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

### Measurements
- Length and Weight
- Head Circumference
- Weight for Length
- Blood Pressure

### Sensory Screening
- Vision
- Hearing

### Developmental/Behavioral Assessment
- Developmental Screening
- Autism Screening
- Psychosocial/Behavioral Assessment

### Physical Examination

### Procedures
- Immunization
- Hematocrit or Hemoglobin
- Lead Screening

### Oral Health

### Anticipatory Guidance

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.

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** | **Description**
--- | --- | ---
99392 | V20.2 | Early childhood (age 1 through 4 years)
- 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.

**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 and Autism Screening**
A formal, standardized developmental screen is recommended during the 18 month visit, including a formal autism screen. 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.

**Immunizations**
Diphtheria, tetanus, pertussis (D'TaP) #4 (if not given previously)
Hepatitis B #3 (if not given previously)
Polio #3 (if not given previously)
Influenza (either #1 or #2)
Hepatitis A #1 or #2 (if not given previously)
Consult the AAP Web site ([http://aapredbook.aappublications.org/site/resources/izschedules.xhtml](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](http://aapredbook.aappublications.org/site/resources/IZScheduleCatchup.pdf).


**CPT code 96110** clarifies that the service should be reported “per standardized instrument form” and is reported for a developmental screen (eg, PEDS) or an autism screen (eg, M-CHAT). 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.
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.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>ICD-9-CM Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>36415</td>
<td>V78.0</td>
<td>Collection of venous blood by venipuncture</td>
</tr>
<tr>
<td>36416</td>
<td>V72.6</td>
<td>Collection of capillary blood specimen</td>
</tr>
<tr>
<td>85014</td>
<td>V82.5</td>
<td>Blood count; hematocrit (only report if a lab will not be reporting)</td>
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<tr>
<td>85018</td>
<td>V72.6</td>
<td>Blood count; hemoglobin (only report if a lab will not be reporting)</td>
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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.

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<td>83655</td>
<td>V82.5</td>
<td>Lead</td>
</tr>
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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](http://www2.aap.org/oralhealth/State.html).

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<tr>
<td>D0120</td>
<td>V20.2</td>
<td>Periodic oral evaluation (NOTE: reported secondary to code(s) for screening(s))</td>
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<tr>
<td>D0145</td>
<td>V20.2</td>
<td>Oral evaluation for patient under 3 years of age and counseling with primary caregiver</td>
</tr>
<tr>
<td>99420</td>
<td>V20.2</td>
<td>Health risk assessment (oral health risk assessment)</td>
</tr>
<tr>
<td>D9999</td>
<td>V20.2</td>
<td>Unspecified adjunctive dental procedure</td>
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<tr>
<td>99429</td>
<td>V07.31</td>
<td>Unlisted preventive medicine service</td>
</tr>
<tr>
<td>D1206</td>
<td>V07.8</td>
<td>Topical application of fluoride varnish</td>
</tr>
</tbody>
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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.