

EPSDT and Wellness Full Preventive Health Screen Billing Procedures

EPSDT SCREEN		PROC	CEDURE CODE BY	MODIFIERS		FOSTER CARE		
	<1 YEAR	1–4 YEARS	5–11 YEARS	12–17 YEARS	18–20 YEARS	MODIFIER 1	MODIFIER 2	INTAKE
New patient	99381	99382	99383	99384	99385	EP	U1	99381–99385 — H9
Established patient	99391	99392	99393	99394	99395	EP	U2	99391-99395 — H9
Newborn in hospital	99460: Initial hospi	tal/birthing center car	e/normal newborn	FP	UA			
	99463: Initial hospi	tal/birthing center no	rmal NB — admitted	ΕΓ				
Newborn in other setting	99461: Initial care r	normal newborn other	than hospital/birthir	EP	UA			

EPSDT Reason Codes are required for EPSDT services. Please enter the appropriate two-byte reason code to the applicable section of your claim form.

AV: Available — Not Used (patient refused referral)

NU: Not Used (used when no EPSDT patient referral was given)

S2: Under Treatment (patient is currently under treatment for referred diagnostic or corrective health problem)

ST: New Service Requested (Referral to another provider for diagnostic or corrective treatment/scheduled for another appointment with screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service, not including dental referrals.)

ARKIDS B: PREVENTIVE HEALTH SCREEN

	<1 YEAR	1–4 YEARS	5–11 YEARS	12–17 YEARS	18 YEARS	MODIFIER 1	MODIFIER 2				
New patient	99381	99382	99383	99384	99385	NO MODIFIERS For Arkids B					
Established patient	99391	99392	99393	99394	99395						
Newborn in hospital	99460: Initial hospi	tal/birthing center car	(Newborn only) UA								
	99463: Initial hospi	tal/birthing center no									
Newborn in other setting	99461: Initial care r	normal newborn other	(Newborn only) UA								



Newborn procedure codes pay \$108.16 while all other listed codes pay \$61.01.

