpartum depression screening- Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument	96160	Use of a standardized, norm-referenced screening tool to be performed for screening the birthing parent for signs and symptoms of postpartum depression is separately billable. Providers should code for postpartum depression screenings by using Z13.32 - Encounter for Screening for Maternal Depression. This code can be used at four EPSDT visits. All codes submitted must be documented in the medical record
Postpartum depression screening - Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument	96161	Use of a standardized, norm-referenced screening tool to be performed for screening the birthing parent for signs and symptoms of postpartum depression is separately billable. Providers should code for postpartum depression screenings by using Z13.32 - Encounter for Screening for Maternal Depression. This code can be used at four EPSDT visits. All codes submitted must be documented in the medical record

DEVELOPMENTAL SCREENING

In order to utilize the EP modifier and receive enhanced payment associated with the use of the modifier for code 96110, the screening must meet the following listed criteria:

- The provider shall have satisfied the training requirements,
- The screening tool has been used for the EPSDT visits as indicated in the table:

EPSDT VISIT (month)	REQUIRED GENERAL DEVELOPMENTAL SCREEN	REQUIRED AUTISM SPECTRUM DISORDER (ASD) SPECIFIC DEVELOPMENTAL SCREENING
9	X	
12		
15		
18	X	X
24		X
30	X	

- An AHCCCS approved Developmental Screening tool shall have been completed. Accepted screening tools are described in the CMS core measure Developmental Screening in the First Three Years of Life https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-and-chip-child-core-set-manual.pdf?t=1736457092
- In addition, only for the 18-onth EPSDT visit may the 96110 code be used twice as the clinical circumstances warrant more than one tool is used during this visit.

SERVICE	CODE	COMMENTS
Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument	96110	*Use of AHCCCS approved Developmental Screening tools may be billed separately using CPT-4 code 96110 (Developmental Screening, with interpretation and report, per standardized instrumentation).* *Providers shall bill for global developmental screenings by using Z13.42 - Encounter for Screening for Global Developmental Delays (milestones).* *Note: Providers shall not utilize Z13.42* to bill for domain-specific developmental delays (e.g., ASD).
Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour.	96112	CPT-4 codes, such as: 96112 (Developmental Testing (includes assessment of motor, language, social, adaptive)) are not considered Screening tools and are **not separately billable**.
Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	96113	CPT-4 codes, such as: 96113 (Developmental Testing (includes assessment of motor, language, social, adaptive)) are not considered Screening tools and are **not separately billable**.

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HEARING SCREENING

Hearing CPT codes with the EP modifier shall be listed on the claim form, in addition to the preventive medicine CPT codes, for a Periodic hearing Screening assessment. No additional reimbursement is allowed for the following codes.

SERVICE	CODE	COMMENTS
Screening test, pure tone, air only	92551	Payment for vision and hearing exams, (including, but not limited to CPT codes 92015, 92081, 92551, 92552, 92553, 92567, 92568, 92285, 92286, 92587, 92588, 95930, and 99173) or any other procedure that may be interpreted as fulfilling the vision and hearing requirements provided in a PCP's office during an EPSDT visit, are considered part of the EPSDT visit and are **not separately billable services.**
Pure tone audiometry (threshold); air only	92552	Payment for vision and hearing exams, (including, but not limited to CPT codes 92015, 92081, 92551, 92552, 92553, 92567, 92568, 92285, 92286, 92587, 92588, 95930, and 99173) or any other procedure that may be interpreted as fulfilling the vision and hearing requirements provided in a PCP's office during an EPSDT visit, are considered part of the EPSDT visit and are **not separately billable services.**
Pure tone audiometry (threshold); air and bone	92553	Payment for vision and hearing exams, (including, but not limited to CPT codes 92015, 92081, 92551, 92552, 92553, 92567, 92568, 92285, 92286, 92587, 92588, 95930, and 99173) or any other procedure that may be interpreted as fulfilling the vision and hearing requirements provided in a PCP's office during an EPSDT visit, are considered part of the EPSDT visit and are **not separately billable services.**
Tympanometry (impedance testing)	92567	Payment for vision and hearing exams, (including, but not limited to CPT codes 92015, 92081, 92551, 92552, 92553, 92567, 92568, 92285, 92286, 92587, 92588, 95930, and 99173) or any other procedure that may be interpreted as fulfilling the vision and hearing requirements provided in a PCP's office during an EPSDT visit, are considered part of the EPSDT visit and are **not separately billable services.**
Acoustic reflex testing, threshold	92568	Payment for vision and hearing exams, (including, but not limited to CPT codes 92015, 92081, 92551, 92552, 92553, 92567, 92568, 92285, 92286, 92587, 92588, 95930, and 99173) or any other procedure that may be interpreted as fulfilling the vision and hearing requirements provided in a PCP's office during an EPSDT visit, are considered part of the EPSDT visit and are **not separately billable services.**
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	92587	Payment for vision and hearing exams, (including, but not limited to CPT codes 92015, 92081, 92551, 92552, 92553, 92567, 92568, 92285, 92286, 92587, 92588, 95930, and 99173) or any other procedure that may be interpreted as fulfilling the vision and hearing requirements provided in a PCP's office

		during an EPSDT visit, are considered part of the EPSDT visit and are **not separately billable services.**
Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 frequencies), with interpretation and report	92588	Payment for vision and hearing exams, (including, but not limited to CPT codes 92015, 92081, 92551, 92552, 92553, 92567, 92568, 92285, 92286, 92587, 92588, 95930, and 99173) or any other procedure that may be interpreted as fulfilling the vision and hearing requirements provided in a PCP's office during an EPSDT visit, are considered part of the EPSDT visit and are **not separately billable services.**
HUMAN BREAST MILK		
SERVICE	**CODE**	**COMMENTS**
Human breast milk processing, storage and distribution only	T2101	Exclusive of inpatient, medically necessary pasteurized human donor milk is a covered service for outpatient EPSDT eligible infants who cannot tolerate or have a medical contraindication to formula use, as specified in AMPM 430.

IMMUNIZATIONS

EPSDT covers all child and adolescent immunizations, as specified in the Centers for Disease Control and Prevention (CDC) recommended childhood Immunization schedules and as specified in AMPM Policy 310-M, according to age and health history. An SL modifier should be used when submitting claims where VFC vaccine stock is being used.

Per the Affordable Care Act (ACA), "if the vaccine is provided through the VFC program, the SL modifier must be added to both the vaccine code and the vaccine administration code".

The provider will receive a single administration fee for any vaccine provided, regardless of the number of vaccine/toxoid components, and will not receive the Medicare administration rate for those services.

In addition, section 1903(i)(15) of the Act provides that no payment shall be made ''with respect to any amount expended for a single-antigen vaccine and its administration in any case in which the administration of a combined-antigen vaccine was medically appropriate".

SERVICE	CODE	COMMENTS
Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; first or only component of each vaccine or toxoid administered	90460	Administration of the immunizations may be billed in addition to the EPSDT visit using the CPT-4 code appropriate for the immunization with an SL modifier. Combination vaccines are paid as one vaccine.
Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose	90480	This code includes: • All components influenza vaccine, report one time only • Combination vaccines which comprise multiple vaccine components • Components (all antigens) in vaccines to prevent disease due to specific organisms • Counseling by physician or other qualified health care professional

		• Multivalent antigens or multiple antigen serotypes against single organisms considered one
Vaccinia (smallpox) virus vaccine, live, lyophilized 0.3 mL dosage, for percutaneous use	90622	
Smallpox and monkeypox vaccine, attenuated vaccinia virus, live, non-replicating, preservative free, 0.5 mL dosage, suspension, for subcutaneous use	90611	
Tetanus and diphtheria toxoids (Td) adsorbed, preservative free, for intramuscular use in individuals 7 years or older	90714	Health plans may receive claims for members ages 0 to 19 years of age from PT 02 for either 90714, 90715 or 90702 without the SL modifier, indicating that the vaccine was not VFC inventory. The claim may be associated with others indicating an emergency room visit for the member. In these situations, the claim is to be adjudicated. .
Tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), for intramuscular use in individuals 7 years or older	90715	Health plans may receive claims for members ages 0 to 19 years of age from PT 02 for either 90714, 90715 or 90702 without the SL modifier, indicating that the vaccine was not VFC inventory. The claim may be associated with others indicating an emergency room visit for the member. In these situations, the claim is to be adjudicated.
Tetanus vaccine	90702	Health plans may receive claims for members ages 0 to 19 years of age from PT 02 for either 90714, 90715 or 90702 without the SL modifier, indicating that the vaccine was not VFC inventory. The claim may be associated with others indicating an emergency room visit for the member. In these situations, the claim is to be adjudicated.
Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 mins time.	G0312	This code is used for Medicaid billing purposes. Report for non-COVID-19 vaccine counseling for patients under 21 years of age.
Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 mins time.	G0313	This code is used for Medicaid billing purposes. Report for non-COVID-19 vaccine counseling for patients under 21 years of age.
Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 16-30 mins time	G0314	This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit (EPSDT). Report for COVID-19 related vaccine counseling for EPSDT beneficiaries under 21 years of age.
Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 5-15 mins time	G0315	This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit (EPSDT). Report for COVID-19 related vaccine counseling for EPSDT beneficiaries under 21 years of age.

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LABORATORY TESTS		
SERVICE	**CODE**	**COMMENTS**
Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-d; phenylalanine (PKU); and thyroxine, total)	S3620	This code includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-d; phenylalanine (PKU); and thyroxine, total)
Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; femoral or jugular vein	36400	Payment for laboratory services that are **not separately billable** and considered part of the payment made for the EPSDT visit include but are not limited to: 99000, 36415, 36416, 36400, 36406 and 36410. In addition, payment for all laboratory services shall be in accordance with limitations or exclusions specified in Contractor's contract with the providers.
Venipuncture, younger than age 3 years, necessitating the skill of a physician or other qualified health care professional, not to be used for routine venipuncture; other vein	36406	Payment for laboratory services that are **not separately billable** and considered part of the payment made for the EPSDT visit include but are not limited to: 99000, 36415, 36416, 36400, 36406 and 36410. In addition, payment for all laboratory services shall be in accordance with limitations or exclusions specified in Contractor's contract with the providers.
Venipuncture, age 3 years or older, necessitating the skill of a physician or other qualified health care professional (separate procedure), for diagnostic or therapeutic purposes (not to be used for routine venipuncture)	36410	Payment for laboratory services that are **not separately billable** and considered part of the payment made for the EPSDT visit include but are not limited to: 99000, 36415, 36416, 36400, 36406 and 36410. In addition, payment for all laboratory services shall be in accordance with limitations or exclusions specified in Contractor's contract with the providers.
Collection of venous blood by venipuncture	36415	Payment for laboratory services that are **not separately billable** and considered part of the payment made for the EPSDT visit include but are not limited to: 99000, 36415, 36416, 36400, 36406 and 36410. In addition, payment for all laboratory services shall be in accordance with limitations or exclusions specified in Contractor's contract with the providers.
Collection of capillary blood specimen (e.g., finger, heel, ear stick)	36416	Payment for laboratory services that are **not separately billable** and considered part of the payment made for the EPSDT visit include but are not limited to: 99000, 36415, 36416, 36400, 36406 and 36410. In addition, payment for all laboratory services shall be in accordance with limitations or exclusions specified in Contractor's contract with the providers.
Handling and/or conveyance of specimen for transfer from the office to a laboratory	99000	Payment for laboratory services that are **not separately billable** and considered part of the payment made for the EPSDT visit include but are

		not limited to: 99000, 36415, 36416, 36400, 36406 and 36410. In addition, payment for all laboratory services shall be in accordance with limitations or exclusions specified in Contractor's contract with the providers.
Syphilis test, non-treponemal antibody; qualitative (e.g., VDRL, RPR, ART)	86592	Yearly syphilis testing for EPSDT-eligible members who are 15 years of age and older. Testing may be performed for members under the age of 15 at the discretion of the provider, based on risk.
Syphilis test, non-treponemal antibody; quantitative	86593	Yearly syphilis testing for EPSDT-eligible members who are 15 years of age and older. Testing may be performed for members under the age of 15 at the discretion of the provider, based on risk.
Antibody; Treponema pallidum	86780	Yearly syphilis testing for EPSDT-eligible members who are 15 years of age and older. Testing may be performed for members under the age of 15 at the discretion of the provider, based on risk.
ORAL HEALTH SCREENING		
SERVICE	**CODE**	**COMMENTS**
Application of topical fluoride varnish by a physician or other qualified health care professional	99188	Fluoride Varnish - Application of fluoride varnish may be billed separately from the EPSDT visit using CPT Code 99188
PREVENTIVE VISIT SERVICES		
SERVICE	**CODE**	**COMMENTS**
Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (age younger than 1 year)	99381	Providers shall bill for preventive EPSDT services using the preventive service, office or other outpatient services and preventive medicine CPT codes (99381–99385, 99391–99395) with an EP modifier. For further guidance refer to the AAP Coding for Pediatric Preventive Care https://www.aap.org/en-us/documents/coding_preventive_care.pdf.
Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (age 1 through 4 years)	99382	Providers shall bill for preventive EPSDT services using the preventive service, office or other outpatient services and preventive medicine CPT codes (99381–99385, 99391–99395) with an EP modifier. For further guidance refer to the AAP Coding for Pediatric Preventive Care https://www.aap.org/en-us/documents/coding_preventive_care.pdf.
Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (age 5 through 11 years)	99383	Providers shall bill for preventive EPSDT services using the preventive service, office or other outpatient services and preventive medicine CPT codes (99381–99385, 99391–99395) with an EP modifier. For further guidance refer to the AAP Coding for Pediatric Preventive Care https://www.aap.org/en-us/documents/coding_preventive_care.pdf.

Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)	99384	Providers shall bill for preventive EPSDT services using the preventive service, office or other outpatient services and preventive medicine CPT codes (99381–99385, 99391–99395) with an EP modifier. For further guidance refer to the AAP Coding for Pediatric Preventive Care https://www.aap.org/en-us/documents/coding_preventive_care.pdf.
Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years	99385	Providers shall bill for preventive EPSDT services using the preventive service, office or other outpatient services and preventive medicine CPT codes (99381–99385, 99391–99395) with an EP modifier for members through the age of 18. For further guidance refer to the AAP Coding for Pediatric Preventive Care https://www.aap.org/en-us/documents/coding_preventive_care.pdf.
Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; infant (age younger than 1 year)	99391	Providers shall bill for preventive EPSDT services using the preventive service, office or other outpatient services and preventive medicine CPT codes (99381–99385, 99391–99395) with an EP modifier For further guidance refer to the AAP Coding for Pediatric Preventive Care https://www.aap.org/en-us/documents/coding_preventive_care.pdf.
Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; early childhood (age 1 through 4 years)	99392	Providers shall bill for preventive EPSDT services using the preventive service, office or other outpatient services and preventive medicine CPT codes (99381–99385, 99391–99395) with an EP modifier. For further guidance refer to the AAP Coding for Pediatric Preventive Care https://www.aap.org/en-us/documents/coding_preventive_care.pdf.
Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; late childhood (age 5 through 11 years)	99393	Providers shall bill for preventive EPSDT services using the preventive service, office or other outpatient services and preventive medicine CPT codes (99381–99385, 99391–99395) with an EP modifier. For further guidance refer to the AAP Coding for Pediatric Preventive Care https://www.aap.org/en-us/documents/coding_preventive_care.pdf.
Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; adolescent (age 12 through 17 years)	99394	Providers shall bill for preventive EPSDT services using the preventive service, office or other outpatient services and preventive medicine CPT codes (99381–99385, 99391–99395) with an EP modifier. For further guidance refer to the AAP Coding for Pediatric Preventive Care https://www.aap.org/en-us/documents/coding_preventive_care.pdf.

Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years	99395	Providers shall bill for preventive EPSDT services using the preventive service, office or other outpatient services and preventive medicine CPT codes (99381–99385, 99391–99395) with an EP modifier for members through the age of 18. For further guidance refer to the AAP Coding for Pediatric Preventive Care https://www.aap.org/en-us/documents/coding_preventive_care.pdf.

SICK VISIT PERFORMED IN ADDITION TO EPSDT VISIT

Sick Visit in Addition to an EPSDT Visit - Modifier 25 is added to the Office/Outpatient code to indicate that a significant, separately identifiable evaluation and management service was provided by the same physician on the same day as the preventive medicine service. Sick visit CPT Codes are 99202-99215

SERVICE	CODE	COMMENTS
Office or other outpatient visits for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter	99202	Billing of a "sick visit" (CPT Codes 99202-99205, 99211-99215) at the same time as an EPSDT visit is a separately billable service if: History, Exam, and Medical Decision-Making components of the separate "sick visit" already performed during the course of an EPSDT visit are not to be considered when determining the level of the additional service (CPT Code 99202-99205, 99211-99215).
Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter.	99203	Billing of a "sick visit" (CPT Codes 99202-99205, 99211-99215) at the same time as an EPSDT visit is a separately billable service if: History, Exam, and Medical Decision-Making components of the separate "sick visit" already performed during the course of an EPSDT visit are not to be considered when determining the level of the additional service (CPT Code 99202-99205, 99211-99215).
Office or other outpatient visits for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter.	99204	Billing of a "sick visit" (CPT Codes 99202-99205, 99211-99215) at the same time as an EPSDT visit is a separately billable service if: History, Exam, and Medical Decision-Making components of the separate "sick visit" already performed during the course of an EPSDT visit are not to be considered when determining the level of the additional service (CPT Code 99202-99205, 99211-99215).
Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making.	99205	Billing of a "sick visit" (CPT Codes 99202-99205, 99211-99215) at the same time as an EPSDT visit is a separately billable service if:

When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter.		History, Exam, and Medical Decision-Making components of the separate "sick visit" already performed during the course of an EPSDT visit are not to be considered when determining the level of the additional service (CPT Code 99202-99205, 99211-99215).
Office or other outpatient visits for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional. Usually, the presenting problem(s) are minimal.	99211	Billing of a "sick visit" (CPT Codes 99202-99205, 99211-99215) at the same time as an EPSDT visit is a separately billable service if: History, Exam, and Medical Decision-Making components of the separate "sick visit" already performed during the course of an EPSDT visit are not to be considered when determining the level of the additional service (CPT Code 99202-99205, 99211-99215).
Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter.	99212	Billing of a "sick visit" (CPT Codes 99202-99205, 99211-99215) at the same time as an EPSDT visit is a separately billable service if: History, Exam, and Medical Decision-Making components of the separate "sick visit" already performed during the course of an EPSDT visit are not to be considered when determining the level of the additional service (CPT Code 99202-99205, 99211-99215).
Office or other outpatient visits for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter.	99213	Billing of a "sick visit" (CPT Codes 99202-99205, 99211-99215) at the same time as an EPSDT visit is a separately billable service if: History, Exam, and Medical Decision-Making components of the separate "sick visit" already performed during the course of an EPSDT visit are not to be considered when determining the level of the additional service (CPT Code 99202-99205, 99211-99215).
Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter.	99214	Billing of a "sick visit" (CPT Codes 99202-99205, 99211-99215) at the same time as an EPSDT visit is a separately billable service if: History, Exam, and Medical Decision-Making components of the separate "sick visit" already performed during the course of an EPSDT visit are not to be considered when determining the level of the additional service (CPT Code 99202-99205, 99211-99215).
Office or other outpatient visits for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter.	99215	Billing of a "sick visit" (CPT Codes 99202-99205, 99211-99215) at the same time as an EPSDT visit is a separately billable service if: History, Exam, and Medical Decision-Making components of the separate "sick visit" already performed during the course of an EPSDT

		visit are not to be considered when determining the level of the additional service (CPT Code 99202-99205, 99211-99215).

VISION SCREENING

Vision CPT codes with the EP modifier shall be listed on the claim form in addition to the preventive medicine CPT codes for Prescriptive lenses and frames, including replacement and repair of eyeglasses, without restrictions, as provided to correct or ameliorate defects, physical illness, and conditions discovered by EPSDT Screenings, subject to medical necessity.
Frames for eyeglasses are also covered and visit Screening assessment. With the exception of CPT code 99177, no additional reimbursement is allowed for these codes.

SERVICE	CODE	COMMENTS
Determination of refractive state	92015	Payment for vision and hearing exams, (including, but not limited to CPT codes 92015, 92081, 92551, 92552, 92553, 92567, 92568, 92285, 92286, 92587, 92588, 95930, and 99173) or any other procedure that may be interpreted as fulfilling the vision and hearing requirements provided in a PCP's office during an EPSDT visit, are considered part of the EPSDT visit and are **not separately billable services.**
Visual field examination, unilateral or bilateral, with interpretation and report; limited examination (e.g., tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent	92081	Payment for vision and hearing exams, (including, but not limited to CPT codes 92015, 92081, 92551, 92552, 92553, 92567, 92568, 92285, 92286, 92587, 92588, 95930, and 99173) or any other procedure that may be interpreted as fulfilling the vision and hearing requirements provided in a PCP's office during an EPSDT visit, are considered part of the EPSDT visit and are **not separately billable services.**
External ocular photography with interpretation and report for documentation of medical progress (e.g., close-up photography, slit lamp photography, goniophotography, stereophotography)	92285	Payment for vision and hearing exams, (including, but not limited to CPT codes 92015, 92081, 92551, 92552, 92553, 92567, 92568, 92285, 92286, 92587, 92588, 95930, and 99173) or any other procedure that may be interpreted as fulfilling the vision and hearing requirements provided in a PCP's office during an EPSDT visit, are considered part of the EPSDT visit and are **not separately billable services.**
Anterior segment imaging with interpretation and report; with specular microscopy and endothelial cell analysis	92286	Payment for vision and hearing exams, (including, but not limited to CPT codes 92015, 92081, 92551, 92552, 92553, 92567, 92568, 92285, 92286, 92587, 92588, 95930, and 99173) or any other procedure that may be interpreted as fulfilling the vision and hearing requirements provided in a PCP's office

		during an EPSDT visit, are considered part of the EPSDT visit and are **not separately billable services.**
Visual evoked potential (VEP) checkerboard or flash testing, central nervous system except glaucoma, with interpretation and report	95930	Payment for vision and hearing exams, (including, but not limited to CPT codes 92015, 92081, 92551, 92552, 92553, 92567, 92568, 92285, 92286, 92587, 92588, 95930, and 99173) or any other procedure that may be interpreted as fulfilling the vision and hearing requirements provided in a PCP's office during an EPSDT visit, are considered part of the EPSDT visit and are **not separately billable services.**
Screening test of visual acuity, quantitative, bilateral	99173	Payment for vision and hearing exams, (including, but not limited to CPT codes 92015, 92081, 92551, 92552, 92553, 92567, 92568, 92285, 92286, 92587, 92588, 95930, and 99173) or any other procedure that may be interpreted as fulfilling the vision and hearing requirements provided in a PCP's office during an EPSDT visit, are considered part of the EPSDT visit and are **not separately billable services.**
Instrument-based ocular screening (e.g., photoscreening, automated-refraction), bilateral; with on-site analysis	99177	Ocular photoscreening with interpretation and report, bilateral (CPT code 99177) is covered for children ages three to six as part of the EPSDT visit due to challenges with a child's ability to cooperate with traditional chart-based vision Screening techniques. Ocular photo screening is limited to a lifetime coverage limit of one. This procedure, although completed during the EPSDT visit, is a separately billable service and is eligible for a one-time only enhanced reimbursement (use 99177-EP on claim form).