

## 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](http://www.aap.org/en-us/professional-resources/practice-support/financing-and-payment/Documents/AchievingBF_Overview.pdf)).

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 Does Bright Futures Recommend?

#### History

- Initial/Interval<sup>1</sup>

#### Measurements

- Length and Weight<sup>1</sup>
- Head Circumference<sup>1</sup>
- Weight for Length<sup>1</sup>
- Blood Pressure<sup>3</sup>

#### Sensory Screening

- Vision<sup>3</sup>
- Hearing<sup>3</sup>

#### Developmental/ Behavioral Assessment

- Developmental Screening<sup>2</sup>
- Psychosocial/Behavioral Assessment<sup>1</sup>

#### Physical Examination<sup>1</sup>

#### Procedures

- Immunization<sup>2</sup>
- Lead Screening<sup>4</sup>

#### Oral Health<sup>4</sup>

#### Anticipatory Guidance<sup>1</sup>

### 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.

### What CPT codes are used to report the services provided in the 9 month visit?

#### Preventive Medicine Services: New Patients

CPT Code	ICD-9-CM Code
<b>99381</b> Infant (younger than 1 year) <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• A <i>new patient</i> 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 <i>CPT</i> 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.</li> </ul>	<b>V20.2</b> 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.  
*CPT* is a registered trademark of the American Medical Association.



## Preventive Medicine Services: Established Patients

CPT Code	ICD-9-CM Code
<b>99391</b> Infant (younger than 1 year) <ul style="list-style-type: none"> <li>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</li> </ul>	<b>V20.2</b> 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.

### Developmental Screening

A formal, standardized autism screen is recommended during the 9 month visit. When a standardized instrument is administered to a parent/guardian and scored and interpreted by a physician/trained clinical staff, it is a separately reported service.

CPT Code	ICD-9-CM Code
<b>96110</b> Developmental screening, with interpretation and report, per standardized instrument form	<b>V20.2</b> Routine infant or child health check (over 28 days of age)

CPT code **96110** clarifies that the service should be reported “per standardized instrument form.” When more than one standardized instrument is administered during a patient encounter, each one is reported separately. Please note that modifier **59** may need to be appended to the subsequent 96110 codes to identify each standardized instrument form administered beyond the first.

Please note that of January 1, 2012, code **96110** is no longer covered by Medicare since it uses the term “screening” as part of its descriptor and Medicare does not cover screening services. If needed, the Medicare-specific code can be reported in lieu of **96110**.

Medicare G Code	ICD-9-CM Code
<b>G0451</b> Developmental testing, with interpretation and report, per standardized instrument form	<b>V20.2</b> Routine infant or child health check (over 28 days of age)

### Immunizations

Hepatitis B #3 (if not previously given)

Polio #3 (if not previously given)

Influenza (either #1 or #2)

Consult the AAP Web site (<http://aapredbook.aappublications.org/site/resources/izschedules.xhtml>) for the current immunization schedule (Recommended Immunization Schedule, 0–18 years). For patients who have fallen behind on vaccines, the Recommended Catch-up Schedule, 4 months–18 years or Those Who Start More Than a Month Behind refer to <http://aapredbook.aappublications.org/site/resources/IZScheduleCatchup.pdf>.

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](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.

### Lead Screening

These codes are used if the risk assessment is positive and labs are drawn. Otherwise, the risk assessment is subsumed by the preventive medicine services code and not separately reported.

CPT Code	ICD-9-CM Code
<b>36415</b> Collection of venous blood by venipuncture	<b>V82.5</b> Special screening for chemical poisoning and other contamination
<b>36416</b> Collection of capillary blood specimen	<b>V72.6</b> Laboratory examination (NOTE: reported secondary to code[s] for screening[s])
<b>83655</b> Lead	



### Oral Health

Refer to a dental home, if available. If not available, perform a risk assessment. For those at high risk, consider application of fluoride varnish for caries prevention. For more specific information within your state, visit <http://www2.aap.org/oralhealth/State.html>.

CPT Code	ICD-9-CM Code
<b>D0120</b> Periodic oral evaluation	<b>V20.2</b> Routine infant or child health check (over 28 days of age)
<b>D0145</b> Oral evaluation for patient under 3 years of age and counseling with primary caregiver	
<b>99420</b> Health risk assessment (oral health risk assessment)	
<b>D9999</b> Unspecified adjunctive dental procedure	
<b>99429</b> Unlisted preventive medicine service	<b>V07.31</b> Prophylactic fluoride administration
<b>D1206</b> Topical application of fluoride varnish	<b>V07.8</b> Other specified prophylactic measure (eg, sealant application)

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



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