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EPSDT/PPHSD Screening Services Codes

The following services are payable according to 130 CMR 450.146 through 450.150 and per the applicable provider manual in addition to the initial, periodic, or interperiodic, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) or Preventive Pediatric Health-care Screening and Diagnosis (PPHSD) visit when they are performed and interpreted in the office of the provider who furnished the visit.

Laboratory Services

Any MassHealth covered laboratory services that are provided as part of EPSDT screenings may be billed per the applicable MassHealth provider manual.

Fluoride Varnish

When billing for fluoride varnish treatment provided during a well-child visit, providers must bill the procedure code 99188 AND the ICD-10 code Z00.129: "Routine Child Health Check." When billing for fluoride varnish treatment provided during any other visit, providers must bill the procedure code 99188 AND the ICD-10 code Z41.8: "Need for Prophylactic Fluoride Administration."

99188 Topical application of fluoride varnish; therapeutic application for moderate to high caries risk patients

Immunization Administration

90460 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

90461 Immunization administration through 18 years of age via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine or toxoid component administered (List separately in addition to code for primary procedure)

90471 Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)

90472 Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)

90473 Immunization administration by intranasal or oral route; 1 vaccine (single or combination vaccine/toxoid)

90474 Immunization administration by intranasal or oral route; each additional vaccine (single or combination vaccine/toxoid) (List separately in addition to code for primary procedure)

90480 Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, single dose

Audiometric Hearing Function Tests

92551 Screening test, pure tone, air only

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- 92552 Pure tone audiometry (threshold); air only
- 92587 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

Vision Tests

- 99173 Screening test of visual acuity, quantitative, bilateral

Postpartum or Caregiver Depression Screening, Developmental Screening, or Autism Spectrum Disorder Screening

- 96110 Developmental screening, with scoring and documentation, per standardized instrument

(Postpartum or Caregiver Depression Screening, should occur at every pediatric preventive health care visit from the one month visit to the 12-month visit, may be billed up to the 12 month pediatric preventive health care visit for the administration and scoring of a recommended postpartum or caregiver depression screening tool, and must be billed using under the infant's MassHealth ID number and with the UD modifier used together with either modifier -U1 or -U2 based on the screening result.

Developmental Screening, should occur at the 9-, 18-, and 30-month preventive pediatric visits and at any visit in which developmental surveillance elicits a concern, may be billed up to the age 8 preventative pediatric visit for administration and scoring of an age-appropriate standardized developmental screening tool per Appendix W and must be billed with modifier -U1 or -U2.

Autism Spectrum Disorder Screening, should occur at the 18- and 24-month preventive pediatric visits, may be billed up to the age 3 preventative pediatric visit for administration and scoring of a standardized autism screening tool per Appendix W and must be billed with modifier -U3 or -U4.

MassHealth only pays for one developmental screening per member per date of service and one autism spectrum disorder screening per member per date of service, as clinically appropriate.)

Behavioral Health Assessment and Depression Screening

- 96127 Brief emotional/behavioral assessments, with scoring and documentation, per standardized instrument (4 to 21 years of age. From 4 to 11 years of age, to be billed for the administration of a standardized behavioral health screening tool per Appendix W. From 12 to 21 years of age, to be billed for the administration of a standardized depression screening tool per Appendix W. Must be billed with either modifier -U1 or -U2. Code 96127 is not payable when code 90791 is billed for the same date of service for the same member. For such dates of service, the provider must bill only code 90791).

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Service Code Modifiers and Descriptions

Modifier Modifier Description

- U1 No developmental health or behavioral health need identified (Used with codes 96110, 96127)
- U2 Developmental health or behavioral health need identified (Used with codes 96110, 96127)
- U3 No follow-up needed (Used with code 96110 for autism spectrum disorder screening)
- U4 Follow-up needed (Used with code 96110 for autism spectrum disorder screening)
- UD Administration and scoring of a standardized screening tool for postpartum/caregiver depression (Used with code 96110 in combination with U1 or U2)

This publication contains codes that are copyrighted by the American Medical Association. Certain terms used in the service descriptions for HCPCS codes are defined in the Current Procedural Terminology (CPT) code book.

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