



Pediatric Screening Tool



Pediatric Screenings	CPT Code	CPT Description	Age Restriction	Frequency	Modifiers	Standardized Tests Used	Healthy Steps	Rules
Developmental Screening	96110	Developmental screening (eg, developmental milestone survey, speech, and language delay screen), with scoring and documentation, per standardized instrument	9, 18, 30 months and when medically indicated	Payable twice in a 12-month period		ASQ-3, PEDS, PEDS-DM, SWYC, BDI-ST, BINS, CDI	YES	Ages 0-5 when medically indicated up to twice a year
Autism Spectrum Disorder Screening	96110	Developmental screening (eg, developmental milestone survey, speech, and language delay screen), with scoring and documentation, per standardized instrument	18, 24 months	Payable twice in a 12-month period	KX	MCHAT	YES	Can be billed in same day with developmental screening
Developmental Surveillance	N/A	The AAP recommends that routine developmental surveillance occur at every preventive visit. <i>This surveillance is not separately reimbursable when billing for the appropriate preventive visit E&M code.</i>						
Psychosocial/Behavioral Assessment	96127	Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument	None	2 per day, per provider	Modifier U1 for screenings on dyadic caregivers	ASQ-SE-2	YES	As medically necessary

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Tobacco, Alcohol, or Drug Use Assessment*	G0442	Annual alcohol misuse screening, 15 minutes	11 and up	1 per year, per provider	Modifier U1 for screenings on dyadic caregivers	DAST-10, DAST-20, AUDIT, AUDIT-C, CRAFFT (non-pregnant adolescents), CAGE-AID, TAPS, NIDA (adults), 4P (pregnant women and adolescents)		When initial brief screening tool is positive, use a validated screening tool like NM-ASSIST, DAST-20, AUDIT * G0442 is reimbursable when the single NIDA Quick Screen is used
Tobacco, Alcohol, or Drug Use Assessment cont.*	H0049	Alcohol and/or drug screening	11 and up	1 per year, per provider	Modifier U1 for screenings on dyadic caregivers	DAST-10, DAST-20, AUDIT, AUDIT-C, CRAFFT, CAGE-AID,		When initial brief screening tool is positive, use a validated screening tool like NM-ASSIST, DAST-20, AUDIT
	H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	18 and up	1 per day per provider (maximum of 12 per month)	Modifier U1 for screenings on dyadic caregivers	DAST-10, DAST-20, AUDIT, AUDIT-C, CRAFFT, CAGE-AID,		When initial brief screening tool is positive, use a validated screening tool like NM-ASSIST, DAST-20, AUDIT <i>There is no required minimum duration for brief counseling</i>
Depression Screening**	G8431	Screening for depression is documented as being <i>positive</i> and a <i>follow-up plan</i> is documented	12 and up	1 per year	Modifier U1 for screenings on dyadic caregivers	PHQ-2, PHQ-9, BDI, GDS, EPDS		

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	G8510	Screening for depression is documented as <i>negative</i> , a <i>follow-up plan is not required</i>	12 and up	1 per year	Modifier U1 for screenings on dyadic caregivers	PHQ-2, PHQ-9, BDI, GDS, EPDS		
Maternal Depression Screening**	G8431	Screening for depression is documented as being <i>positive</i> and a <i>follow-up plan is documented</i>	Pregnant, postpartum and at the Infants 1mo, 2mo, 4mo, 6mo visits	See rules	N/A	EDPS, PHQ-9, Beck Depression Inventory, Beck Depression Inventory–II, Center for Epidemiologic Studies Depression Scale, and Zung Self-rating Depression Scale	YES	Can be billed once during pregnancy and once during postpartum And then billed under baby’s Medi-Cal ID at Infants 1mo, 2mo, 4mo, 6mo visits
	G8510	Screening for depression is documented as <i>negative</i> , a <i>follow-up plan is not required</i>	Pregnant, postpartum and at the Infants 1mo, 2mo, 4mo, 6mo visits	See rules	N/A	EDPS, PHQ-9, Beck Depression Inventory, Beck Depression Inventory–II, Center for Epidemiologic Studies Depression Scale, and Zung Self-rating Depression Scale	YES	Can be billed once during pregnancy and once during postpartum And then billed under baby’s Medi-Cal ID at Infants 1mo, 2mo, 4mo, 6mo visits
SDOH	N/A	DHCS SDOH APL 21-009	N/A	N/A	N/A	PRAPARE	YES	ICD-10 used to report
ACE	G9919	Screening performed and positive and provision of recommendations	0-21 and 21 and up	See rules	Modifier U1 for screenings on dyadic caregivers	ACE Screening	YES	Payable once a year under age 21. Ages 21-64 payable once in a lifetime.

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								<i>Provider must self-attested to the completion of the DHCS ACEs training before billing.</i>
	G9920	Screening performed and negative	0-21 and 21 and up	See rules	Modifier U1 for screenings on dyadic caregivers	ACE Screening	YES	Payable once a year under age 21. Ages 21-64 payable once in a lifetime. <i>Provider must self-attested to the completion of the DHCS ACEs training before billing.</i>
BMI	N/A	Z68.51 Body mass index (BMI) pediatric, less than 5th percentile for age	0-17 years		N/A	N/A		May not be listed as a primary diagnosis
		Z68.52 Body mass index (BMI) pediatric, 5th percentile to less than 85th percentile for age	0-17 years		N/A	N/A		May not be listed as a primary diagnosis
		Z68.53 Body mass index (BMI) pediatric, 85th percentile to less than 95th percentile for age	0-17 years		N/A	N/A		May not be listed as a primary diagnosis
		Z68.54 Body mass index (BMI) pediatric, greater than or equal to 95th percentile for age	0-17 years		N/A	N/A		May not be listed as a primary diagnosis

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Medical Nutrition Therapy	97802	Medical Nutrition Therapy; Initial Assessment and Intervention, Individual, Face-To-Face with The Patient, Each 15 Minutes	N/A	12 allowed in 12 mo	N/A	N/A	YES	Billed with diagnosis Z71.3, Z71.82, Z72.4, Z00.121, Z00.129 May not be billed with G0108, G0109 Requires Authorization when additional services are needed above frequency
	97803	Medical Nutrition Therapy; Re-Assessment and Intervention, Individual, Face-To-Face with The Patient, Each 15 Minutes	N/A	12 allowed in 12 mo	N/A	N/A	YES	
	97804	Medical Nutrition Therapy; Group (2 Or More Individual(s)), Each 30 Minutes	N/A	12 allowed in 12 mo	N/A	N/A	YES	
Hearing +	92551	Screening test, pure tone, air only	0-21 years	Payable 1 per day	N/A	N/A		Diagnosis requirements Z00.121, Z00.129, Z01.10 or Z01.11 Referral may be required
	92552	Pure tone audiometry (threshold); air only	0-21 years	Payable 1 per day	N/A	N/A		
Vision ++	N/A	<i>Considered a Routine component of a well-child exam</i>	N/A	N/A	N/A	N/A		99173 may be payable for some providers.
Lead	83655	Lead	N/A	Payable 1 per day	QW	N/A		Blood lead screening test to be performed at 12 months, 24 months and between 24-72 months with no documented lead test. Anticipatory guidance provided between 6mo through 72 months.

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								Billed by laboratory or by CLIA-waived provider with CLIA-waived test kit using modifier QW.
TB	86580	Skin test; tuberculosis, intradermal	6mo-72mo	Payable 1 per day		N/A		
Fluoride Varnish	99188	Application of topical fluoride varnish by a physician or other qualified health care professional	Up to 5 years	3 per 12-month period	N/A	N/A		Billed with diagnosis Z00.129, Z13.84 Personnel must be legally permitted to apply fluoride varnish.

*Reimbursable to physicians, physician assistants, nurse practitioners, certified nurse midwives, licensed midwives, licensed clinical social workers, licensed professional clinical counselors, psychologists and licensed marriage and family therapists

** CMS CDF Adult measures states these tools for “18 yr+ “= Patient Health Questionnaire (PHQ-9), Beck Depression Inventory (BDI or BDI-II), Center for Epidemiologic Studies Depression Scale (CES-D), Depression Scale (DEPS), Duke Anxiety- Depression Scale (DADS), Geriatric Depression Scale (GDS), Cornell Scale for Depression in Dementia (CSDD), PRIME MD-PHQ2, Hamilton Rating Scale for Depression (HAM-D), and Quick Inventory of Depressive Symptomatology Self-Report (QID-SR).

CMS CDF Child measure “Adolescent Screening Tools (12-17 years)”: Patient Health Questionnaire for Adolescents (PHQ-A), Beck Depression Inventory-Primary Care Version (BDI-PC), Mood Feeling Questionnaire (MFQ), Center for Epidemiologic Studies Depression Scale (CES-D), Patient Health Questionnaire (PHQ-9), Pediatric Symptom Checklist (PSC-17), and PRIME MD-PHQ2

Both Adult and Child CDF measures state “Perinatal Screening Tools”: Edinburgh Postnatal Depression Scale, Postpartum Depression Screening Scale, Patient Health Questionnaire 9 (PHQ-9), Beck Depression Inventory, Beck Depression Inventory-II, Center for Epidemiologic Studies Depression Scale, and Zung Self-rating Depression Scale

+ Screen with audiometry including 6,000 and 8,000 Hz high frequencies once between 11 and 14 years, once between 15 and 17 years, and once between 18 and 21 years. See “The Sensitivity of Adolescent Hearing Screens Significantly Improves by Adding High Frequencies”

++ A visual acuity screen is recommended at ages 4 and 5 years, as well as in cooperative 3-year-olds. Instrument-based screening may be used to assess risk at ages 12 and 24 months, in addition to the well visits at 3 through 5 years of age. See “Visual System Assessment in Infants, Children, and Young Adults by Pediatricians

Medi-Cal Guidelines:

[Preventative Services](#)

[Evaluation and Management](#)

[Dental](#)

SDOH APL (ICD10):

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-009.pdf>

Bright Futures:

https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

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ACEs

<https://www.acesaware.org/>

<https://www.acesaware.org/learn-about-screening/billing-payment/>

<https://www.medi-cal.ca.gov/TSTA/TSTAattest.aspx>

Dyadic Caregiver

[Non-specialty Mental Health](#)

Lead

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2020/APL20-016.pdf>

Additional Resources

[AAP Resource for Developmental Surveillance](#)

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