

Appendix G

Periodicity Schedule

And

Coding Matrix

**West Virginia HealthCheck (EPSDT) Program
Periodicity Schedule and Coding Matrix**

Services	Newborn (Inpatient)	2-4 Days	By 1 Month	2 Months	4 Months	6 Months	9 Months	12 Months	15 Months	18 Months	
Examination (1) (new patient)	99431 or 99435	99381	99381	99381	99381	99381	99381	99382	99382	99382	
Examination (1) (established patient)	99433	99391	99391	99391	99391	99391	99391	99392	99392	99392	
Growth Measurements	>	>	>	>	>	>	>	>	>	>	
Tuberculosis Risk Screen								Begins at 12 months	>	>	
Lead Risk Screen						Begins at 6 months	>	>	>	>	
Developmental	96110-EP	96110-EP	96110-EP	96110-EP	96110-EP	96110-EP	96110-EP	96110-EP	96110-EP	96110-EP	
Vision Screen	Subjective	>	>	>	>	>	>	>	>	>	
Hearing Screen	Objective	Subjective	>	>	>	>	>	>	>	>	
Dental Screen (4)	>	>	>	>	>	>	>	>	>	>	
Unclothed Physical Exam	>	>	>	>	>	>	>	>	>	>	
Health Education	>	>	>	>	>	>	>	>	>	>	
Immunizations (2) (Only a vaccine administration fee may be reimbursed for VFC vaccines)	See appendix G for schedule	>	>	>	>	>	>	>	>	>	
Administration 90471											
Administration, each additional 90472											
Hematocrit (spun)								85013			
Hemoglobin								85018			
Hematocrit								85014			
Lead								83655			
Newborn Metabolic Screening	Metabolic screening (e.g., thyroid, hemoglobinopathies, PKU, galactosemia) should be done according to State law.										
Routine Venipuncture 36415											
Sickle Cell			85660								
Other Laboratory Tests As Indicated By History and/or Symptoms											
Urinalysis 81002											
Tuberculosis, Intradermal 86580											

- (1) Examination includes all required components of the HealthCheck exam including a comprehensive history/history update with nutritional screening, applicable growth measurements plotted on a growth chart, blood pressure, vision screening, subjective hearing screening, dental screening, lead risk screening, tuberculosis risk screening, health education, ordering appropriate laboratory tests, and an immunization screen.
- (2) Immunization administration codes 90465, 90466, 90467, 90468, 90473, and 90474 are not covered services.
- (3) A Blood lead level is required at 36 months to 72 months if child has never been screened.
- (4) Referral to dentist required at age 2. Earlier initial dental evaluation may be appropriate for some children.

Subj=Subjective Exam Obj=Objective Exam

**West Virginia HealthCheck (EPSDT) Program
Periodicity Schedule and Coding Matrix**

Services	2	3	4	5	6	8	10	11	12, 13, 14, 15, 16, 17		18, 19, 20	
	Years	Years	Years	Years	Years	Years	Years	Years	Years		Years	
Examination (1) (new patient)	99382	99382	99382	99383	99383	99383	99383	99383	99384		99385	
Examination (1) (established patient)	99392	99392	99392	99393	99393	99393	99393	99393	99394		99395	
Growth Measurements	>	>	>	>	>	>	>	>	>		>	
Blood Pressure		Begins at 3 yrs	>	>	>	>	>	>	>		>	
Tuberculosis Risk Screen	>	>	>	>	>	>	>	>	>		>	
Lead Risk Screen	>	>	>	>	>							
Developmental	96110-EP	96110-EP	96110-EP	96110-EP	96110-EP	96110-EP	96110-EP	96110-EP	96110-EP		96110-EP	
Vision Screen	Subj	Obj	Obj	Obj	Obj	Obj	Obj	Subj	12 and 15 yo Obj	13,14,16,17 yo Subj	18 yo Obj	19 and 20 yo Subj
Hearing Screen	Subj	Subj	92551	92551	92551	92551	92551	Subj	12 and 15 yo 92551	13,14,16,17 yo Subj	18 yo 92551	19 and 20 yo Subj
Dental Screen (4)	Refer to dentist at 2 yrs	>	>	>	>	>	>	>	>		>	
Unclothed Physical Exam	>	>	>	>	>	>	>	>	>		>	
Health Education	>	>	>	>	>	>	>	>	>		>	
Immunizations (2) (Only a vaccine administration fee may be reimbursed for VFC vaccines)	See appendix G for schedule	>	>	>	>	>	>	>	>		>	
Administration 90471												
Administration, each additional 90472												
Lead	83655	(3)	(3)	(3)	(3)							
Routine Venipuncture 36415												
Other Laboratory Tests As Indicated By History and/or Symptoms												
Hematocrit (spun)	85013											
Hemoglobin	85018											
Hematocrit	85014											
Urinalysis	81002											
Tuberculosis, Intradermal	86580											
Cholesterol, Total	82465											

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- (2) Immunization administration codes 90465, 90466, 90467, 90468, 90473, and 90474 are not covered services.
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