

## 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)).

### What Does Bright Futures Recommend?

#### History

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

#### Measurements

- Height and Weight<sup>1</sup>
- Body Mass Index (BMI)<sup>1</sup>
- Blood Pressure<sup>1</sup>

#### Sensory Screening

- Vision<sup>4</sup>
- Hearing<sup>4</sup>

#### Developmental/ Behavioral Assessment

- Developmental Surveillance<sup>1</sup>
- Psychosocial/Behavioral Assessment<sup>1</sup>
- Alcohol and Drug Use Assessment<sup>4</sup>
- Depression Screening<sup>2</sup>

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

##### Procedures

- Immunizations<sup>2</sup>
- Hematocrit or Hemoglobin<sup>4</sup>
- Tuberculosis Testing<sup>4</sup>
- Dyslipidemia Screening<sup>2</sup>
- STI/HIV Screening<sup>\*4</sup>

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

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 11 year visit?

#### Preventive Medicine Services: New Patients

CPT Code	ICD-9-CM Code
<b>99383</b> Late childhood (age 5 through 11 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)

### 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

\*STI screening should be performed for all sexually active patients.  
 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.



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## Preventive Medicine Services: Established Patients

CPT Code	ICD-9-CM Code
<b>99393</b> Late childhood (age 5 through 11 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

These codes are used if the risk assessment is positive and a screening test is performed. Otherwise, the risk assessment is subsumed by the preventive medicine services code and not separately reported.

CPT Code	ICD-9-CM Code
<b>99173</b> Screening testing of visual acuity, quantitative, bilateral	<b>V20.2</b> Routine infant or child health check (over 28 days of age)
<b>99174</b> Instrument-based ocular photoscreening with interpretation and report (eg, photoscreening, automated-refraction, automated visual evoked potential), bilateral	

## Hearing

These codes are used if the risk assessment is positive and a screening test is performed. Otherwise, the risk assessment is subsumed by the preventive medicine services code and not separately reported.

CPT Code	ICD-9-CM Code
<b>92551</b> Screening test, pure tone, air only	<b>V20.2</b> Routine infant or child health check (over 28 days of age)
<b>92552</b> Pure tone audiometry (threshold); air only	
<b>92567</b> Tympanometry (impedance testing)	

## Alcohol and Drug Use Assessment

When only an assessment is performed—with no intervention—consider this part of the preventive medicine service and not separately reported. Unless the assessment is performed using a structured screen (eg, AUDIT, DAST, CRAFFT).

However, if an assessment is performed using a structured screen with brief intervention services, it can be reported separately depending on time spent. A structured screen could be those listed in the CPT code descriptor (AUDIT, DAST) or others (eg, CRAFFT). Do not report **99420** in addition to **99408** or **99409** for the structured screen related to the alcohol or substance abuse assessment. The structured screen is subsumed by code **99408** or **99409**.

CPT Code	ICD-9-CM Code
<b>99408</b> Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes	<b>V65.42</b> Counseling on substance use and abuse <b>V70.4</b> Examination for medicolegal reasons <b>V71.09</b> Observation for other mental conditions
<b>99409</b> Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes	<b>V79.1</b> Special screening for alcoholism <b>V79.9</b> Special screening for unspecified mental disorder
<b>99420</b> Administration and interpretation of a health risk assessment instrument (eg, health hazard appraisal)	



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## Depression Screening

CPT Code	ICD-9-CM Code
<b>96110</b> Developmental screening, with interpretation and report, per standardized instrument form or <b>99420</b> Administration and interpretation of health risk assessment instrument (eg, health hazard appraisal)  Check with your payer for appropriate code.	<b>V79.0</b> Special screening for depression

## Immunizations

Human papillomavirus (HPV) #1–3

Tetanus, diphtheria, pertussis (Tdap) #1

Meningococcal #1

Influenza (yearly)

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](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)	

## Tuberculosis Testing

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

CPT Code	ICD-9-CM Code
Administration of purified protein derivative (PPD) test  <b>86580</b> Skin test; tuberculosis, intradermal (NOTE: Administration is included.)	<b>V74.1</b> Special screening for examination of pulmonary tuberculosis
Reading of PPD test  <b>99211</b> Office or other outpatient services (nurse visit)	<b>V74.1</b> Special screening for examination of pulmonary tuberculosis (IF TEST IS NEGATIVE) or <b>795.51</b> Nonspecific reaction to tuberculin skin test without active tuberculosis (IF TEST IS POSITIVE)

## Dyslipidemia Screening

(If not done at 9 or 10 year visit)

CPT Code	ICD-9-CM Code
<b>80061</b> Lipid panel (includes total cholesterol, high-density lipoprotein [HDL] cholesterol, and triglycerides)	<b>V77.91</b> Screening for lipoid disorders
<b>82465</b> Cholesterol, serum, total	<b>V72.6</b> Laboratory examination (NOTE: reported secondary to code[s] for screening[s])
<b>83718</b> Lipoprotein, direct measurement, HDL cholesterol	
<b>84478</b> Triglycerides	



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## STI/HIV Screening

STI screening should be performed for all sexually active patients.

CPT Code	ICD-9-CM Code
<b>86631</b> Antibody; chlamydia	<b>V73.88</b> Special screening examination for other specified chlamydial diseases
<b>86632</b> Antibody; chlamydia, IgM	
<b>86701</b> Antibody; HIV-1	<b>V74.5</b> Special screening examination for bacterial and spirochetal diseases; venereal disease
<b>86703</b> Antibody; HIV-1 and HIV-2 single assay	
<b>87081</b> Culture, presumptive, pathogenic organisms, screening only	<b>V75.9</b> Special screening examination for unspecified infectious disease.
<b>87110</b> Culture, chlamydia, any source	
<b>87210</b> Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	<b>V72.6</b> Laboratory examination (NOTE: reported secondary to code[s] for screening[s])
<b>87270</b> Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	
<b>87320</b> Infectious agent detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; C trachomatis	
<b>87490</b> Infectious agent detection by nucleic acid (DNA or RNA); C trachomatis, direct probe technique	
<b>87491</b> Infectious agent detection by nucleic acid (DNA or RNA); C trachomatis, amplified probe technique	
<b>87590</b> Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique	
<b>87591</b> Infectious agent detection by nucleic acid (DNA or RNA); N gonorrhoeae, amplified probe technique	
<b>87800</b> Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; direct probe(s) technique	
<b>87801</b> Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe technique	
<b>87810</b> Infectious agent detection by immunoassay with direct optical observation; C trachomatis	
<b>87850</b> Infectious agent detection by immunoassay with direct optical observation; N gonorrhoeae	
<b>36415</b> Collection of venous blood by venipuncture	
<b>99000</b> Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory	

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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