BlueCross BlueShield of New Mexico

EPSDT

Early and Periodic Screening, Diagnostic and Treatment

Clinical Practice & Billing Guideline

March 2024

Blue Cross and Blue Shield of New Mexico

Early and Periodic Screening, Diagnostic and Treatment Clinical Practice and Billing Guideline

Early and Periodic Screening, Diagnostic and Treatment are federally mandated services intended to address the physical, mental, and developmental health of children under 21 years of age who are enrolled in Medicaid. At the core of EPSDT is the well child visit, where the goal of EPSDT is to discover and treat childhood health conditions before they become serious or disabling.

In New Mexico, these screening visits are called the "Tot to Teen Healthcheck.".[1] These "health-checks" should be occurring from infancy through age 20. They should be regularly scheduled check-ups to help the child's primary care provider identify any problems early and assist with a treatment plan for the child. Following the Bright Futures/American Academy of Pediatrics Periodicity Schedule as the clinical practice guideline of well child visits and screenings, providers can ensure that infants, children, and adolescents are receiving the full benefit of their comprehensive health care coverage.[2]

The New Mexico Tot-to-Teen Healthcheck Schedule:[1]

- Under age 1: 6 visits (birth, 1, 2, 4, 6 and 9 months)
- Ages 1-2: 4 visits (12, 15, 18 and 24 months)
- Ages 3-5: 3 visits (3, 4 and 5 years)
- Ages 6-9: 2 visits (6 and 8 years)
- Ages 10-14: 4 visits (10, 12, 13 and 14 years)
- Ages 15-18: 4 visits (15, 16, 17 and 18 years)
- Ages 19-20: 2 visits (19 and 20 years)

EPSDT well child visits should include:

- Comprehensive health & developmental history
- Comprehensive physical examination
- Assessment of physical, emotional & developmental health
- Immunizations appropriate to age
- Laboratory tests
- Assessment of blood pressure beginning at age 3
- Assessment of mental/behavioral health
- Assessment of mouth, oral cavity & teeth, including referral to a dentist starting at 1 year
- Assessment of nutritional status
- Assessment of vision, including referrals
- Assessment of hearing including referral for further evaluation, if needed
- Assessment of overall health including referral for further evaluation, if needed
- Health education (also called anticipatory guidance)
- Management of identified health concerns including referrals for specialty care and behavioral health
- Assessment of safety (use of booster, car seats, access to firearms)
- Family planning services including STI screening, contraceptives, and referrals for additional services such as LARC's, if appropriate

To reflect the outcome of an EPSDT visit, it is best practice to use one of the following ICD-10 diagnosis codes to accompany the well child visit Current Procedural Terminology codes.

EPSDT Well Visits: New Patients

CPT® Codes	ICD-10-CM Codes
99381 Infant (younger than 1 year)	**Z00.110** Health supervision for newborn under 8 days old **or** **Z00.111** Health supervision for newborn 8 to 28 days old **or**
	Z00.121 Routine child health exam *with abnormal findings* **or** **Z00.129** Routine child health exam *without abnormal findings*
99382 Early childhood (age 1–4 years) **99383** Late childhood (age 5–11 years) **99384** Adolescent (age 12–17 years)	**Z00.121** **Z00.129**
99385 18 years or older	**Z00.00** General adult medical exam *without abnormal findings* **Z00.01** General adult medical exam *with abnormal findings*

EPSDT Well Visits: Established Patients

CPT Codes	ICD-10-CM Codes
99391 Infant (younger than 1 year)	**Z00.110** Health supervision for newborn under 8 days old **or** **Z00.111** Health supervision for newborn 8 to 28 days old **or**
	Z00.121 Routine child health exam *with abnormal findings* **or** **Z00.129** Routine child health exam *without abnormal findings*
99392 Early childhood (age 1–4 years) **99393** Late childhood (age 5–11 years) **99394** Adolescent (age 12–17 years)	**Z00.121 Z00.129**
99395 18 years or older	**Z00.00** General adult medical exam *without abnormal findings* **Z00.01** General adult medical exam *with abnormal findings*

Evaluation and Management Codes

CPT Codes	Description
99202-99205	New patient
99212-99215	Established patient

In addition, these E/M codes may also reflect a “sick visit”. Providers are encouraged to catch up on the child’s well child visit/EPSDT screenings during a sick visit. This includes immunizations, if no contraindications are present (CDC/contraindications). An illness is separate from an EPSDT visit and can be billed in addition to the EPSDT/well child visit code if

documentation supports the two separate visits billed on the same day. **An EPSDT/well child visit MUST be completed with a sports physical.**

"*If an illness or abnormality is discovered, or a preexisting problem is addressed, in the process of performing the preventive medicine service, and if the illness, abnormality, or problem is significant enough to require additional work to perform the components of a problem-oriented evaluation and management service (ie, using medical decision making or time spent), the appropriate office or other outpatient service code(99202–99215) should be reported in addition to the preventive medicine service code.* ***Append modifier 25 to the office or other outpatient service code (eg,99392 and 99213 25).***" [3]

Required EPSDT Screenings and Codes

All primary care providers who provide services to Members under the age of twenty-one are required to provide comprehensive health care, EPSDT screenings, and preventive services. BCBSNM requires Partnering PCPs to provide all EPSDT services in compliance with federal and state regulations and per the Bright Futures/American Academy of Pediatrics Periodicity Schedule. *When billing an EPSDT/well child visit, use the appropriate well child CPT code.* ***In addition, all associated screening and lab codes are reflective of provider participation in the EPSDT Program.***

Screening Tools

At specified visits, universal screenings are required for **developmental concerns, behavioral/social/emotional concerns, maternal depression, adolescent depression and suicide risk, substance use, and oral health concerns**. Refer to the following link to access the Bright Futures table of commonly used screening instruments and tools.[4]

Maternal Depression Screening

The infant's primary care provider may be the first person to become aware of emerging depressive symptoms in a new mother. Newborn and infant visits offer providers the opportunity to assess how new parents are adjusting. Early detection of maternal depression allows the provider to quickly initiate support services which could be crucial in preventing later problems.[5] For EPSDT compliance, utilize an appropriate screening tool and submit the billing code as follows:

Screening Type	Codes	Frequency
Maternal depression screening	**96161**	Required by 1 month and at 2, 4, and 6-month visit

Autism Screening

Autism, also referred to as autism spectrum disorder, is a neurodevelopmental condition that presents with challenges of varying severity related to social skills, repetitive behavior, speech,

and nonverbal communication. In March 2023, the CDC released a report showing an increase in the prevalence of autism, now effecting an estimated 1 in 36 children.[6]

ASD can be recognized in early childhood, therefore the EPSDT autism screenings are required at 18 months and 24 months. If the screening is positive, the child must be referred for an autism evaluation and be connected with a Behavioral Health Care Coordinator. These steps are crucial in ensuring that necessary support for the child and family begin as soon as possible. In New Mexico, there are programs dedicated to providing ASD early intervention services. The New Mexico Autism Society is an excellent resource in helping families navigate next steps after receiving an ASD diagnosis.[8] Additional behavioral health services such as Applied Behavior Analysis, if deemed medically necessary, is fully covered through the EPSDT benefit.[7] For EPSDT compliance, utilize an appropriate screening tool and submit the billing code as follows:

Screening Type	Codes	Frequency
Autism screening	**96110** with **U1** modifier	Required at age 18 months and 24 months old using a validated screening tool

** The U1 modifier distinguishes the autism screening from the developmental screening.

Developmental Screening

Developmental delay is a condition in which a child is delayed in reaching the milestones expected at certain ages. The child will present with skill deficits in one or more of the following areas: cognition, social and emotional, speech and language and/or motor development. Early detection and treatment services are imperative for improving outcomes for children, families, and communities. **Providers are responsible for completing three developmental screenings before the child turns 3 years old.**[3] If a screening is positive, the child should be referred for evaluation of Early Intervention services (see below for more information). For EPSDT compliance, utilize an appropriate screening tool and submit the billing code as follows:

Screening Type	Codes	Frequency
Developmental screening	**96110**	Required at 9 months old, 18 months old and 30 months old using a validated screening tool.

Suspect problems with development?

Early Intervention Services are at no-cost to the infant/toddler, and the program is funded by the New Mexico Early Childhood Education and Care Department's Family Infant Toddler Program which provides services to infants and toddlers, ages birth to three.[9] When babies do not get what their growing brains need to thrive, they do not develop as they should. This leads to life-long developmental, educational, social, and health challenges.

Criteria for Early Intervention Services in New Mexico

- Infants/toddlers who have or are at risk for a developmental delay or health concerns.
- Infants/toddlers with an established condition such as cerebral palsy, Down Syndrome, hearing loss, vision loss, etc.
- Infants/toddlers with a medical risk such as prematurity (less than a 32-week gestation), low birth weight, chronic ear infections, cleft lip and palate etc.
- Infants/toddlers with social risk factors or concerns such as being born to teen parents, having a CARA plan, etc.

Early Intervention Services

- Occupational Therapy
- Physical Therapy
- Family Service Coordination
- Social Work
- Developmental Instruction
- Speech & Language Therapy
- Behavioral Therapy
- Feeding & Nutrition
- Support and Services
- Activities to develop learning skills
- Activities to help social and emotional development
- Transition into school or other services as needed at age 3 or when graduating from the program

Call **1-877-696-1472** to refer a baby/toddler to **Early Intervention Services**. You may also refer directly to an Early Intervention location. See provider list by county Family Infant Toddler Providers in New Mexico, located on the **FIT Website.**

Anemia Screening

Anemia is a condition of low count, unhealthy red blood cells and hemoglobin resulting in decreased oxygen transport throughout the body. Selective screening is to be performed based on risk assessment. An abnormal menstrual cycle can be a risk factor for anemia in adolescent females. Children on Medicaid are in a higher risk category for developing iron-deficiency anemia,[10] therefore routine universal anemia screening should be initiated at 9-12 months of age. The following diagnostic test is required for EPSDT compliance.

Screening Type	Codes	Frequency
Anemia screening	**85018** - Blood count; hemoglobin	Required at 9-12 months old, 2 years of age, 4 years of age (WIC and HS requirement) Annually for adolescent females if they have started their menstrual cycle.

Lead Screening

Lead exposure can impact nearly every system in the body and often goes undetected, because at low levels of exposure, it can occur without any obvious symptoms.[11] Even low blood lead levels can diminish a child's IQ, decrease their ability to pay attention, and affect overall academic

achievement. The developmental effects of lead toxicity are permanent. Blood lead level screenings are required by CMS and the American Academy of Pediatrics. **Completion of a lead exposure risk assessment questionnaire does not meet the Medicaid EPSDT lead screening requirement**.[11] See below for the CPT code and screening frequency required for EPSDT compliance.

Screening Type	Codes	Frequency
Blood Lead screening	**83655**	Required at age 9-12 months and 24 months; once between 2-6 years old, if the child has never been tested or if required by Headstart

Vision Screening

Assessing vision through a physical examination is a routine part of every well child visit. Formal acuity testing begins at 3 years old.[2] Photoscreening codes are appropriate through age 5 years or if medically necessary due to developmental or other medical conditions. The screening frequency below outlines the requirements for EPSDT compliance.

Screening Type	Codes	Frequency
Vision screening	**99173 -** Quantitative bilateral visual acuity exam **99174 -** Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral, with remote-analysis and report **99177 -** Instrument-based ocular screening (e.g., photoscreening, automated-refraction), bilateral; with on-site analysis	Required at ages 3, 4, 5, 6, 8, 10, 12 and 15 years old. Additional screening may occur at other intervals as medically necessary or if indicated for school related activities.

Hearing Screening

The American Academy of Pediatrics recommends that all children have a hearing test at birth and again at ages 4, 5, 6, 8 and 10 years, with additional screenings between ages 11-14, 15-17 and 18-20 years old[2]. These screenings can diagnose hearing changes at the earliest possible stage when interventions can have the greatest positive impact. See possible codes and EPSDT frequency below:

Screening Type	Codes	Frequency
Hearing screening	**92551 -** screening test, pure tone, air only **92552 -** pure tone audiometry (threshold), air only **92587 -** Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked	Required at ages 4, 5, 6, 8, 10, between 11-14, between 15-17, and between 18-20 years old

Dyslipidemia

The American Academy of Pediatrics recommends universal screenings for lipid abnormalities.[2] Diets consisting of foods that are processed and high in saturated and trans fats may increase cholesterol levels in children. In children who have obesity, the prevalence of dyslipidemia rises to 42%.[12] These children are also at risk for developing hypertension, thus blood pressure checks must be part of the physical examination beginning at 3 years old. EPSDT screening code and frequency requirements are listed below:

Screening Type	Codes	Frequency
Dyslipidemia Screening	**80061 -** Lipid panel (includes total cholesterol, high-density lipoprotein [HDL] cholesterol, and triglycerides)	Required once between 9 and 11 years old and once between 17 and 20 years old

Behavioral/Social/Emotional Screening

Children on Medicaid in New Mexico are often at an economic disadvantage which can increase the risk for behavioral, social and emotional problems. Exposure to environmental, familial, and psychosocial risks can affect a child at any age. It is important for providers to be aware of potential risk factors and perform screenings based on the child's age and situation. Providers are to utilize a proper screening tool and submit the billing code as follows for EPSDT compliance.

Screening Type	Codes	Frequency
Behavioral/Social/Emotional screening	**96127**	Required for newborn up to 21 years old, every EPSDT visit

Depression and Suicide Risk Screening

Depression is a relatively common mental health problem among the adolescent and young adult population and is not always characterized by sadness. Depression may present as irritability, anger, boredom, an inability to experience pleasure, or difficulty with family relationships, school, and work. As a provider, it is important to obtain family history regarding mental health, depression, substance abuse and suicide.[13] For EPSDT compliance, providers are to utilize an appropriate screening tool and submit billing codes as follows:

Screening Type	Codes	Frequency
Depression and suicide risk screening	**96127** with diagnosis code **Z13.31** (Encounter for screening for depression)	Required annually for ages 12-21 years old

Tobacco, Alcohol, or Drug Use Assessment

In New Mexico, the use or abuse of tobacco, vape, alcohol, and other drugs is a substantial health concern within the adolescent population. Even occasional drug and alcohol use can have serious consequences. Teens under the influence of alcohol or other drugs are at increased risk for unprotected sexual activity, violence, and motor vehicle accidents. Drug abuse and dependency may lead to serious crimes and contribute to the rate of teen homicides and suicides.[14] For EPSDT compliance, providers are encouraged to utilize an appropriate screening tool and submit the billing code as follows:

Screening Type	Codes	Frequency
Tobacco, vape, alcohol, or drug use assessment	**96160**	Indicated for ages 11 through 20 years old

Dental Screening

Assess whether the child has a dental home. Referral to Dental Home is indicated at 1 year. For EPSDT compliance, utilize a Dental **Risk Assessment Tool** **for patients 6-8 months of age and again between the ages of 9-11 months of age.** Apply fluoride varnish at first tooth eruption and every 3-6 months until a Dental Home is established. Submit billing code as follows:

Screening Type	Codes	Frequency
Application of topical fluoride varnish	**99188**	Recommended to be performed by PCP at first tooth eruption and every 3-6 months until dental home established. **Referral to Dental Home indicated at 1 year**

Human Immunodeficiency Virus Screening

In 2020, the CDC reported that 20% of new HIV diagnoses in the United States were among young people aged 13-24. It is estimated that almost half of young people (aged 13-24) with HIV do not know they have it. In the United States, most youth have not been tested for HIV nor do they believe they are at risk for contracting the virus.[16] EPSDT visits provide the opportunity for pediatricians to obtain an accurate assessment of the adolescent's sexual and reproductive history. With any youth encounter, it is key to create a safe and confidential environment which allows for mutual respect and trust. It is the responsibility of the PCP to provide risk-reduction counseling and perform routine HIV testing and prophylaxis to adolescents and young adult patients beginning at age 15 years.[15] See below for screening codes and testing frequency recommended for EPSDT compliance.

Screening Type	Codes	Frequency
HIV Screening	**86701** - Antibody; HIV- **86703** - Antibody: HIV-1 and HIV-2; single assay	Required once between the ages of 15 and 21 years old

Sexually Transmitted Infection Screening

Among pediatricians and primary care providers, screening rates for sexually transmitted infections are remarkably low for adolescents despite STI screening recommendations by the American Academy of Pediatrics, the Centers for Disease Control and Prevention, the US Preventive Services Task Force, the American Academy of Family Physicians, and the American College of Obstetricians and Gynecologists.[17] It is estimated that adolescents aged 15-24 account for half of the approximated 20 million new STI cases each year in the United States.[18] Furthermore, data concludes that 25% of female adolescents will contract an STI by age 19.[19] Some of the barriers preventing adequate STI screening for adolescents may include lack of visit time to provide adequate sexual health counseling/screening, Provider prioritization of other health topics during preventive visits, and adolescents declining STI screenings due to

confidentiality concerns or not understanding their risk of infection.[17] With any youth encounter, it is key to create a safe and confidential environment which allows for mutual respect and trust. It is the responsibility of the PCP to identify sexual health risk behaviors (multiple partners; oral, anal, or vaginal sex; or drug misuse behaviors) and provide risk-reduction counseling. Routine laboratory screening for common STIs is indicated for all sexually active adolescents.[20] See below for screening codes and testing frequency recommended for EPSDT compliance.

Screening Type	Codes	Frequency
STI Screening	**87491 -** Infectious agent detection by nucleic acid (DNA or RNA); C trachomatis, amplified probe technique **87591 -** Infectious agent detection by nucleic acid (DNA or RNA); N gonorrhoeae, amplified probe technique **86780 -** Syphilis: Treponemal Antibodies, Chemiluminescence Immunoassay **87521 -** Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed	To be performed annually for sexually active adolescents.

Immunizations

Well visits are an excellent time to ensure your patient's immunizations are up to date in accordance with the CDC Child and Adolescent Vaccine Schedule. Use NMSIIS as a guide for what shots your patient needs. Offer immunizations at all visits, including sick visits, to ensure your patients are caught up on needed shots. A minor illness or cold is not a contraindication to a child receiving vaccines. The Vaccine Education Center at Children's Hospital of Philadelphia has free resources for you and parents https://www.chop.edu/centers-programs/vaccine-education-center.

EPSDT Benefit: Treatment Services

EPSDT services include:

- Preventive Care Screenings
- Diagnosis and Treatment
- Personal Care Services
- Home Health Aide Services
- Private Duty Nursing (RN, LPN)
- Early Intervention Services
- Physical, Speech and Occupational Therapy
- Behavioral/Mental Health Services
- Case Management
- Specialty Care
- Vision Services
- Hearing Services
- Dental Services
- School-Based Services
- Transportation, Travel and Scheduling Assistance

Health problems should be identified and treated as early as possible. If a well-visit/EPSDT screening delivers an abnormal result, it is important for the provider to educate the family/Member on the various treatment options available within the EPSDT Benefit and direct them toward the service(s) most appropriate for their needs. Some EPSDT services require a PCP order and/or letter of medical necessity for prior authorization.

EPSDT Services Requiring Prior Authorization

- Private Duty Nursing,
- Home Health Aide,
- Physical Therapy,
- Occupational Therapy,
- Speech Therapy,
- Behavioral Therapy,
- Hearing Service

To make a request for prior authorization, the provider or servicing agency calls into the Utilization Management Intake department at **877-232-5518** (the servicing agency must have a PCP order to initiate the request). If approved, an authorization will be issued to the servicing agency.

EPSDT Personal Care Services is an EPSDT benefit providing a range of services to the eligible recipient who is unable to perform some of the activities of daily living due to a disability, cognitive impairment, or functional limitation. PCS requires a PCP order, and the Member's Care Coordinator will submit the request and required documentation to UM for review/approval. The member will also need to select a PCS agency prior to submission.

Private Duty Nursing Services

As part of the EPSDT program, PDN services are covered for Members under 21 years, who meet the established medically fragile criteria. A person who is medically fragile requires ongoing skilled nursing care, evaluation and decision making for the management of a complex chronic medical condition. Daily skilled nursing intervention is medically necessary for those Members who have a medically fragile condition resulting in prolonged dependency on medical care. A person who is medically fragile most often requires life sustaining medical equipment

and devices such as monitors, ventilators, oxygen support feeding pumps, dialysis etc. The Medically Fragile Case Management Program provides Registered Nurse case management/service coordination services statewide for children who are medically fragile and their families via six satellite offices.

Care Coordination

Our Care Coordinators are available to answer questions and provide further assistant in accessing EPSDT benefits. If providers have additional questions or concerns, please contact the Member's Care Coordinator. If the Member is not enrolled in Care Coordination and would like to access this service, please direct them to call 1-877-232-5518 and select option 3.

Disclaimer:

The material presented here is for informational/educational purposes only, is not intended to be medical advice or a definitive source for coding claims and is not a substitute for the independent medical judgment of a physician or other health care provider. Health care providers are encouraged to exercise their own independent medical judgment based upon their evaluation of their patients' conditions and all available information, and to submit claims using the most appropriate code(s) based upon the medical record documentation and coding guidelines and reference materials. References to other third-party sources or organizations are not a representation, warranty or endorsement of such organization. The fact that a service or treatment is described in this material, is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

References

1. New Mexico Human Services Department. (2014, January 1). 8.320.2.10; GENERAL EPSDT SCREENINGS AND REFERRALS. 8.320.2 NMAC. https://www.srca.nm.gov/parts/title08/08.320.0002.html

2. American Academy of Pediatrics. (2023, April). Recommendations for Preventive Pediatric Health Care. Preventive Care/Periodicity Schedule. https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

3. American Academy of Pediatrics. (2022). CODING FOR Pediatric Preventive Care 2022 - AAP. https://downloads.aap.org/AAP/PDF/Coding%20Preventive%20Care.pdf

4. Bright Futures. (2023, June 27). Bright Futures Toolkit: Links to Commonly Used Screening Instruments and Tools. American Academy of Pediatrics. https://publications.aap.org/toolkits/resources/15625/Bright-Futures-Toolkit-Links-to-Commonly-Used?autologincheck=redirected

5. Bright Futures. (n.d.). Special Topic: Postpartum Mood Disorders. Mental Health Postpartum. https://www.brightfutures.org/mentalhealth/pdf/bridges/postpartum.pdf

6. Centers for Disease Control and Prevention. (2023, March 24). Prevalence and Characteristics of Autism Spectrum Disorder Among Children Aged 8 Years - Autism and Developmental Disabilities Monitoring Network, 11 Sites, United States, 2020. Centers for Disease Control and Prevention. https://www.cdc.gov/mmwr/volumes/72/ss/ss7202a1.htm

7. New Mexico Human Services Department. (2021, August 10). 8.321.2.12; SPECIALIZED BEHAVIORAL HEALTH SERVICES. 8.321.2 NMAC. https://www.srca.nm.gov/parts/title08/08.321.0002.html

8. Resources. NM Autism Society. (2019). https://nmautismsociety.org/resources

9. Early Childhood Education Care Department. (2024). Early Intervention Services. FIT Families. https://www.nmececd.org/fit-families/

10. Bright Futures. (n.d.). Iron-deficiency Anemia. https://www.brightfutures.org/wellchildcare/04_labs/resources/BFN_Anemia.pdf

11. DEPARTMENT OF HEALTH AND HUMAN SERVICES. (2016, November 30). Coverage of blood lead testing for children enrolled in Medicaid and the Children's Health Insurance Program: Guidance Portal. CMCS Informational Bulletin. https://www.hhs.gov/guidance/document/coverage-blood-lead-testing-children-enrolled-medicaid-and-childrens-health-insurance

12. Gupta, J., & Gujral, J. (2024). Pediatric Dyslipidemia. StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK585106/

13. Bright Futures. (2008). Depression. Promoting Healthy Mental Development: A Bright Futures Online Curriculum. https://www.brightfutures.org/development/adolescence/depression.html

14. Bright Futures. (2008). Substance Use and Abuse. Promoting Healthy Mental Development: A Bright Futures Online Curriculum. https://www.brightfutures.org/development/adolescence/substance-abuse.html

15. Hsu, K. K., & Rakhmanina, N. Y. (2022). Adolescents and young adults: The pediatrician's role in HIV testing and pre- and postexposure HIV prophylaxis. Pediatrics, 149(1). https://doi.org/10.1542/peds.2021-055207

16. Centers for Disease Control and Prevention. (2023, March 16). HIV Information and Youth. Adolescent and School Health. https://www.cdc.gov/healthyyouth/youth_hiv/hiv-information-and-youth.htm

17. Shafii, T., & Levine, D. (2020). Office-Based Screening for Sexually Transmitted Infections in Adolescents. Pediatrics, 145(Supplement_2). https://doi.org/10.1542/peds.2019-2056k

18. Shannon, C. L., & Klausner, J. D. (2018). The growing epidemic of sexually transmitted infections in adolescents: A neglected population. Current Opinion in Pediatrics, 30(1), 137–143. https://doi.org/10.1097/mop.0000000000000578

19. American Academy of Pediatrics. (2021). Sexually Transmitted Infections in Adolescents and Children . AAP Publications. https://publications.aap.org/redbook/book/347/chapter-abstract/5749669/Sexually-Transmitted-Infections-in-Adolescents-and?redirectedFrom=fulltext%3Fautologincheck

20. Centers for Disease Control and Prevention. (2021). Detection of STIs in Special Populations - Adolescents. Sexually Transmitted Infections Treatment Guidelines. https://www.cdc.gov/std/treatment-guidelines/adolescents.htm

To ask for auxiliary aids and services or materials in other formats and languages at no cost, please call 1-866-689-1523 (TTY/TDD: 711).

Blue Cross and Blue Shield of New Mexico complies with applicable federal civil rights laws and does not discriminate on the basis of health status or need for services or race, color, national origin, age, disability, sex, ancestry, spousal affiliation, sexual orientation and/or gender identity. See our full non-discrimination notice and contacts.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-710-6984 (TTY: 711).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih 1-855-710-6984 (TTY: 711).