

# Achieving Bright Futures



## Implementation of the ACA Pediatric Preventive Services Provision

Preventive care is the hallmark of pediatrics. The American Academy of Pediatrics (AAP) and our nation's pediatricians know how essential well-baby and well-child visits—including all preventive services deemed necessary by a pediatrician or other physician—are to the health and well-being of children.

The Patient Protection and Affordable Care Act (ACA) recognized the importance of preventive care for children by including a critical provision to ensure that children enrolled in all individual and group non-grandfathered health care plans receive the gold standard of preventive care—all preventive care screenings and services recommended by the AAP/*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents* without cost-sharing.

Insurance plans across the country now must cover all Bright Futures preventive services at each visit as required by this provision of the ACA. **This document provides insurers, regulators, lawmakers, and other stakeholders with guidance on those services recommended at each Bright Futures preventive care visit and covered by this provision of the ACA. 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 those services outlined for the current year under the Medicare Resource-Based Relative Value Scale physician fee schedule.**

### Statutory and Regulatory Framework

Section 2713 of the ACA and corresponding July 19, 2010, Interim Final Rules (<http://www.gpo.gov/fdsys/pkg/FR-2010-07-19/pdf/2010-17242.pdf>) require the coverage of specific preventive care benefits for adults and children in all individual and group non-grandfathered health care plans without cost-sharing. Section 2713 of the ACA includes 2 sets of services that must be provided to children without cost-sharing.

1. Immunizations for routine use that are recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention with respect to the individual involved
2. Evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA)

The July 19, 2010, Interim Final Rules (<http://www.gpo.gov/fdsys/pkg/FR-2010-07-19/pdf/2010-17242.pdf>) spell out in detail those services described in Section 2713 that are to be provided to children without cost-sharing. These services are annotated below.

# Achieving Bright Futures, continued

## ACIP-Recommended Vaccines

Recommendations of ACIP appear in 2 childhood immunization schedules and contain graphics that provide information about the recommended age for vaccination, number of doses needed, and interval between the doses. These schedules also contain detailed footnotes that provide further information on immunizations in the schedule.

Recommended Immunization Schedule for Persons Aged 0 to 18 Years (<http://aapredbook.aappublications.org/site/resources/izschedules.xhtml>)

## Comprehensive Guidelines Supported by HRSA

Comprehensive guidelines for infants, children, and adolescents supported by HRSA appear in 2 charts: the periodicity schedule of the Bright Futures Recommendations for Preventive Pediatric Health Care and the Uniform Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children.

Bright Futures Recommendations for Preventive Pediatric Health Care ([http://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule\\_FINAL.pdf](http://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf))

Recommendations of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children (<http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/reportsrecommendations/reports/heritdisordersnewbornschildrenannualrpt13.pdf>)

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On the following pages you will find detailed information on each visit contained in the Bright Futures Recommendations for Preventive Pediatric Health Care (periodicity schedule) ([http://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule\\_FINAL.pdf](http://www.aap.org/en-us/professional-resources/practice-support/Periodicity/Periodicity%20Schedule_FINAL.pdf)).

Included on each visit page are the Bright Futures recommendations for that visit as well as the Current Procedural Terminology codes used to appropriately bill for those recommended services. 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 RVUs of all separately reported services at each visit.

Preventive care screenings, tests, and services are critically important for children. Preventive care ensures that major illnesses are caught and treated earlier, that chronic conditions are either prevented or identified and managed sooner, and that development is monitored and ensured as children grow into becoming healthy and productive adults. The ACA recognized the importance of preventive care by including the requirement that these services be provided without cost-sharing.

Now, as the ACA continues to be implemented, insurers are encouraged to appropriately cover and separately pay for all preventive services deemed necessary by a child's pediatrician or other treating physician. These documents are here to guide you. Should you need additional assistance with implementation of the ACA, please contact [stgov@aap.org](mailto:stgov@aap.org). For general questions about Bright Futures, contact [BrightFutures@aap.org](mailto:BrightFutures@aap.org).



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<sup>1</sup>The comprehensive guidelines that are illustrated in the periodicity schedule of the Bright Futures Recommendations for Preventive Pediatric Health Care went into effect before September 23, 2009; therefore, plans and issuers are required to provide coverage without cost-sharing for these services in the first plan year (in the individual market, policy year) that begins on or after September 23, 2010.

<sup>2</sup>The comprehensive guidelines that are illustrated in the Uniform Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children went into effect May 21, 2010. Plans and issuers are required to provide coverage without cost-sharing for these services in the first plan year (in the individual market, policy year) that begins on or after May 21, 2011.