

## 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 Surveillance<sup>1</sup>
- Psychosocial/Behavioral Assessment<sup>1</sup>

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

##### Procedures

- Immunization<sup>2</sup>
- Hematocrit or Hemoglobin<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 15 month visit?

#### Preventive Medicine Services: New Patients

CPT Code	ICD-9-CM Code
<b>99382</b> Early childhood (age 1 through 4 years) <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>• 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 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.</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>99392</b> Early childhood (age 1 through 4 years) <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 audiology is recommended.

### Immunizations

Diphtheria, tetanus, pertussis (DTaP) #4

Hepatitis B #3 (if not given previously)

Polio #3 (if not given previously)

Influenza (either #1 or #2)

Haemophilus influenzae type b (Hib) #4 (if not given previously)

Pneumococcal #4 (if not given previously)

Measles, mumps, rubella (MMR) #1 (if not given previously)

Varicella #1 (if not given previously)

Hepatitis A #1 (if not given previously)

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.

## Hematocrit or Hemoglobin

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>V78.0</b> Special screening for iron deficiency anemia
<b>36416</b> Collection of capillary blood specimen	<b>V72.6</b> Laboratory examination (NOTE: reported secondary to code[s] for screening[s])
<b>85014</b> Blood count; hematocrit (only report if a lab will not be reporting)	
<b>85018</b> Blood count; hemoglobin (only report if a lab will not be reporting)	

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).



American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™