

Implementation of the ACA Pediatric Preventive Services Provision

To ensure that all services children need are provided, it is critical that insurers pay for each separately reported service at a level that reflects the total relative value units (RVUs) of all separately reported services at each visit. For information on how to use this document, visit Achieving Bright Futures overview (http://www.aap.org/en-us/professional-resources/practice-support/financing-and-payment/Documents/AchievingBF_Overview.pdf).

What Does Bright Futures Recommend?

History

- Prenatal/Family¹

Anticipatory Guidance¹

How are these services reported and paid?

Current Procedural Terminology (CPT®) codes are a set of descriptions and guidelines intended to describe procedures and services performed by physicians and other health care professionals. All services with specific *CPT* codes should be reported separately. Payment should, at a minimum, reflect the total RVUs outlined for the current year under the Medicare Resource-Based Relative Value Scale physician fee schedule, inclusive of all separately reported *CPT* and Healthcare Common Procedure Coding System (HCPCS) Level II codes. The relative values assigned to these codes recognize the significant clinical practice expense, physician work, and professional liability insurance expense involved in providing these services. HCPCS Level II codes are procedure codes used to report services and supplies not included in the *CPT* nomenclature.

The International Classification of Diseases, 9th Revision, Clinical Modification (*ICD-9-CM*) nomenclature includes codes used for identifying patient diagnoses. While every patient encounter includes at least one *ICD-9-CM* code, a single *CPT* code may be linked to several *ICD-9-CM* codes, depending on the diagnosis(es) involved.

What CPT codes are used to report the services provided in the prenatal visit?

CPT Code	ICD-9-CM Code
99401 Preventive medicine counseling or risk factor reduction intervention(s) provided to an individual; approximately 15 minutes	V65.11 pre-birth visit for both expectant and adoptive parents
99402 Preventive medicine counseling or risk factor reduction intervention(s) provided to an individual; approximately 30 minutes	V65.40 other counseling services performed
99403 Preventive medicine counseling or risk factor reduction intervention(s) provided to an individual; approximately 45 minutes	
99404 Preventive medicine counseling or risk factor reduction intervention(s) provided to an individual; approximately 60 minutes	

Note

- Report the service under the mother's name.
- The preventive medicine counseling codes (**99401–99404**) are reported only for those prenatal visits where there is no identified fetal condition/anomaly.
- If the mother is referred from her obstetrician due to an identified fetal condition/anomaly, office or other outpatient consultation codes (**99241–99245**) will be reported instead of the preventive medicine counseling codes and linked to the appropriate diagnosis code(s).

For questions on state implementation of/state decisions on insurance plan benefit packages or working with state AAP chapters, contact stgov@aap.org. For questions about coding and payment, contact aapcodinghotline@aap.org. For general questions about Bright Futures, contact BrightFutures@aap.org.

1. Service is recommended and its reporting is subsumed by preventive medicine services code.
2. Service is recommended and is reported separately with its own code.

