

HEDIS MY 2026 PEDIATRIC PROVIDER TOOLKIT



What is EPSDT

The Early and Periodic Screening Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services.

- E** **ARLY:** Assessing and identifying problems early
- P** **ERIODIC:** Checking children’s health at periodic, age-appropriate intervals
- S** **CREENING:** Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
- D** **IAGNOSTIC:** Performing diagnostic tests to follow-up when a risk is identified and,
- T** **REATMENT:** Control, correct or reduce health problems found

SCREENING SERVICES

- Comprehensive health and developmental history
- Comprehensive physical exam
- Appropriate immunizations (according to ACIP)
- Laboratory tests, including lead screening
- Health Education, including anticipatory guidance
- Vision Services
- Dental Services
- Hearing Services
- Other necessary healthcare – diagnostic services and treatment to correct or reduce physical and mental illnesses, and conditions discovered by during screening services

PREVENTIVE CARE/PERIODICITY SCHEDULE RESOURCE INFORMATION

- The Bright Futures/American Academy of Pediatrics (AAP): <https://www.aap.org/en/practice-management/care-delivery-approaches/periodicity-schedule/>
- CDC Advisory Committee on Immunizations Practice (ACIP): <https://www.cdc.gov/vaccines/hcp/imz-schedules/index.html>
- Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP (Child Core Set): <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html>

Well-Child Visits — HEDIS Measures



WELL-CHILD VISIT IN THE FIRST 30 MONTHS OF LIFE (W30)

Persons who had the following number of well-child visits with a PCP during the last 15 months.

Two reported rates:

- 1. Well-Child Visits in the first 15 months:** Children who turned 15 months old during the measurement period. The member should have 6 or more visits on or before 15 months.
- 2. Well-Child Visits age 15 months – 30 months:** Children who turned 30 months old during the measurement period. The member should have 2 or more visits on or before 30 months.

EPSDT preventive visits that occur at 15 months and 1 day old, will NOT count towards W30 for 0 – 15 months HEDIS rates.

Helpful Tips

- Complete preventive visits from 0–30 months throughout the year according to the specified time-frame
- Handouts given to a parent without documentation of discussion does not meet the criteria for health education / anticipatory guidance.
- Document all appropriate screening requirements according to AAP/Bright Futures.
- Perform a well-visit exam during a follow-up or sick visit when medically appropriate.
- EPSDT preventative medical visits that occur at 15 months and 1 day old will not count towards (W30) 0-15 months HEDIS care gap outcomes.



CHILD AND ADOLESCENT WELL-CARE VISITS (WCV)

Persons 3–21 years of age who had at least one comprehensive Well-Care Visit with a PCP or OB/GYN practitioner during the measurement period.

Components of comprehensive Well-Care Visit includes:

- Health history
- Physical developmental history
- Mental developmental history
- Physical exam
- Health education/ anticipatory guidance

Helpful Tips

- Perform Well-Child Visits during a sports physical visit. Use the appropriate CPT and ICD-10 codes to ensure HEDIS care gap outcomes
- A handout given to a parent without documentation of a discussion does not meet the criteria for health education / anticipatory guidance.
- During every visit, it is important to discuss weight, BMI, nutrition counseling, and the importance of physical activity.

Appropriate Codes for W30 and WCV HEDIS Measure, Preventative Visits

| Age | CPT Codes* New Patient | Age | CPT Codes* Established Patient | Modifier |
|----------|---------------------------|----------|-----------------------------------|----------|
| < 1 year | 99381 | < 1 year | 99391 | EP |
| 1 – 4 | 99382 | 1 – 4 | 99392 | |
| 5 -11 | 99383 | 5 – 11 | 99393 | |
| 12 – 17 | 99384 | 12 – 17 | 99394 | |
| 18 – 21 | 99385 | 18 – 21 | 99395 | |

ICD-10 – CM Codes* with Age parameters

| Ages | Codes* |
|---------------------|--|
| 0 – 7 days | Z00.110 |
| 8 – 28 days Z00.111 | Z00.111 |
| 29 day – 14 years | Z00.121 or Z00.129 |
| 15 years – 17 years | Z00.121 or Z00.129 Z00.00 or Z00.01 |
| 0 – 20 years | Z02 – Z02.89 |

Timeline for Well – Child Visits (W30)

| | | |
|----------------|-----------|-----------|
| 3 – 5 Days old | 6 months | 18 months |
| 1 month | 9 months | 24 months |
| 2 months | 12 months | 30 months |
| 4 months | 15 months | |

* Codes subject to change

Helpful Tips

- Documentation must include patient’s height, weight, and BMI percentile notated in the medical record or plotted on a BMI age growth chart.
- Use every office visit (including sick visits) as an opportunity to provide education on physical activity, nutrition counseling, and BMI percentile calculations.
- Use appropriate CPT/ICD-10 codes to ensure HEDIS care gaps outcomes. This reduces medical record/chart review.



WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS (WCC)

Persons 3–17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement period:

- BMI Percentile documentation*
- Counseling for Nutrition
- Counseling for Physical Activity

*Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value.

Appropriate Codes for WCC HEDIS Measure

| Description | Codes* | |
|--|--|----------------|
| BMI percentile (use for 2–20 years of age) | BMI <5% for age | ICD-10: Z68.51 |
| | BMI 5% to <85% for age | ICD-10: Z68.52 |
| | BMI 85% to <95% for age | ICD-10: Z68.53 |
| | BMI ≥ 95% for age | ICD-10: Z68.54 |
| Counseling for Nutrition | ICD-10 CM: Z71.3 CPT: 97802-97804 HCPCS: G0270,G0271, G0447, S9449, S9452, S9470 | |
| Counseling for Physical Activity: | Examination for Sport: Z02.5 Exercise Counseling: Z71.82 HCPCS: G0447, S9451 | |

* Codes subject to change

Helpful Tips

- Use appropriate HEDIS codes to capture care gap and reduce medical record review
- Adjust counseling based on individual needs and developmental milestones, such as providing age - appropriate handouts for older children
- Document any counseling related to weight or obesity management
- Ensure all documentation is clearly dated and time stamped



CATCH-UP PREVENTATIVE VISIT

- A preventive visit that is not performed as specified in the Bright Futures periodicity schedule should be coded as a catch-up visit.
- **“Catch-Up”** preventive visits are only for children younger than three (3) years of age.
- Administer missed vaccines during catch-up preventive visits. Use **modifier 25 with EP and HA** when coding applicable CPT E/M codes.

Appropriate Codes for “Catch-Up” Visit

| CPT Codes | Modifiers | Diagnosis |
|---|---------------|--|
| 99381, 99391 (New Patient) Age: Infant – 1 year | EP, HA | Z00.110, Z00.111, Z00.121, Z00.129, Z02 – Z02.89 |
| 99382, 99392 (Established Patient) Age: 1 – 4 years | EP, HA | Z00.121, Z00.129, Z02 – Z02.89 |
| Example: An 8-month-old child presents for a health check visit after missing their 4-month and 6-month visits. | | |
| <ul style="list-style-type: none"> ■ All required components from the missed visits must be included in this catch-up appointment. | | |



EPSDT PERIODIC VISIT AND SICK VISIT ON SAME DAY

If a patient presents with an abnormality(ies) or a preexisting problem during the EPSDT Periodic Visit and it is significant enough to require additional work; perform the key components of a problem-oriented E/M (evaluation and management) service, using the following:

Appropriate Codes for W30 and WCV HEDIS measure

New patient: EPSDT Periodic Visit and Sick Visit on Same Day

| Description | CPT Code | ICD-10 CM Codes |
|-------------------------------|------------------------------------|---|
| Preventive Visit | 99381-99385 Modifier: EP | Z00.110, Z00.111, Z00.121, Z00.129, Z000.00, Z00.01, Z02.0 – Z02.89 |
| E/M – Office/Outpatient Visit | 99202-99205 Modifier: 25 | *Use applicable diagnosis code for a sick visit |

Established Patient: EPSDT Periodic Visit and Sick Visit on Same Day

| Description | CPT Code | ICD-10 CM Codes |
|-------------------------------|------------------------------------|---|
| Preventive Visit | 99391-99395 Modifier: EP | Z00.110, Z00.111, Z00.121, Z00.129, Z000.00, Z00.01, Z02.0 – Z02.89 |
| E/M – Office/Outpatient Visit | 99211-99215 Modifier: 25 | *Use applicable diagnosis code for a sick visit |

* Codes subject to change

For guidelines reference Department of Community Health: EPSDT Services — Health Check Program Manual for additional information www.mmis.georgia.gov



SPORTS PHYSICAL AND WELL CHILD VISIT

Peach State Health Plan will reimburse our primary care providers (PCPs) for performing sports physicals for our members 8 to 18 years old when the Well-Check Screening service is performed on the same date of service or for members who are current on their EPSDT Periodic Health Screening.

- If the member is scheduled for a Well Child Visit and needs a Sports Physical Exam on the same day report the following when submitting a claim

Appropriate Codes for Well Child Visit and Sports Physical Exam

Member requires both a Well Child Visit and Sports Physical Exam – Same Day

| Description | CPT Code* | ICD-10 CM Codes* |
|----------------------|---|------------------|
| Well Child Visit | 99383-99385 or 99393-99395 Modifier: EP | Z00.121, Z00.129 |
| Sports Physical Exam | 99212 Modifier: 25 | Z02.89 |

* Codes subject to change

- If the member is up to date with their EPSDT Periodic Health Screening perform a Sports Physical Exam and submit a claim with appropriate codes.

Member requires both a Well Child Visit and Sports Physical Exam – Same Day

| Description | CPT Code* | ICD-10 CM Codes* |
|----------------------|---|--------------------------|
| Well Child Visit | 99383-99385 or 99393-99395 Modifier: EP | Z02.89, Z00.121, Z00.129 |
| Sports Physical Exam | 99212 Modifier: 25 | Z02.89 |

Sports Physical Exam only for members up to date with EPSDT Periodic Health Screening

| Description | CPT Code* | ICD-10 CM Codes* |
|----------------------|------------------------------|------------------|
| Sports Physical Exam | 99212 Modifier: 25 | Z02.89 |

* Codes subject to change

Note: This is a Peach State Health Plan Value Added Benefit which is subject to change.

Immunization HEDIS Measures



CHILDHOOD IMMUNIZATION STATUS (CIS-E)

Persons 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

The CIS-E HEDIS measure calculates a rate for each vaccine and three combination rates.

| | |
|-----------------|--|
| Combo 3 | DTap, IPV, MMR, HiB, HepB, VZV, PCV |
| Combo 7 | DTap, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV |
| Combo 10 | DTap, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV, Flu |

Appropriate Codes for CIS-E HEDIS Measure

| Vaccine Procedure | | CPT CODES | SNOMED Codes |
|-------------------|-------|---|---|
| 4 doses | DTap | 90697, 90698, 90700, 90723 | 1162640003, 16290681000119103, 310306005, 310307001, 310308006, 312870000, 313383003, 390846000, 390865008, 399014008, 412755006, 412756007, 412757003, 412762002, 412763007, 412764001, 414001002, 414259000, 414620004, 415507003, 415712004, 428251000124104, 571571000119105, 572561000119108, 770608009, 770616000, 770617009, 770618004, 787436003, 866158005, 866159002, 866226006, 868273007, 868274001, 868276004, 868277008 |
| 3 doses | HiB | 90644, 90647, 90648, 90697, 90698, 90748 | 1119364007, 1162640003, 127787002, 16292241000119109, 170343007, 170344001, 170345000, 170346004, 310306005, 310307001, 310308006, 312869001, 312870000, 313383003, 414001002, 414259000, 415507003, 415712004, 428975001, 712833000, 712834006, 770608009, 770616000, 770617009, 770618004, 786846001, 787436003 |
| 1 dose | Hep A | 90633 | 170378007, 170379004, 170380001, 170381002, 170434002, 170435001, 170436000, 170437009, 243789007, 312868009, 314177003, 314178008, 314179000, 394691002, 571511000119102, 871752004, 871753009, 871754003 |
| 3 doses | Hep B | 90697, 90723, 90740, 90744, 90747, 90748 | 1162640003, 16584000, 170370000, 17037100, 170372008, 170373003, 170374009, 170375005, 170434002, 170435001, 170436000, |

| Vaccine Procedure | | CPT CODES | SNOMED Codes |
|--|-----|--|---|
| 3 doses | IPV | 90697, 90698, 90713, 90723 | 16290681000119103, 310306005, 310307001, 310308006, 312869001, 312870000, 313383003, 390865008, 396456003 412762002, 412763007, 412764001, 414001002, 414259000, 414619005, 414620004, 415507003, 415712004, 416144004, 416591003, 417211006, 417384007, 417615007, 572561000119108, 866186002, 866227002, 868266002, 868267006, 868268001, 868273007, 868274001, 868276004, 868277008, 870670004 |
| 2 doses | Flu | 90655, 90657, 90661, 90673, 90674, 90685 – 90689, 90756 | 86198006 |
| 1 dose | MMR | 90707, 90710 | 170431005, 871909005, 170432003, 433733003, 170433008, 432636005, 572511000119105, 571591000119106, 38598009 |
| 4 doses | PCV | 90670, 90671, 90677 | 1119366009, 1119368005, 12866006, 1296904008, 394678003, 434751000124102, 871833000 |
| 2 doses | RV | 90681 | 434741000124104 |
| 3 doses | RV | 90680 | 434731000124109 |
| 1 dose | VZV | 90710, 90716 | 425897001, 428502009, 432636005, 433733003, 572511000119105, 737081007, 871898007, 871899004, 871909005 |
| Anaphylaxis Due to Diphtheria, Tetanus or Pertussis Vaccine | | | 428291000124105, 428281000124107 |

* Codes subject to change

Helpful Tips:

- Administer age-appropriate immunizations within the required timeframe
- Report all administered immunizations by accessing the Georgia Registry of Immunization (GRITS) System
- Clear notation in the medical record reflecting the date of each vaccine provided
- Document if a Newborn has received immunizations “at delivery” or “in the hospital for Hepatitis B to meet criteria
- Submit a claim with the applicable CPT codes and modifier EP to close the HEDIS care gap



IMMUNIZATION FOR ADOLESCENTS (IMA-E)

Persons 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series by their 13th birthday.

The IMA-E HEDIS measure calculates a rate for each vaccine and two combination rates.

| | |
|----------------|----------------|
| Combo 1 | MCV, Tdap |
| Combo 2 | MCV, Tdap, HPV |

Appropriate Codes for IMA-E HEDIS Measure

| Vaccine | CPT Codes | SNOMED Codes |
|--|---------------------|---|
| Meningococcal (MenACWY) | 90619, 90733, 90734 | 16298691000119102, 428271000124109, 871874000 |
| Tdap | 90715 | 390846000, 412755006, 412756007, 412757003, 571571000119105, 428251000124104 |
| HPV | 90649, 90650, 90651 | 761841000, 734152003, 724332002, 717953009, 429396009, 428931000, 428741008, 1209198003 |
| Anaphylaxis Due to Diphtheria, Tetanus or Pertussis Vaccine | | 428291000124105, 428281000124107 |

* Codes subject to change

Helpful Tips

- Administer age-appropriate immunizations within the required timeframe
- Report all administered immunizations by accessing the Georgia Registry of Immunization (GRITS) System
- Clear notation in the medical record reflecting the date of each vaccine provided
- Document if a Newborn has received immunizations “at delivery” or “in the hospital for Hepatitis B to meet criteria
- Submit a claim with the applicable CPT codes and modifier EP to close the HEDIS care gap

Note:

- If the child is 13 years and 1 day old when services are rendered the member is non-compliant for HEDIS ratings.
- Schedule a nurse-only immunization visit to ensure member has received 2nd HPV or other vaccines on or before 13th birthday.

The appropriate vaccine administration codes, when administering VFC vaccines, as they apply:

| CPT | Description |
|--------------|--|
| 90460 | Immunization administration through 18 years of age via any route of administration with counseling by physician or other qualified healthcare professional; first or only component of each vaccine or toxoid administered |
| 90471 | Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid) |
| 90472 | Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); one vaccine (single or combination vaccine/toxoid) 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; one 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 |

* Codes subject to change

For guidelines reference Department of Community Health: EPSDT Services—Health Check Program Manual for additional information www.mmis.georgia.gov

Helpful Tips

- Administer age-appropriate immunizations within the required timeframe
- Report all administered immunizations by accessing the Georgia Registry of Immunization (GRITS) System

- Clear notation in the medical record reflecting the date of each vaccine provided
- Meningococcal** recommends vaccine at **age range 10 – 13 years**
- 2 HPV doses 146 days apart** or **3 HPV doses with different dates** of services **between members 9th and 13th birthday**
- Schedule a “nurse-only immunization visit” to ensure member receives 2nd HPV vaccine before 13th birthday
- Submit a claim with the applicable CPT codes and modifier EP to close the HEDIS care gap

Note:

- If the child is 2 years and 1 day old when services are rendered the member is non-compliant for HEDIS ratings.
- A Parent/guardian refusal of vaccinations is not a valid exclusion for HEDIS standards.

For additional information please reference The Centers for Disease Control and Prevention at:

<https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html#table-1>

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2).

| Vaccine and other immunizing agents | Birth | 1 mo | 2 mos | 4 mos | 6 mos | 9 mos | 12 mos | 15 mos | 18 mos | 19–23 mos | 2–3 yrs | 4–6 yrs | 7–10 yrs | 11–12 yrs | 13–15 yrs | 16 yrs | 17–18 yrs | |
|--|---|--------------|----------|--------------|--------------|---------------------------------|---------------------------|--------------|---------------------------------|-----------|-----------------------|----------|-----------------|--|-----------|----------|-----------|--|
| Respiratory syncytial virus (RSV-mAb [Nirsevimab]) | 1 dose depending on maternal RSV vaccination status (See Notes) | | | | | 1 dose (8–19 months), See Notes | | | | | | | | | | | | |
| Hepatitis B (HepB) | 1st dose | ← 2nd dose → | | ← 3rd dose → | | | | | | | | | | | | | | |
| Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series) | | | 1st dose | 2nd dose | See Notes | | | | | | | | | | | | | |
| Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs) | | | 1st dose | 2nd dose | 3rd dose | | | | ← 4th dose → | 1st dose | | | 5th dose | | | | | |
| Haemophilus influenzae type b (Hib) | | | 1st dose | 2nd dose | See Notes | | | | ← 3rd or 4th dose (See Notes) → | | | | | | | | | |
| Pneumococcal conjugate (PCV15, PCV20) | | | 1st dose | 2nd dose | 3rd dose | | | ← 4th dose → | | | | | | | | | | |
| Inactivated poliovirus (IPV) | | | 1st dose | 2nd dose | ← 3rd dose → | | | | | | | 4th dose | | | | | See Notes | |
| COVID-19 (1vCOV-mRNA, 1vCOV-aPS) | See Notes | | | | | | | | | | | | | | | | | |
| Influenza (IIV3, cclIV3) | | | | | | 1 or 2 doses annually | | | | | | | 1 dose annually | | | | | |
| Influenza (LAIV3) | | | | | | | | | | | 1 or 2 doses annually | | | 1 dose annually | | | | |
| Measles, mumps, rubella (MMR) | | | | | See Notes | | ← 1st dose → | | | | | 2nd dose | | | | | | |
| Varicella (VAR) | | | | | | ← 1st dose → | | | | | 2nd dose | | | | | | | |
| Hepatitis A (HepA) | | | | | See Notes | | 2-dose series (See Notes) | | | | | | | | | | | |
| Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs) | | | | | | | | | | | | | 1 dose | | | | | |
| Human papillomavirus (HPV) | | | | | | | | | | | | | | See Notes | | | | |
| Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years) | | | | See Notes | | | | | | | | | | | 1st dose | 2nd dose | | |
| Meningococcal B (MenB-4C, MenB-FHbp) | | | | | | | | | | | | | | See Notes | | | | |
| Respiratory syncytial virus vaccine (RSV [Abrysvo]) | | | | | | | | | | | | | | Seasonal administration during pregnancy (See Notes) | | | | |
| Dengue (DEN4CYD: 9–16 yrs) | | | | | | | | | | | | | | Seropositive in endemic dengue areas (See Notes) | | | | |
| Mpox | | | | | | | | | | | | | | | | | | |

Range of recommended ages for all children
Range of recommended ages for catch-up vaccination
Range of recommended ages for certain high-risk groups or populations
Recommended vaccination can begin in this age group
Vaccination is based on shared clinical decision-making
No Guidance/Not Applicable

(continued)

14. Screen for behavioral and social-emotional problems per "Promoting Optimal Development: Screening for Behavioral and Emotional Problems" (<https://doi.org/10.1542/peds.2011-1719>). Mental Health Competencies for Pediatricians (<https://doi.org/10.1542/peds.2016-0393>). Practice Guidelines for the Assessment and Treatment of Children and Adolescents With Anxiety Disorders" (<https://pubmed.ncbi.nlm.nih.gov/248194001/>)
"Screening for Anxiety in Adolescents and Adult Women: A Recommendation From the Women's Preventive Services Initiative" (<https://pubmed.ncbi.nlm.nih.gov/32510950/>) and "Anxiety in Children and Adolescents: Screening" (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/anxiety-children-adolescents/>). The screening should be family centered and may include asking about caregiver emotional and mental health concerns and social determinants of health, racism, poverty, and relational health. See "Poverty and Child Health in the United States" (<https://doi.org/10.1542/peds.2016-0393>). "The Impact of Racism on Child and Adolescent Health" (<https://doi.org/10.1542/peds.2019-1765>) and "Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health" (<https://doi.org/10.1542/peds.2021-0528>).
15. A recommended tool to assess use of alcohol, tobacco and nicotine, marijuana, and other substances, including opioids is available at <http://zeffire.org>. If there is concern for substance use, providers should consider recommending or prescribing buprenorphine (<https://www.ncbi.nlm.nih.gov/pubmed/31042340>) and naloxone (<https://www.ncbi.nlm.nih.gov/pubmed/27623403>), as available.
16. Screen adolescents for depression and suicide risk, making every effort to preserve confidentiality of the adolescent. See "Guidelines for Adolescent Depression in Primary Care (GLAD-PC): Part 1. Practice Preparation, Identification, Assessment, and Initial Management" (<https://doi.org/10.1542/peds.2017-4081>), "Mental Health Competencies for Pediatric Practice" (<https://doi.org/10.1542/peds.2019-2752>), "Suicide and Suicide Attempts in Adolescents" (<https://doi.org/10.1542/peds.2016-1420>), and "The 21st Century Cures Act & Adolescent Confidentiality" (https://adolescenthealth.org/press_release/nasg-ag-statement-the-21st-century-cures-act-adolescent-confidentiality/).
17. At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped. See "Use of Chaperones During the Physical Examination of the Pediatric Patient" (<https://doi.org/10.1542/peds.2011-0322>).
18. These may be modified, depending on entry point into schedule and individual need.
19. Confirm initial results were accomplished, verify results, and follow up, as appropriate. See <https://www.aap.org/clinical-practice-guidelines/adolescent-mental-health> and <https://www.aap.org/clinical-practice-guidelines/newborn-screening>. The Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (<https://www.babyfriendlytest.org/>) establish the criteria for and coverage of newborn screening procedures and programs.
20. Verify results as soon as possible, and follow up, as appropriate.
21. Confirm initial screening was accomplished, verify results, and follow up, as appropriate. See "Clinical Practice Guideline Revision: Management of Hyperbilirubinemia in the Newborn Infant 35 or More Weeks of Gestation" (<https://doi.org/10.1542/peds.2022-0588>).
22. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per "Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease" (<https://doi.org/10.1542/peds.2011-1321>).
23. Schedules, per the AAP Committee on Infectious Diseases, are available at <https://www.aap.org/clinical-practice-guidelines/infectious-diseases>. Every visit should be an opportunity to update and complete a child's immunization record.
24. Perform risk assessment or screening, as appropriate, per recommendations in the current edition of the AAP *Pediatric Nutrition: Policy of the American Academy of Pediatrics* (Iron chapter).
25. For children at risk of lead exposure, see "Prevention of Childhood Lead Toxicity" (<https://doi.org/10.1542/peds.2016-1493>) and "Low-Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (<https://stacks.cdc.gov/view/cdc/11859>).

Summary of Changes Made to the Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

This schedule reflects recommendations approved in December 2024 and published in February 2025. For updates and a list of previous changes made, visit www.aap.org/periodicityschedule.

RECOMMENDATIONS APPROVED IN DECEMBER 2024

No changes have been made to clinical guidance or footnotes in the recommendations published in 2025.



EPSDT Screenings and Dental Care



LEAD SCREENING IN CHILDREN (LSC)

Persons 2 years of age who had one or more capillary or venous lead blood test for lead poisoning by their second birthday.

Appropriate Code for LSC HEDIS Measure

| Description | CPT Code | |
|-------------|----------|--|
| Lead Tests | 83655 | 10368-9, 10912-4, 14807-2, 17052-2, 25459-9, 27129-6, 32325-3, 5674-7, 77307-7 |

*Codes subject to change.

Helpful Tips

- To remain compliant lead screening must be completed on or before the child's second (2nd) birthday.
- Verify that immunizations and lead screening are up to date during the 18-month well-child visit, prior to the child turning 2 years old.
- Completing a lead risk assessment does not fulfill the venous blood lead testing requirement for Medicaid members, regardless of the risk score.
 - ▶ **EPSDT:** All Medicaid-eligible children must receive blood lead testing at 12 and 24 months, regardless of their responses on the lead screening assessment.
- When using a "**Certified Lead Analyzer,**" bill with the appropriate **CPT code 83655**.



ORAL EVALUATION, DENTAL SERVICES (OED)

Persons under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement period.

Appropriate Codes for OED HEDIS Measure

| Description | CDT Codes* |
|---|------------|
| Periodic oral evaluation - established patient | D0120 |
| Comprehensive Oral Evaluation, new or established patient | D0150 |
| Oral evaluation for patients under 3 years of age and counseling with primary caregiver | D0145 |

*Codes subject to change.

Helpful Tips

- Educate the parent/caregiver on the importance of good oral health. Encourage them to start early and establish a primary dental provider (PDP) for Oral Evaluation and Dental Services.
- Refer patient to schedule with their Primary Care Dental Provider (PDP) for dental services.
- Advise the parent to contact Peach State Health Plan or access to our website: www.pshp.com to “Find a Doctor” in their area with convenient office hours.
- Federally Qualified Health Centers (FHQC) and Rural Health Clinics/Centers (RHC) can serve as a Primary Care Dental Home.



TOPICAL FLUORIDE FOR CHILDREN (TFC)

Persons 1–4 years of age who received at least two fluoride varnish applications during the measurement period.

Appropriate Codes for TFC HEDIS Measure

| Description | CPT Code* | Modifier |
|--|-----------|----------|
| Application of fluoride varnish by a primary care provider (PCP) during an EPSDT visit | 99188 | EP |

Codes subject to change.

Important Note: Two or more fluoride varnish applications must be applied during the measurement period, on different dates of services.

Helpful Tips

- Primary care settings can start applying fluoride varnish with the first tooth eruption and apply it every 3 – 6 months.
- Fluoride is essential for preventing dental caries and tooth decay.
- Perform an Oral Health Risk Assessment to determine any risk factors.
- Educate the parent/caregiver on the importance of good oral health.
- Encourage them to start early and establish a primary dental provider (PDP) for Oral Evaluation and Dental Services.
- Educate the parent on how to clean all surfaces of the teeth and gums twice a day, in the morning and before going to bed.
- FQHC with dental services can be used as a primary dental provider (PDP).
- Peach State Health Plan members can access our website to “Find A Doctor” at <https://www.pshpgeorgia.com/find-a-doctor.html> to locate a dental provider in their area.

Resources:

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/prevention-of-dental-caries-in-children-younger-than-age-5-years-screening-and-interventions1>

<https://www.ada.org/resources/ada-library/oral-health-topics/fluoride-topical-and-systemic-supplements>

<https://publications.aap.org/aapnews/news/29918/AAP-stands-by-recommendations-for-low-fluoride?autologincheck=redirected>

<https://www.healthychildren.org/English/healthy-living/oral-health/Pages/FAQ-Fluoride-and-Children.aspx>

Disclaimer: Although topical fluoride is considered safe and effective, excessive exposure may pose a risk of dental fluorosis. It is essential that the dentist or physician consult with the parent to determine the most suitable course of action for the child’s oral healthcare.

Developmental Screening in the First Three Years of Life (DEV-CH)



DEVELOPMENTAL SCREENING IN THE FIRST THREE YEARS OF LIFE (DEV-CH)

Person ages 1 – 3 years old screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second or third birthday.

Screening Tools:

- Documentation must include a standardized development screening tool. Developmental screenings are recommended at the 9, 18 and 30-month visits following Bright Futures Periodicity Schedule.
- Indicate in the patient medical record the standardized tool that was used.
- The date of the screening, evidence of the completed tool and a score are required.
- Standardized tools focused on one domain such as **M-CHAT (autism) and ASQ-SE (social-emotional)** are **NOT ACCEPTABLE**.

Coding Requirements:

- Providers performing a developmental screening must **bill with CPT code 96110 with an EP modifier** and the appropriate **preventive ICD-10 diagnosis code**.

Acceptable Screening Tools:

- Ages and Stages Questionnaire (ASQ)*
- Ages and Stages Questionnaire (ASQ-3)*
- Bayley Infant Neurodevelopmental Screen (BINS)
- Parents' Evaluation of Developmental Status (PEDS)
- Battelle Developmental Inventory Screening Tool (BDI-ST)
- Survey of Well-being of Young Children (SWYC)
- Brigance Screens II
- Parents' Evaluation of Developmental Status – Developmental Milestones (PEDS-DM)
- Infant Development inventory
- Denver Developmental Screening
- Child Development Inventory (CDI)

*Access Ages and Stages Questionnaires at <https://agesandstages.com/> (fees may apply)

Best Practices:

- Incorporate screening procedures into the ongoing healthcare of the child. This increases the chances that previously undetected developmental delays can be identified at subsequent screenings (American Academy of Pediatrics — AAP).
- Conduct developmental surveillance at every well child visit and screen using a formal validated tool at ages 9, 18, and 30 months (AAP). When discussing developmental surveillance with families, use of the term “monitoring” may be a more helpful way of discussing surveillance.

- Screen more frequently if there are additional risk factors such as preterm birth, low birth weight and lead exposure, among others.
- Inquire and attend to parent concerns about their child's development.
- Screen for maternal depression at 1-, 2-, 4- and 6-month visits. Postpartum depression is considered an adverse childhood experience and has a profound effect on infants and children.
- Survey parents/guardians for risk factors of social determinants (e.g., food, housing, etc.) of health at all patient visits.
- Social-emotional screening is recommended at regular intervals.

Data Collection

- Data for this measure is collected using claims submission.
- Peach State Health Plan accepts medical records for this measure through our secure portal.
- Upload the medical records with member information to ensure gap closure.

Sources Sited:

<https://publications.aap.org/pediatrics/article-abstract/108/1/192/66839/Developmental-Surveillance-and-Screening-of?redirectedFrom=fulltext>

<https://publications.aap.org/pediatrics/article/143/1/e20183259/37241/Incorporating-Recognition-and-Management-of>

<https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx>



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