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
- Initial/Interval[1]

Measurements
- Length and Weight[1]
- Head Circumference[1]
- Weight for Length[1]
- Blood Pressure[3]

Sensory Screening
- Vision[3]
- Hearing[3]

Developmental/ Behavioral Assessment
- Developmental Surveillance[1]
- Psychosocial/Behavioral Assessment[1]

Physical Examination[1]

Procedures
- Newborn Blood Screening[2]
- Immunization[2]

Anticipatory Guidance[1]

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 2 month visit?

Preventive Medicine Services: New Patients

CPT Code	*ICD-9-CM* Code
99381 Infant (younger than 1 year) • Initial comprehensive preventive medicine evaluation and management of an individual includes an age- and gender-appropriate history; physical examination; counseling, anticipatory guidance, or risk factor reduction interventions; and the ordering of laboratory or diagnostic procedures. • Only report a "new" patient if the newborn was never seen in the hospital by a physician from your group practice and of the same specialty. • A *new patient* is defined as one who has not received any professional services (face-to-face services rendered by a physician/other qualified health care professional who may report evaluation and management services reported by a specific CPT code[s]) from a physician/other qualified health care professional or another physician/other qualified health care professional of the exact same specialty who belongs to the same group practice, within the past 3 years.	**V20.2** Routine infant or child health check (over 28 days of age)

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.
3. Risk assessment is recommended and its reporting is subsumed by preventive medicine services code.
4. Risk assessment is recommended and its reporting is subsumed by preventive medicine services code. If risk assessment is positive, a screening test is conducted and is reported separately with its own code.

Preventive Medicine Services: Established Patients

CPT Code		*ICD-9-CM* Code	
99391	Infant (younger than 1 year) • Periodic comprehensive preventive medicine reevaluation and management of an individual includes an age- and gender-appropriate history; physical examination; counseling, anticipatory guidance, or risk factor reduction interventions; and the ordering of laboratory or diagnostic procedures	**V20.2**	Routine infant or child health check (over 28 days of age)

Vision

If the risk assessment is positive, referral to an ophthalmologist is recommended.

Hearing

If the risk assessment is positive, referral to an audiologist is recommended.

Newborn Blood Screening

(recommended if not done previously)

The Recommended Uniform Newborn Screening Panel (http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/recommendedpanel/uniformscreeningpanel.pdf), as determined by the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/nbsdisorders.pdf) establish the criteria for and coverage of newborn screening procedures and programs. Follow-up must be provided, as appropriate, by the pediatrician.

NOTE: HCPCS Codes

- HCPCS Level II codes are procedure codes used to report services and supplies not included in the *CPT* nomenclature.
- Like *CPT* codes, HCPCS Level II codes are part of the standard procedure code set under the Health Insurance Portability and Accountability Act of 1996.

HCPCS Code		*ICD-9-CM* Code	
S3620	Newborn metabolic screening panel, includes test kit, postage, and the laboratory tests specified by the state for inclusion in this panel (eg, galactose; hemoglobin; electrophoresis; hydroxyprogesterone, 17-d; phenylalanine; and thyroxine, total)	**V77.0** **V77.3** **V77.4** **V77.7** **V77.99** **V78.0** **V78.1** **V78.2** **V78.3** **V78.8** **V72.6**	Special screening for thyroid disorders Special screening for phenylketonuria Special screening for galactosemia Special screening for other inborn errors of metabolism Special screening for other and unspecified endocrine, nutritional, metabolic, and immunity disorders Special screening for iron deficiency anemia Special screening for other and unspecified deficiency anemia Special screening for sickle cell disease or trait Special screening for other hemoglobinopathies Special screening for other disorders of blood and blood-forming organs Laboratory examination (NOTE: reported secondary to code[s] for screening[s])

Immunizations

Hepatitis B #2

Diphtheria, tetanus, pertussis (DTaP) #1

Polio #1

Rotavirus #1

Haemophilus influenzae type b (Hib) #1

Pneumococcal #1

Consult the AAP Web site (http://aapredbook.aappublications.org/site/resources/izschedules.xhtml) for the current immunization schedule (Recommended Immunization Schedule, 0–18 years).

Refer to the AAP Vaccine Coding Table (http://www.aap.org/en-us/professional-resources/practice-support/financing-and-payment/Documents/Commonly_Administered_Pediatric_Vaccines_Coding_Table.pdf) for vaccine product and immunization administration codes.

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.