

**Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Preventive Services Fee Schedule**

**Effective for Dates of Service On and After January 1, 2021\***

TOS	Code	Mod	CPT Description	Age Min/Max	Rate
21	99381		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)	00 00	\$76.29
21	99382		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)	01 04	\$83.24
21	99383		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)	05 11	\$82.67
21	99384		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)	12 17	\$90.19
21	99385		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; 18 through 20 years	18 20	\$80.17
21	99391		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)	00 00	\$63.65
21	99392		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)	01 04	\$71.16
21	99393		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)	05 11	\$70.88
21	99394		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)	12 17	\$78.11
21	99395		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 through 20 years	18 20	\$69.69
21	99173	EP	Screening test of visual acuity, quantitative, bilateral	03 20	\$2.00
21	92551		Screening test, pure tone, air only	04 20	\$8.27
07	96110		Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument. (Developmental screening and autism screening are currently reimbursed using the same procedure code)	00 02	\$10.00
07	96161		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. (age younger than 1 year)	00 00	\$8.14

**Interperiodic** medical, vision and hearing screenings are reimbursed at the same rate as the appropriate procedure code for **periodic** medical, vision, and hearing screenings. Modifier EP (EPSDT) is to be applied as directed in policy.

Providers are to follow the "Recommendations for Preventive Pediatric Health Care" periodicity schedule promulgated by the American Academy of Pediatrics (AAP)/Bright Futures for developmental screening, autism screening, and perinatal depression screenings. Providers must follow the EPSDT Preventive Services policy found in the Professional Services Manual.