

## EDEN PARK PEDIATRIC ASSOCIATES

### Schedule of Immunizations | Health Risk Assessments | Screens | Tests

Preventive care promotes healthy growth and development and is an important step you can take toward protecting your child from serious illness. This **Schedule of Immunizations and Health Risk Assessments | Screens | Tests** reflects the procedures typically performed at well child visits and is based on the guidelines from Bright Futures and the American Academy of Pediatrics. While most health plans cover many preventive health services, some plans do not cover some services. You are responsible for understanding your health plan's coverage and for payment of any non-covered service.

AGE	IMMUNIZATIONS	CPT	HEALTH RISK ASSESSMENTS   SCREENS   TESTS	CPT
1 MONTH	Hep B #2	90744	Post Partum Depression Health Risk Assessment TB Surveillance <i>(with testing as indicated)</i>	96161 ---
2 MONTHS	DTaP #1 HIB #1 PCV #1 IPV #1 Rotateq #1	90700 90648 90670 90713 90680	Post Partum Depression Health Risk Assessment	96161
4 MONTHS	DTaP #2 HIB #2 PCV #2 IPV #2 Rotateq #2	90700 90648 90670 90713 90680	Post Partum Depression Health Risk Assessment Anemia Surveillance <i>(with testing as indicated)</i>	96161 ---
6 MONTHS	DTaP #3 HIB #3 PCV #3 Hep B #3 Rotateq #3 Flu #1 <i>(seasonally)</i>	90700 90648 90670 90744 90680 90685	Post Partum Depression Health Risk Assessment TB Surveillance <i>(with testing as indicated)</i> Lead Risk Surveillance <i>(with testing as indicated)</i> Hearing Screen-Otoacoustic Evaluation <i>(as indicated)</i> Oral Health Surveillance Dental Varnish	96161 --- --- 92558 --- 99188
9 MONTHS	Hep B #3 <i>(if necessary)</i>	90744	ASQ (Ages & Stages Questionnaire) Developmental Screening Hemoglobin Test <i>(requires capillary blood collection)</i> Lead Test <i>(requires capillary blood collection)</i> Capillary Blood Collection Oral Health Surveillance Dental Varnish	96110 85018 83655 36416 --- 99188
12 MONTHS	Hep A#1 PCV #4 HIB #4	90633 90670 90648	TB Surveillance <i>(with testing as indicated)</i> Lead Risk Surveillance <i>(with testing as indicated)</i> Oral Health Surveillance Dental Varnish Vision Photoscreening	--- --- --- 99188 99177
15 MONTHS	MMR #1 Varivax #1	90707 90716	Anemia Surveillance <i>(with testing as indicated)</i> Dental Varnish	--- 99188
18 MONTHS	DTaP #4 IPV #3 HepA #2	90700 90713 90633	ASQ (Ages & Stages Questionnaire) Developmental Screening MCHAT (Modified Checklist for Autism in Toddlers) Dev. Screening TB Surveillance <i>(with testing as indicated)</i> Anemia Surveillance <i>(with testing as indicated)</i> Lead Risk Surveillance <i>(with testing as indicated)</i> Oral Health Surveillance Dental Varnish	96110 96110 --- --- --- --- 99188
24 MONTHS			MCHAT (Modified Checklist for Autism in Toddlers) Dev. Screening TB Surveillance <i>(with testing as indicated)</i> Anemia Surveillance <i>(with testing as indicated)</i> Lead Risk Surveillance <i>(with testing as indicated)</i> Dyslipidemia Surveillance <i>(with testing as indicated)</i> Lead Test <i>(requires capillary blood collection)</i> Capillary Blood Collection Oral Health Surveillance Dental Varnish Vision Photoscreening	96110 --- --- --- --- 83655 36416 --- 99188 99177

AGE	IMMUNIZATIONS	CPT	HEALTH RISK ASSESSMENTS   SCREENS   TESTS	CPT
30 MONTHS			ASQ (Ages & Stages Questionnaire) Developmental Screening	96110
			Anemia Surveillance <i>(with testing as indicated)</i>	---
			Dental Varnish	99188
			Oral Health Surveillance	---
3 YEARS			Vision Testing	99173
			TB Surveillance <i>(with testing as indicated)</i>	---
			Anemia Surveillance <i>(with testing as indicated)</i>	---
			Lead Risk Surveillance <i>(with testing as indicated)</i>	---
			Oral Health Surveillance	---
			Dental Varnish	99188
4 YEARS	MMR #2	90707	Vision Testing	99173
	MMRV <i>(if available)</i>	90710	Hearing Testing	92551
	Varivax #2	90716	TB Surveillance <i>(with testing as indicated)</i>	---
	DTaP #5	90700	Anemia Surveillance <i>(with testing as indicated)</i>	---
	IPV #4	90713	Lead Risk Surveillance <i>(with testing as indicated)</i>	---
			Dyslipidemia Surveillance <i>(with testing as indicated)</i>	---
			Oral Health Surveillance	---
			Dental Varnish	99188
5 YEARS	DTaP #5 <i>(if necessary)</i>	90700	Vision Testing	99173
	IPV #4 <i>(if necessary)</i>	90713	Hearing Testing	92551
	MMR #2 <i>(if necessary)</i>	90707	TB Surveillance <i>(with testing as indicated)</i>	---
	Varivax #2 <i>(if necessary)</i>	90716	Anemia Surveillance <i>(with testing as indicated)</i>	---
			Lead Risk Surveillance <i>(with testing as indicated)</i>	---
			Oral Health Surveillance	---
			Dental Varnish	99188
6 - 10 YEARS	HPV #1 <i>(9 yr)</i>	90649	Vision Testing <i>(at 6, 8, 10yr)</i>	99173
	HPV #2 <i>(10 yr)</i>	90649	Vision Surveillance <i>(7, 9 yr)</i>	---
			Hearing Testing <i>(at 6, 8, 10yr)</i>	92551
			Hearing Surveillance <i>(7, 9 yr)</i>	---
			TB Surveillance <i>(with testing as indicated)</i>	---
			Anemia Surveillance <i>(with testing as indicated)</i>	---
			Lead Risk Surveillance <i>(6yr, with testing as indicated)</i>	---
			Dyslipidemia Surveillance <i>(6 &amp; 8 yr, with testing as indicated)</i>	---
			Lipid Profile <i>(once btwn 9 - 11 (UPMCAU at 9) req capillary blood collection)</i>	80061
			Capillary Blood Collection	36416
			Oral Health Surveillance <i>(6 yr)</i>	---
11 - 18 YEARS	Tdap - Adacel <i>(11 yr)</i>	90715	Vision Testing <i>(12, 15 yr; and UPMCAU 18 yr)</i>	99173
	MenACWY-D <i>(11, 16 yr)</i>	90734	Vision Surveillance <i>(11, 13, 14, 16, 17, 18 yr)</i>	---
	HPV <i>(if necessary)</i>	90649	Hearing Surveillance <i>(annually)</i>	---
			Adolescent Depression Screen PHQ-9M <i>(annually, 12 - 18 yr)</i>	96127
			CRAFFT Health Risk Assessment <i>(as indicated)</i>	96160
			TB Surveillance <i>(annually, with testing as indicated)</i>	---
			Anemia Surveillance <i>(annually, with testing as indicated)</i>	---
			Dyslipidemia Surveillance <i>(annually, with testing as indicated)</i>	---
			Lipid Profile <i>(1x btwn 9-11; UPMCAU at 9); 1x btwn 17-18 yr, req cap blood coll)</i>	80061
			Hemoglobin Test <i>(females 15+ yr, requires capillary blood collection)</i>	85018
			Capillary Blood Collection	36416
			Chlamydia Urine Screen <i>(annually, females 15+ yr)</i>	99000
			Universal HIV Testing <i>(once between 16 &amp; 18 yr)</i>	---