

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/Interval¹

Measurements

- Height and Weight¹
- Blood Pressure¹
- Body Mass Index (BMI)¹

Sensory Screening

- Vision⁴ (15-year-old²)
- Hearing⁴

Developmental/ Behavioral Assessment

- Developmental Surveillance¹
- Psychosocial/Behavioral Assessment¹
- Alcohol and Drug Use Assessment⁴
- Depression Screening²

Physical Examination¹

Procedures

- Immunizations²
- Hematocrit or Hemoglobin⁴
- Tuberculosis Testing⁴
- Dyslipidemia Screening⁴
- STI/HIV Screening^{*4}

Anticipatory Guidance¹

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.

*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.

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What CPT codes are used to report the services provided in the 15–17 year visits?

Preventive Medicine Services: New Patients

CPT Code	ICD-9-CM Code
<p>99384 Adolescent (age 12 through 17 years)</p> <ul style="list-style-type: none"> 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. 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. 	<p>V70.0 General health exam</p>

Preventive Medicine Services: Established Patients

CPT Code	ICD-9-CM Code
<p>99394 Adolescent (age 12 through 17 years)</p> <ul style="list-style-type: none"> 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. 	<p>V70.0 General health exam</p>

Vision

Recommended for the 15 year visit. For the 14, 16, and 17 year visits, 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
<p>99173 Screening testing of visual acuity, quantitative, bilateral</p>	<p>V20.2 Routine infant or child health check (over 28 days of age)</p>
<p>99174 Instrument-based ocular photoscreening with interpretation and report (eg, photoscreening, automated-refraction, automated visual evoked potential), bilateral</p>	

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



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

Depression Screening

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

Immunizations

Human papillomavirus (HPV) #1–3 (if not given previously)

Tetanus, diphtheria, pertussis (Tdap) #1 (if not given previously)

Meningococcal #1 (if not given previously) or #2 (booster at age 16)

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) for vaccine product and immunization administration codes.



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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
36415 Collection of venous blood by venipuncture	V78.0 Special screening for iron deficiency anemia
36416 Collection of capillary blood specimen	V72.6 Laboratory examination (NOTE: reported secondary to code[s] for screening[s])
85014 Blood count; hematocrit (only report if a lab will not be reporting)	
85018 Blood count; hemoglobin (only report if a lab will not be reporting)	

Dyslipidemia 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
80061 Lipid panel (includes total cholesterol, high-density lipoprotein [HDL] cholesterol, and triglycerides)	V77.91 Screening for lipid disorders
82465 Cholesterol, serum, total	V72.6 Laboratory examination (NOTE: reported secondary to code[s] for screening[s])
83718 Lipoprotein, direct measurement, HDL cholesterol	
84478 Triglycerides	

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 86580 Skin test; tuberculosis, intradermal (NOTE: Administration is included.)	V74.1 Special screening for examination of pulmonary tuberculosis
Reading of PPD test 99211 Office or other outpatient services (nurse visit)	V74.1 Special screening for examination of pulmonary tuberculosis (IF TEST IS NEGATIVE) or 795.51 Nonspecific reaction to tuberculin skin test without active tuberculosis (IF TEST IS POSITIVE)



STI/HIV Screening

STI screening should be performed for all sexually active patients. All adolescents should be screened for HIV once between the ages of 16 and 18.

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



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