State of New Mexico
Medical Assistance Program Manual

Supplement

HEALTH CARE AUTHORITY

DATE: May 27, 2026 **NUMBER: 26-02**

TO: PHYSICIANS, PHYSICAN GROUPS, CERTIFIED NURSE PRACTITIONERS, CLINICS, FQHCS, RURAL HEALTH CLINICS AND INDIAN HEALTH SERVICE CLINICS

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SUBJECT: EARLY AND PERIODIC SCREENING, DIAGNOSTIC, AND TREATMENT EPSDT / TOT TO TEEN HEALTHCHECK UPDATED SCREENING SERVICES REQUIREMENTS

Purpose

Provide a concise reference to Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements known in New Mexico Medicaid as Tot to Teen Healthcheck, and the resources needed to support compliant delivery, documentation, and billing of key preventive services for children and youth.

This supplement focuses on:

1. **Well-Child Visits (WCVs): Periodicity & Expectations**
2. **Children in State Custody (CISC): Comprehensive WCV within 30 days**
3. **Blood lead screening: Required screening and billing expectations**
4. **Maternal depression screening during infant WCVs and related billing**

1) Well-Child Visits (WCVs): Periodicity & Expectations

New Mexico Medicaid's well-child visits delivered under EPSDT require a comprehensive and age-appropriate set of services. New Mexico Medicaid is updating our supplement to capture current requirements. This language will replace Section III EPSDT Coding of Supplement 17-11. An EPSDT visit should include, at minimum:

- Medical History
- Nutrition Screening
- Measurements: Weight, Length/Height, Head Circumference (until age 2 yrs), BMI beginning at age 2 years), BP (beginning at age 3 years and sooner for those at risk)

- Vision and Hearing Screening
- Developmental Surveillance
- Behavior/Social/Emotional Screening
- Physical Examination: At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children undressed and suitably draped.
- Oral evaluation and referral to a dental provider
- Immunizations per the AAP Committee on Infectious Disease Schedule
- Anemia screen (Hb/HCT) at 12 months and those at risk
- Lead screen at 12 months and 24 months
- Selective screenings necessary per risk factors (as per Bright Futures periodicity schedule: https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf
- Anticipatory Guidance

2) Children in State Custody (CISC): Comprehensive WCV within 30 Days

Children entering state custody must receive a comprehensive well-child checkup within 30 days of entry. Timely well-child visits (WCVs) within 30 days for the CISC population are a critical first step in stabilizing health and supporting recovery after removal and related trauma. Complex trauma is a common yet serious concern for children, especially those referred to child welfare services. Rates of trauma exposure are approximately 90 percent among children in foster care, as cited in the 2013 Tri-Director letter. Trauma screening involves brief evaluation of potential trauma symptoms and/or history. Such screening can indicate a potential need for further assessment and treatment. Trauma screening instruments can be administered quickly by a range of professionals and can be conducted independently or as part of a broader screening and/or assessment process. Information on trauma screening tools can be found at SAMHSA's National Child Traumatic Stress Network's Measures Review Database: http://www.nctsn.org/resources/online-research/measures-review

Presbyterian Health Plan (PHP) and/or the Children, Youth and Families Department (CYFD) are responsible for scheduling Well-Child Visits with contracted providers to occur within thirty (30) days of a child entering custody. When contacted by PHP or CYFD to conduct a WCV for a child in custody, HCA appreciates physician/health care provider cooperation in supporting timely care for these children within this short timeframe. HCA will allow reimbursement of Well Child Visits for these children who have had a Well Child Visit in less than 12 months before custody date to support timely care for these children in a short timeframe. This language is an addition to Supplement 17-11.

Providers are reminded to provide sufficient documentation to support the visit including all the required elements for billing of the WCV/EPSDT. Additionally, the required elements should be included in the after-visit documentation supplied to the parent, foster parent or guardian. If the child is in state custody, this includes ensuring CYFD and the foster family has records in real time. Documentation guidance for WCV includes:

- Current medications
- Active conditions

- Immunization status
- Screenings performed and results (as applicable by age/need), including behavioral health and developmental screenings
- Referrals: for each referral, document reason, priority, receiving entity, and timeframe
- Care plan summary

Billing/diagnosis identification

CPT Codes: Preventative Services*	Description
99381	New Patient under one year
99382	New Patient (ages 1-4 years)
99383	New Patient (ages 5-11 years)
99384	New Patient (ages 12-17 years)
99385	New Patient (ages 18-39 years)
99391	Established patient under on year
99392	Established patient (ages 1-4 years)
99393	Established patient (ages 5-11 years)
99394	Established patient (ages 12-17 years)
99395	Established patient (ages 18-39 years)
99460	Initial hospital or birthing center care for newborn infant
99461	Initial care in other than a hospital or birthing center for normal newborn infant
*These CPT Codes do not require use of a "Z" code.	
CPT Codes: Evaluation and Management Services**	**Description**
99202-99205	New Patient
99213-99215	Established Patient
**The CPT codes must be used in conjunction with at least one of the following "Z" diagnosis codes: Z00.00 through Z00.129, Z00.8, Z00.89, and Z76.1 – Z76.2	

- Additional Diagnosis Code: For identification and tracking purposes diagnosis code Z62.21 Child in Welfare Custody must accompany required diagnosis codes for initial or periodic screenings, consistent with plan/state guidance

3) Lead Screening: Required Blood Lead Testing, Documentation & Billing

Requirement (EPSDT)

- All Medicaid-enrolled children must receive a blood lead level (BLL) screening test at 12 months and 24 months.
    - ChildhoodLeadScreeningandCaseManagementGuidelines.pdf
    - Early and Periodic Screening, Diagnostic, and Treatment | Medicaid
- If a child is 24–72 months and has no record of a prior blood lead screening, the child must receive a BLL screening.
    - Childhood Lead Poisoning Prevention Program
    - Early and Periodic Screening, Diagnostic, and Treatment | Medicaid

- A lead risk questionnaire alone does not satisfy the EPSDT lead screening requirement—a blood test is required at the mandated ages/timeframes.

Billing (lead screening)

- CPT 83655 — Blood lead level test (use per billing guidance for blood lead screening).
- Providers should report screening results to the New Mexico Department of Health consistent with program guidance.

Practical documentation reminders

- Capture the test date, result, and evidence of prior testing when transferring care or onboarding new pediatric members (especially ages 2–6).
- Close the loop on abnormal results with follow-up evaluation and treatment/referral per clinical standards (EPSDT "D" and "T" components).

This language is in addition to Supplement 17-11, Appendix 2.

4) Maternal Depression Screening at Infant WCVs (≤12 Months): Requirement & Billing

About 20 percent of postpartum women are affected by mental health conditions, including mood disorders, such as postpartum depression. Diagnoses of postpartum depression are highest in the first three to four months postpartum. The American Academy of Pediatrics recommends pediatricians screen mothers for maternal depression during well-child visits. New Mexico Medicaid supports maternal depression screening during infant WCVs using validated tools and is reimbursable under the infant's Medicaid ID. This information is intended to be inclusive and relevant for any CISC who is pregnant, postpartum, or parenting. This is in addition to Supplement 17-11.

When to screen

- Recommended at infant 1-, 2-, 4-, and 6-month well-child visits (and may also occur at postpartum visit or up to one year post-delivery, depending on program/clinical workflow).

Screening tool

- Use a validated screening tool (example: Edinburgh Postnatal Depression Scale (EPDS)).
    - MaternalDepressionScreeningGuidance.pdf

Billing (maternal depression screening performed in pediatric setting)

- CPT 96161 – coding for depression postpartum screening administered to the mother, report under the infant's Medicaid ID, as the screening is considered a service for the infant's benefit.
- CPT 96127 – coding for depression in pregnancy. Some payers request the use of the following code, 96160 – Administration of patient-focused health risk assessment instrument with scoring and documentation
    - Screening for Depression in Pregnancy and Postpartum - Society for Maternal-Fetal Medicine
    - MaternalDepressionScreeningGuidance.pdf

- Use diagnosis code Z13.32 (Encounter for screening for maternal depression) for the screening service if the WCV is caring for a pregnant or parenting adolescent.
    - Screening for Depression in Pregnancy and Postpartum - Society for Maternal-Fetal Medicine
- Use diagnosis code Z00.121 or Z00.129 for normal screening results during a routine well-baby examination.
- For the maternal record, use ICD-10-CM code Z13.31 or Z13.32. do not report these under the infant.

Positive screen follow-up

- If the screening is positive, the pediatric primary care provider (PCP) should address the mother–child dyad, provide follow-up, and refer for assessment/treatment as appropriate.
    - Postpartum Support International

Please contact the Medical Assistance Division at MADInfo.HCA@hca.nm.gov if you have any questions regarding this supplement