

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)

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>)

Implementation of the ACA Preventive Services Provision

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).

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. For general questions about Bright Futures, contact BrightFutures@aap.org.



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¹The 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.

²The 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.

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

- Prenatal/Family¹

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.

What CPT codes are used to report the services provided in the prenatal visit?

CPT Code	ICD-9-CM Code
99401 Preventive medicine counseling or risk factor reduction intervention(s) provided to an individual; approximately 15 minutes	V65.11 pre-birth visit for both expectant and adoptive parents
99402 Preventive medicine counseling or risk factor reduction intervention(s) provided to an individual; approximately 30 minutes	V65.40 other counseling services performed
99403 Preventive medicine counseling or risk factor reduction intervention(s) provided to an individual; approximately 45 minutes	
99404 Preventive medicine counseling or risk factor reduction intervention(s) provided to an individual; approximately 60 minutes	

Note

- Report the service under the mother's name.
- The preventive medicine counseling codes (**99401–99404**) are reported only for those prenatal visits where there is no identified fetal condition/anomaly.
- If the mother is referred from her obstetrician due to an identified fetal condition/anomaly, office or other outpatient consultation codes (**99241–99245**) will be reported instead of the preventive medicine counseling codes and linked to the appropriate diagnosis code(s).

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.

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.



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What Does Bright Futures Recommend?

History

- Initial¹

Measurements

- Length and Weight¹
- Head Circumference¹
- Weight for Length¹
- Blood Pressure³

Sensory Screening

- Vision³
- Hearing²

Developmental/ Behavioral Assessment

- Developmental Surveillance¹
- Psychosocial/Behavioral Assessment¹

Physical Examination¹

Procedures

- Newborn Blood Screening²
- Critical Congenital Heart Defect Screening¹
- Immunization²

Anticipatory Guidance¹

How are these services reported and paid?

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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.

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 newborn visit?

CPT Code	ICD-9-CM Code
Normal newborn care services are reported for newborns who are born healthy or who are only being observed for issues, but no intervention or additional medical decision-making is required.	V30.0X Single liveborn V30.1X Single liveborn, cesarean section V31.0X Twin, mate liveborn V31.1X Twin, mate liveborn, cesarean section V34.0X Other multiples, all liveborn V34.1X Other multiples, all liveborn, cesarean section X = 5th digit: 0 = Born in hospital; 1 = Born before admission
99460 Initial day, normal newborn in hospital or birthing center	
99461 Initial day, normal newborn in other than hospital or birthing center	V29.0 Observation for suspected infectious condition V29.1 Observation for suspected neurological condition V29.2 Observation for suspected respiratory condition V29.3 Observation for suspected genetic or metabolic condition V29.0 Observation for other suspected condition V29.9 Observation for unspecified condition
99462 Subsequent day, normal newborn in hospital or birthing center	
99463 Normal newborn care including admission and discharge on same day	
99238 Discharge services <30 minutes	

Newborn screening comprises a number of tests to detect a variety of congenital conditions in a baby prior to discharge from the hospital. These tests are designed to detect problems early in order to treat them promptly, thus preventing disabilities, and saving lives. While most newborn screening procedures are conducted via blood tests, others, such as newborn hearing screening and critical congenital heart disease screening, use different testing methods and systems.

Vision

If risk assessment is positive, referral to an ophthalmologist is recommended.

Hearing

All newborns should be screened and follow-up completed per the AAP Statement: “Universal Newborn Hearing Screening” (<http://pediatrics.aappublications.org/content/122/1/e266.full.pdf+html>).

CPT Code	ICD-9-CM Code
92558 Evoked otoacoustic emissions, screening (qualitative measurement of distortion product or transient evoked otoacoustic emissions), automated analysis	V30.0X Single liveborn V30.1X Single liveborn, cesarean section V31.0X Twin, mate liveborn V31.1X Twin, mate liveborn, cesarean section V34.0X Other multiples, all liveborn V34.1X Other multiples, all liveborn, cesarean section X = 5th digit: 0 = Born in hospital; 1 = Born before admission V72.19 Examination of ears and hearing

Newborn Blood Screening

The Recommended Uniform Newborn Screening Panel (<http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/reportsrecommendations/reports/heritdisordersnewbornschildrenannualrpt13.pdf>), as determined by the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (<http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/nbsdisorders.pdf>) establish the criteria for and coverage of newborn screening procedures and programs. Follow-up must be provided, as appropriate, by the pediatrician.

NOTE: HCPCS Codes

- HCPCS Level II codes are procedure codes used to report services and supplies not included in the *CPT* nomenclature.
- Like *CPT* codes, HCPCS Level II codes are part of the standard procedure code set under the Health Insurance Portability and Accountability Act of 1996.

HCPCS Code	ICD-9-CM Code
S3620 Newborn metabolic screening panel, includes test kit, postage, and the laboratory tests specified by the state for inclusion in this panel (eg, galactose; hemoglobin; electrophoresis; hydroxyprogesterone, 17-d; phenylalanine; and thyroxine, total)	V77.0 Special screening for thyroid disorders V77.3 Special screening for phenylketonuria V77.7 Special screening for other inborn errors of metabolism V77.99 Special screening for other and unspecified endocrine, nutritional, metabolic, and immunity disorders V78.0 Special screening for iron deficiency anemia V78.1 Special screening for other and unspecified deficiency anemia V78.2 Special screening for sickle cell disease or trait V78.3 Special screening for other hemoglobinopathies V78.8 Special screening for other disorders of blood and blood-forming organs V72.6 Laboratory examination (NOTE: reported secondary to code[s] for screening[s])

Critical Congenital Heart Defect Screening

Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, as described in the AAP statement, "Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease" (<http://pediatrics.aappublications.org/content/129/1/190.full.pdf+html>).

Immunizations

Hepatitis B #1

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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What Does Bright Futures Recommend?

History

- Initial/Interval¹

Measurements

- Length and Weight¹
- Head Circumference¹
- Weight for Length¹
- Blood Pressure³

Sensory Screening

- Vision³
- Hearing³

Developmental/ Behavioral Assessment

- Developmental Surveillance¹
- Psychosocial/Behavioral Assessment¹

Physical Examination¹

Procedures

- Newborn Blood Screening²
- Immunization²

Anticipatory Guidance¹

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 3–5 day visit?

Preventive Medicine Services: New Patients

CPT Code	ICD-9-CM Code
99381 Infant (younger than 1 year) <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. • Only report a “new” patient if the newborn was never seen in the hospital by a physician from your group practice and of the same specialty. • 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. 	V20.31 Newborn check under 8 days of age V20.32 Newborn check 8 to 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 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.

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Preventive Medicine Services: Established Patients

CPT Code	ICD-9-CM Code
99391 Infant (younger than 1 year) <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 	V20.31 Newborn check under 8 days of age V20.32 Newborn check 8 to 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 an audiologist is recommended.

Newborn Blood Screening

(recommended if not done previously)

The Recommended Uniform Newborn Screening Panel (<http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/recommendedpanel/uniformscreeningpanel.pdf>), as determined by the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (<http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/nbsdisorders.pdf>) establish the criteria for and coverage of newborn screening procedures and programs. Follow-up must be provided, as appropriate, by the pediatrician.

NOTE: HCPCS Codes

- HCPCS Level II codes are procedure codes used to report services and supplies not included in the CPT nomenclature.
- Like CPT codes, HCPCS Level II codes are part of the standard procedure code set under the Health Insurance Portability and Accountability Act of 1996.

HCPCS Code	ICD-9-CM Code
S3620 Newborn metabolic screening panel, includes test kit, postage, and the laboratory tests specified by the state for inclusion in this panel (eg, galactose; hemoglobin; electrophoresis; hydroxyprogesterone, 17-d; phenylalanine; and thyroxine, total)	V77.0 Special screening for thyroid disorders V77.3 Special screening for phenylketonuria V77.4 Special screening for galactosemia V77.7 Special screening for other inborn errors of metabolism V77.99 Special screening for other and unspecified endocrine, nutritional, metabolic, and immunity disorders V78.0 Special screening for iron deficiency anemia V78.1 Special screening for other and unspecified deficiency anemia V78.2 Special screening for sickle cell disease or trait V78.3 Special screening for other hemoglobinopathies V78.8 Special screening for other disorders of blood and blood-forming organs V72.6 Laboratory examination (NOTE: reported secondary to code[s] for screening[s])

Immunizations

Hepatitis B #1 (if not given in the hospital)

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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What Does Bright Futures Recommend?

History

- Initial/Interval¹

Measurements

- Length and Weight¹
- Head Circumference¹
- Weight for Length¹
- Blood Pressure³

Sensory Screening

- Vision³
- Hearing³

Developmental/ Behavioral Assessment

- Developmental Surveillance¹
- Psychosocial/Behavioral Assessment¹

Physical Examination¹

Procedures

- Newborn Blood Screening²
- Immunization²
- Tuberculosis Testing⁴

Anticipatory Guidance¹

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 “by 1 month” visit?

Preventive Medicine Services: New Patients

CPT Code	ICD-9-CM Code
99381 Infant (younger than 1 year) <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. Only report a “new” patient if the newborn was never seen in the hospital by a physician from your group practice and of the same specialty. 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. 	V20.32 Newborn check 8 to 28 days of age V20.2 Routine infant or child health check (over 28 days of age)

How are these services reported and paid?

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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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Preventive Medicine Services: Established Patients

CPT Code	ICD-9-CM Code
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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.

Newborn Blood Screening

(recommended if not done previously)

The Recommended Uniform Newborn Screening Panel (<http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/recommendedpanel/uniformscreeningpanel.pdf>), as determined by the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (<http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/nbsdisorders.pdf>) establish the criteria for and coverage of newborn screening procedures and programs. Follow-up must be provided, as appropriate, by the pediatrician.

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Immunizations

Hepatitis B #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).

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.

Tuberculosis Testing

These codes are used if the risk assessment is positive and a 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)

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History

- Initial/Interval¹

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- Weight for Length¹
- Blood Pressure³

Sensory Screening

- Vision³
- Hearing³

Developmental/ Behavioral Assessment

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- Psychosocial/Behavioral Assessment¹

Physical Examination¹

Procedures

- Newborn Blood Screening²
- Immunization²

Anticipatory Guidance¹

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What CPT codes are used to report the services provided in the 2 month visit?

Preventive Medicine Services: New Patients

CPT Code	ICD-9-CM Code
99381 Infant (younger than 1 year) <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. Only report a "new" patient if the newborn was never seen in the hospital by a physician from your group practice and of the same specialty. 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. 	V20.2 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 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.

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Preventive Medicine Services: Established Patients

CPT Code	ICD-9-CM Code
99391 Infant (younger than 1 year) <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 	V20.2 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 an audiologist is recommended.

Newborn Blood Screening

(recommended if not done previously)

The Recommended Uniform Newborn Screening Panel (<http://www.hrsa.gov/advisorycommittees/mchbadvisory/heritabledisorders/recommendedpanel/uniformscreeningpanel.pdf>), as determined by the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (<http://genes-r-us.uthscsa.edu/sites/genes-r-us/files/nbsdisorders.pdf>) establish the criteria for and coverage of newborn screening procedures and programs. Follow-up must be provided, as appropriate, by the pediatrician.

NOTE: HCPCS Codes

- HCPCS Level II codes are procedure codes used to report services and supplies not included in the CPT nomenclature.
- Like CPT codes, HCPCS Level II codes are part of the standard procedure code set under the Health Insurance Portability and Accountability Act of 1996.

HCPCS Code	ICD-9-CM Code
S3620 Newborn metabolic screening panel, includes test kit, postage, and the laboratory tests specified by the state for inclusion in this panel (eg, galactose; hemoglobin; electrophoresis; hydroxyprogesterone, 17-d; phenylalanine; and thyroxine, total)	V77.0 Special screening for thyroid disorders V77.3 Special screening for phenylketonuria V77.4 Special screening for galactosemia V77.7 Special screening for other inborn errors of metabolism V77.99 Special screening for other and unspecified endocrine, nutritional, metabolic, and immunity disorders V78.0 Special screening for iron deficiency anemia V78.1 Special screening for other and unspecified deficiency anemia V78.2 Special screening for sickle cell disease or trait V78.3 Special screening for other hemoglobinopathies V78.8 Special screening for other disorders of blood and blood-forming organs V72.6 Laboratory examination (NOTE: reported secondary to code[s] for screening[s])

Immunizations

Hepatitis B #2

Diphtheria, tetanus, pertussis (DTaP) #1

Polio #1

Rotavirus #1

Haemophilus influenzae type b (Hib) #1

Pneumococcal #1

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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What Does Bright Futures Recommend?

History

- Initial/Interval¹

Measurements

- Length and Weight¹
- Head Circumference¹
- Weight for Length¹
- Blood Pressure³

Sensory Screening

- Vision³
- Hearing³

Developmental/ Behavioral Assessment

- Developmental Surveillance¹
- Psychosocial/Behavioral Assessment¹

Physical Examination¹

Procedures

- Immunization²
- Hematocrit or Hemoglobin⁴

Anticipatory Guidance¹

How are these services reported and paid?

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What CPT codes are used to report the services provided in the 4 month visit?

Preventive Medicine Services: New Patients

CPT Code	ICD-9-CM Code
99381 Infant (younger than 1 year) <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. Only report a "new" patient if the newborn was never seen in the hospital by a physician from your group practice and of the same specialty. 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. 	V20.2 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.

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Preventive Medicine Services: Established Patients

CPT Code	ICD-9-CM Code
99391 Infant (younger than 1 year) • 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	V20.2 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 an audiologist is recommended.

Immunizations

Diphtheria, tetanus, pertussis (DTaP) #2

Polio #2

Rotavirus #2

Haemophilus influenzae type b (Hib) #2

Pneumococcal #2

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) 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
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)	

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What Does Bright Futures Recommend?

History

- Initial/Interval¹

Measurements

- Length and Weight¹
- Head Circumference¹
- Weight for Length¹
- Blood Pressure³

Sensory Screening

- Vision³
- Hearing³

Developmental/ Behavioral Assessment

- Developmental Surveillance¹
- Psychosocial/Behavioral Assessment¹

Physical Examination¹

Procedures

- Immunization²
- Lead Screening⁴
- Tuberculosis Testing⁴

Oral Health⁴

Anticipatory Guidance¹

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 6 month visit?

Preventive Medicine Services: New Patients

CPT Code	ICD-9-CM Code
99381 Infant (younger than 1 year) <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. Only report a "new" patient if the newborn was never seen in the hospital by a physician from your group practice and of the same specialty. 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. 	V20.2 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 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.

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Preventive Medicine Services: Established Patients

CPT Code	ICD-9-CM Code
99391 Infant (younger than 1 year) • 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	V20.2 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 an audiologist is recommended.

Immunizations

Hepatitis B #3

Diphtheria, tetanus, pertussis (DTaP) #3

Polio #3

Rotavirus #3

Haemophilus influenzae type b (Hib) #3

Pneumococcal #3

Influenza #1

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) for vaccine product and immunization administration codes.

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.

CPT Code	ICD-9-CM Code
36415 Collection of venous blood by venipuncture	V82.5 Special screening for chemical poisoning and other contamination
36416 Collection of capillary blood specimen	V72.6 Laboratory examination (NOTE: reported secondary to code[s] for screening[s])
83655 Lead	

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)



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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>.

CPT Code	ICD-9-CM Code
D0120 Periodic oral evaluation	V20.2 Routine infant or child health check (over 28 days of age)
D0145 Oral evaluation for patient under 3 years of age and counseling with primary caregiver	
99420 Health risk assessment (oral health risk assessment)	
D9999 Unspecified adjunctive dental procedure	
99429 Unlisted preventive medicine service	V07.31 Prophylactic fluoride administration
D1206 Topical application of fluoride varnish	V07.8 Other specified prophylactic measure (eg, sealant application)

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What Does Bright Futures Recommend?

History

- Initial/Interval¹

Measurements

- Length and Weight¹
- Head Circumference¹
- Weight for Length¹
- Blood Pressure³

Sensory Screening

- Vision³
- Hearing³

Developmental/ Behavioral Assessment

- Developmental Screening²
- Psychosocial/Behavioral Assessment¹

Physical Examination¹

Procedures

- Immunization²
- Lead Screening⁴

Oral Health⁴

Anticipatory Guidance¹

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 9 month visit?

Preventive Medicine Services: New Patients

CPT Code	ICD-9-CM Code
99381 Infant (younger than 1 year) <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. • Only report a “new” patient if the newborn was never seen in the hospital by a physician from your group practice and of the same specialty. • 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. 	V20.2 Routine infant or child health check (over 28 days of age)

How are these services reported and paid?

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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.

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Preventive Medicine Services: Established Patients

CPT Code	ICD-9-CM Code
99391 Infant (younger than 1 year) <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 	V20.2 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 an audiologist is recommended.

Developmental Screening

A formal, standardized autism screen is recommended during the 9 month visit. 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.

CPT Code	ICD-9-CM Code
96110 Developmental screening, with interpretation and report, per standardized instrument form	V20.2 Routine infant or child health check (over 28 days of age)

CPT code **96110** clarifies that the service should be reported “per standardized instrument form.” 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**.

Medicare G Code	ICD-9-CM Code
G0451 Developmental testing, with interpretation and report, per standardized instrument form	V20.2 Routine infant or child health check (over 28 days of age)

Immunizations

Hepatitis B #3 (if not previously given)

Polio #3 (if not previously given)

Influenza (either #1 or #2)

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) for vaccine product and immunization administration codes.

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.

CPT Code	ICD-9-CM Code
36415 Collection of venous blood by venipuncture	V82.5 Special screening for chemical poisoning and other contamination
36416 Collection of capillary blood specimen	V72.6 Laboratory examination (NOTE: reported secondary to code[s] for screening[s])
83655 Lead	



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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>.

CPT Code	ICD-9-CM Code
D0120 Periodic oral evaluation	V20.2 Routine infant or child health check (over 28 days of age)
D0145 Oral evaluation for patient under 3 years of age and counseling with primary caregiver	
99420 Health risk assessment (oral health risk assessment)	
D9999 Unspecified adjunctive dental procedure	
99429 Unlisted preventive medicine service	V07.31 Prophylactic fluoride administration
D1206 Topical application of fluoride varnish	V07.8 Other specified prophylactic measure (eg, sealant application)

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What Does Bright Futures Recommend?

History

- Initial/Interval¹

Measurements

- Length and Weight¹
- Head Circumference¹
- Weight for Length¹
- Blood Pressure³

Sensory Screening

- Vision³
- Hearing³

Developmental/ Behavioral Assessment

- Developmental Surveillance¹
- Psychosocial/Behavioral Assessment¹

Physical Examination¹

Procedures

- Immunization²
- Hematocrit or Hemoglobin²
- Lead Screening²
- Tuberculosis Testing⁴

Oral Health²

Anticipatory Guidance¹

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 12 month visit?

Preventive Medicine Services: New Patients

CPT Code	ICD-9-CM Code
99382 Early childhood (age 1 through 4 years) <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. • Only report a “new” patient if the newborn was never seen in the hospital by a physician from your group practice and of the same specialty. • 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. 	V20.2 Routine infant or child health check (over 28 days of age)

How are these services reported and paid?

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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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Preventive Medicine Services: Established Patients

CPT Code	ICD-9-CM Code
99392 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.	V20.2 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 an audiologist is recommended.

Immunizations

Hepatitis B #3 (if not previously given)

Polio #3 (if not previously given)

Influenza (either #1 or #2)

Haemophilus influenzae type b (Hib) #4

Pneumococcal #4

Measles, mumps, rubella (MMR) #1

Varicella #1

Hepatitis A #1

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) for vaccine product and immunization administration codes.

Hematocrit or Hemoglobin

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)	

Lead Screening

Perform risk assessments or screenings as appropriate based on universal screening requirements for patients with Medicaid or in high prevalence areas.

CPT Code	ICD-9-CM Code
36415 Collection of venous blood by venipuncture	V82.5 Special screening for chemical poisoning and other contamination
36416 Collection of capillary blood specimen	V72.6 Laboratory examination (NOTE: reported secondary to code[s] for screening[s])
83655 Lead	



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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.

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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)

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>.

CPT Code	ICD-9-CM Code
D0120 Periodic oral evaluation D0145 Oral evaluation for patient under 3 years of age and counseling with primary caregiver 99420 Health risk assessment (oral health risk assessment) D9999 Unspecified adjunctive dental procedure	V20.2 Routine infant or child health check (over 28 days of age)
99429 Unlisted preventive medicine service D1206 Topical application of fluoride varnish	V07.31 Prophylactic fluoride administration V07.8 Other specified prophylactic measure (eg, sealant application)



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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

- Length and Weight¹
- Head Circumference¹
- Weight for Length¹
- Blood Pressure³

Sensory Screening

- Vision³
- Hearing³

Developmental/ Behavioral Assessment

- Developmental Surveillance¹
- Psychosocial/Behavioral Assessment¹

Physical Examination¹

Procedures

- Immunization²
- Hematocrit or Hemoglobin⁴

Anticipatory Guidance¹

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 15 month visit?

Preventive Medicine Services: New Patients

CPT Code	ICD-9-CM Code
99382 Early childhood (age 1 through 4 years) <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. 	V20.2 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 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.

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Preventive Medicine Services: Established Patients

CPT Code	ICD-9-CM Code
99392 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.	V20.2 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) 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
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)	

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Implementation of the ACA Pediatric Preventive Services Provision

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What Does Bright Futures Recommend?

History

- Initial/Interval¹

Measurements

- Length and Weight¹
- Head Circumference¹
- Weight for Length¹
- Blood Pressure³

Sensory Screening

- Vision³
- Hearing³

Developmental/ Behavioral Assessment

- Developmental Screening²
- Autism Screening²
- Psychosocial/Behavioral Assessment¹

Physical Examination¹

Procedures

- Immunization²
- Hematocrit or Hemoglobin⁴
- Lead Screening⁴

Oral Health²

Anticipatory Guidance¹

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 18 month visit?

Preventive Medicine Services: New Patients

CPT Code	ICD-9-CM Code
99382 Early childhood (age 1 through 4 years) <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. 	V20.2 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 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.

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Preventive Medicine Services: Established Patients

CPT Code	ICD-9-CM Code
99392 Early childhood (age 1 through 4 years) <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. 	V20.2 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 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.

CPT Code	ICD-9-CM Code
96110 Developmental screening, with interpretation and report, per standardized instrument form	V20.2 Routine infant or child health check (over 28 days of age)

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**.

Medicare G Code	ICD-9-CM Code
G0451 Developmental testing, with interpretation and report, per standardized instrument form	V20.2 Routine infant or child health check (over 28 days of age)

Immunizations

Diphtheria, tetanus, pertussis (DTaP) #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>) 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) 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)	

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.

CPT Code	ICD-9-CM Code
36415 Collection of venous blood by venipuncture	V82.5 Special screening for chemical poisoning and other contamination
36416 Collection of capillary blood specimen	V72.6 Laboratory examination (NOTE: reported secondary to code[s] for screening[s])
83655 Lead	

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>.

CPT Code	ICD-9-CM Code
D0120 Periodic oral evaluation	V20.2 Routine infant or child health check (over 28 days of age)
D0145 Oral evaluation for patient under 3 years of age and counseling with primary caregiver	
99420 Health risk assessment (oral health risk assessment)	
D9999 Unspecified adjunctive dental procedure	
99429 Unlisted preventive medicine service	V07.31 Prophylactic fluoride administration
D1206 Topical application of fluoride varnish	V07.8 Other specified prophylactic measure (eg, sealant application)

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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

- Length/Height and Weight¹
- Head Circumference¹
- Body Mass Index (BMI)¹
- Blood Pressure³

Sensory Screening

- Vision³
- Hearing³

Developmental/ Behavioral Assessment

- Autism Screening²
- Developmental Surveillance¹
- Psychosocial/Behavioral Assessment¹

Physical Examination¹

Procedures

- Immunization²
- Hematocrit or Hemoglobin⁴
- Lead Screening²
- Tuberculosis Testing⁴
- Dyslipidemia Screening⁴

Oral Health²

Anticipatory Guidance¹

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 24 month visit?

Preventive Medicine Services: New Patients

CPT Code	ICD-9-CM Code
99382 Early childhood (age 1 through 4 years) <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. 	V20.2 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 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.

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Preventive Medicine Services: Established Patients

CPT Code	ICD-9-CM Code
99392 Early childhood (age 1 through 4 years) <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. 	V20.2 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 an audiologist is recommended.

Autism Screening

A formal, standardized autism screen is recommended during the 24 month visit. 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.

CPT Code	ICD-9-CM Code
96110 Developmental screening, with interpretation and report, per standardized instrument form	V20.2 Routine infant or child health check (over 28 days of age)

CPT code **96110** clarifies that the service should be reported “per standardized instrument form.” 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**.

Medicare G Code	ICD-9-CM Code
G0451 Developmental testing, with interpretation and report, per standardized instrument form	V20.2 Routine infant or child health check (over 28 days of age)

Immunizations

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>) 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) 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
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)	



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Lead Screening

CPT Code	ICD-9-CM Code
36415 Collection of venous blood by venipuncture	V82.5 Special screening for chemical poisoning and other contamination
36416 Collection of capillary blood specimen	V72.6 Laboratory examination (NOTE: reported secondary to code[s] for screening[s])
83655 Lead	

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

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 lipoid 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	

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>.

CPT Code	ICD-9-CM Code
D0120 Periodic oral evaluation	V20.2 Routine infant or child health check (over 28 days of age)
D0145 Oral evaluation for patient under 3 years of age and counseling with primary caregiver	
99420 Health risk assessment (oral health risk assessment)	
D9999 Unspecified adjunctive dental procedure	
99429 Unlisted preventive medicine service	V07.31 Prophylactic fluoride administration
D1206 Topical application of fluoride varnish	V07.8 Other specified prophylactic measure (eg, sealant application)

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What Does Bright Futures Recommend?

History

- Initial/Interval¹

Measurements

- Length/Height and Weight¹
- Body Mass Index (BMI)¹
- Blood Pressure³

Sensory Screening

- Vision³
- Hearing³

Developmental/ Behavioral Assessment

- Developmental Screening²
- Psychosocial/Behavioral Assessment¹

Physical Examination¹

Procedures

- Immunizations²
- Hematocrit or Hemoglobin⁴

Oral Health²

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.

What CPT codes are used to report the services provided in the 30 month visit?

Preventive Medicine Services: New Patients

CPT Code	ICD-9-CM Code
99382 Early childhood (age 1 through 4 years) <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.. 	V20.2 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.

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Preventive Medicine Services: Established Patients

CPT Code	ICD-9-CM Code
99392 Early childhood (age 1 through 4 years) <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. 	V20.2 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 an audiologist is recommended.

Developmental Screening

A formal, standardized developmental screen is recommended during the 30 month visit. 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.

CPT Code	ICD-9-CM Code
96110 Developmental screening, with interpretation and report, per standardized instrument form	V20.2 Routine infant or child health check (over 28 days of age)

CPT code **96110** clarifies that the service should be reported “per standardized instrument form.” 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**.

Medicare G Code	ICD-9-CM Code
G0451 Developmental testing, with interpretation and report, per standardized instrument form	V20.2 Routine infant or child health check (over 28 days of age)

Immunizations

Influenza (either #1 or #2)

Hepatitis A #2 (if not previously given)

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) for vaccine product and immunization administration codes.



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Hematocrit or Hemoglobin

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)	

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>.

CPT Code	ICD-9-CM Code
D0120 Periodic oral evaluation	V20.2 Routine infant or child health check (over 28 days of age)
D0145 Oral evaluation for patient under 3 years of age and counseling with primary caregiver	
99420 Health risk assessment (oral health risk assessment)	
D9999 Unspecified adjunctive dental procedure	
99429 Unlisted preventive medicine service	V07.31 Prophylactic fluoride administration
D1206 Topical application of fluoride varnish	V07.8 Other specified prophylactic measure (eg, sealant application)

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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Implementation of the ACA Pediatric Preventive Services Provision

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What Does Bright Futures Recommend?

History

- Initial/Interval¹

Measurements

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

Sensory Screening

- Vision²
- Hearing³

Developmental/ Behavioral Assessment

- Developmental Surveillance¹
- Psychosocial/Behavioral Assessment¹

Physical Examination¹

Procedures

- Immunizations²
- Hematocrit or Hemoglobin⁴
- Lead Screening⁴
- Tuberculosis Testing⁴

Oral Health⁴

Anticipatory Guidance¹

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 3 year visit?

Preventive Medicine Services: New Patients

CPT Code	ICD-9-CM Code
99382 Early childhood (age 1 through 4 years) <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. 	V20.2 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 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.

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Preventive Medicine Services: Established Patients

CPT Code	ICD-9-CM Code
99392 Early childhood (age 1 through 4 years) <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. 	V20.2 Routine infant or child health check (over 28 days of age)

Vision

Vision screening is indicated. If the patient is uncooperative, repeat in 6 months.

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

Hearing

If the risk assessment is positive, referral to an audiologist is recommended.

Immunizations

Influenza (either #1 or #2)

Hepatitis A #2 (if not previously given)

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) 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
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)	

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.

CPT Code	ICD-9-CM Code
36415 Collection of venous blood by venipuncture	V82.5 Special screening for chemical poisoning and other contamination
36416 Collection of capillary blood specimen	V72.6 Laboratory examination (NOTE: reported secondary to code[s] for screening[s])
83655 Lead	



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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)

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>.

CPT Code	ICD-9-CM Code
D0120 Periodic oral evaluation	V20.2 Routine infant or child health check (over 28 days of age)
D0145 Oral evaluation for patient under 3 years of age and counseling with primary caregiver	
99420 Health risk assessment (oral health risk assessment)	
D9999 Unspecified adjunctive dental procedure	
99429 Unlisted preventive medicine service	V07.31 Prophylactic fluoride administration
D1206 Topical application of fluoride varnish	V07.8 Other specified prophylactic measure (eg, sealant application)

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What Does Bright Futures Recommend?

History

- Initial/Interval¹

Measurements

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

Sensory Screening

- Vision²
- Hearing²

Developmental/ Behavioral Assessment

- Developmental Surveillance¹
- Psychosocial/Behavioral Assessment¹

Physical Examination¹

Procedures

- Immunizations²
- Hematocrit or Hemoglobin⁴
- Lead Screening⁴
- Tuberculosis Testing⁴
- Dyslipidemia Screening (4 year-old)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.

What CPT codes are used to report the services provided in the 4 and 5 year visits?

Preventive Medicine Services: New Patients

CPT Code	ICD-9-CM Code
99382 Early childhood (age 1 through 4 years) 99383 Late childhood (age 5 through 11 years) <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. 	V20.2 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.

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Preventive Medicine Services: Established Patients

CPT Code	ICD-9-CM Code
99392 Early childhood (age 1 through 4 years)	V20.2 Routine infant or child health check (over 28 days of age)
99393 Late childhood (age 5 through 11 years)	
<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.	

Vision

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

Hearing

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

Immunizations

Diphtheria, tetanus, pertussis (DTaP) #5 (if not previously given)

Polio #4 (if not previously given)

Measles, mumps, rubella (MMR) #2 (if not previously given)

Varicella #2 (if not previously given)

Influenza (yearly as appropriate)

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) 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
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)	



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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.

CPT Code	ICD-9-CM Code
36415 Collection of venous blood by venipuncture	V82.5 Special screening for chemical poisoning and other contamination
36416 Collection of capillary blood specimen	V72.6 Laboratory examination (NOTE: reported secondary to code[s] for screening[s])
83655 Lead	

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)

Dyslipidemia Screening(4 year visit)

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	

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What Does Bright Futures Recommend?

History

- Initial/Interval¹

Measurements

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

Sensory Screening

- Vision²
- Hearing²

Developmental/ Behavioral Assessment Anticipatory Guidance¹

- Developmental Surveillance¹
- Psychosocial/Behavioral Assessment¹

Physical Examination¹

Procedures

- Immunizations²
- Hematocrit or Hemoglobin⁴
- Lead Screening⁴
- Tuberculosis Testing⁴
- Dyslipidemia Screening⁴

Oral Health²

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 6 year visit?

Preventive Medicine Services: New Patients

CPT Code	ICD-9-CM Code
99383 Late childhood (age 5 through 11 years) <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. 	V20.2 Routine infant or child health check (over 28 days of age)

How are these services reported and paid?

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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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Preventive Medicine Services: Established Patients

CPT Code	ICD-9-CM Code
99393 Late childhood (age 5 through 11 years) <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. 	V20.2 Routine infant or child health check (over 28 days of age)

Vision

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

Hearing

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

Immunizations

Diphtheria, tetanus, pertussis (DTaP) #5 (if not previously given)

Polio #4 (if not previously given)

Measles, mumps, rubella (MMR) #2 (if not previously given)

Varicella #2 (if not previously given)

Influenza (yearly as appropriate)

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.

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 36416 Collection of capillary blood specimen 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)	V78.0 Special screening for iron deficiency anemia V72.6 Laboratory examination (NOTE: reported secondary to code[s] for screening[s])

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.

CPT Code	ICD-9-CM Code
36415 Collection of venous blood by venipuncture 36416 Collection of capillary blood specimen 83655 Lead	V82.5 Special screening for chemical poisoning and other contamination V72.6 Laboratory examination (NOTE: reported secondary to code[s] for screening[s])



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Tuberculosis Testing

These codes are used if the risk assessment is positive and a 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)

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 lipidoid 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	

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>.

CPT Code	ICD-9-CM Code
99420 Health risk assessment (oral health risk assessment)	V20.2 Routine infant or child health check (over 28 days of age)
Or provide prophylactic care as appropriate.	V07.31 Prophylactic fluoride administration
D1206 Topical application of fluoride varnish	V07.8 Other specified prophylactic measure (eg, sealant application)
D1208 Topical application of fluoride	
99429 Unlisted preventive medicine service	

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What Does Bright Futures Recommend?

History

- Initial/Interval¹

Measurements

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

Sensory Screening

- Vision⁴
- Hearing⁴

Developmental/ Behavioral Assessment

- Developmental Surveillance¹
- Psychosocial/Behavioral Assessment¹

Physical Examination¹

Procedures

- Immunizations²
- Hematocrit or Hemoglobin⁴
- Tuberculosis Testing⁴

Anticipatory Guidance¹

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 7 year visit?

Preventive Medicine Services: New Patients

CPT Code	ICD-9-CM Code
99383 Late childhood (age 5 through 11 years) <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. 	V20.2 Routine infant or child health check (over 28 days of age)

Preventive Medicine Services: Established Patients

CPT Code	ICD-9-CM Code
99393 Late childhood (age 5 through 11 years) <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. 	V20.2 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 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.

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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
99173 Screening testing of visual acuity, quantitative, bilateral	V20.2 Routine infant or child health check (over 28 days of age)
99174 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
92551 Screening test, pure tone, air only	V20.2 Routine infant or child health check (over 28 days of age)
92552 Pure tone audiometry (threshold); air only	
92567 Tympanometry (impedance testing)	

Immunizations

Influenza (yearly as appropriate)

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.

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)	

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

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Implementation of the ACA Pediatric Preventive Services Provision

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What Does Bright Futures Recommend?

History

- Initial/Interval¹

Measurements

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

Sensory Screening

- Vision⁴
- Hearing²

Developmental/ Behavioral Assessment

- Developmental Surveillance¹
- Psychosocial/Behavioral Assessment¹

Physical Examination¹

Procedures

- Immunizations²
- Hematocrit or Hemoglobin⁴
- Tuberculosis Testing⁴
- Dyslipidemia Screening²

Anticipatory Guidance¹

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 8 year visit?

Preventive Medicine Services: New Patients

CPT Code	ICD-9-CM Code
99383 Late childhood (age 5 through 11 years) <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. 	V20.2 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 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.

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Preventive Medicine Services: Established Patients

CPT Code	ICD-9-CM Code
99393 Late childhood (age 5 through 11 years) <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. 	V20.2 Routine infant or child health check (over 28 days of age)

Vision

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

Hearing

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

Immunizations

Influenza (yearly as appropriate)

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.

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 36416 Collection of capillary blood specimen 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)	V78.0 Special screening for iron deficiency anemia V72.6 Laboratory examination (NOTE: reported secondary to code[s] for screening[s])



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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)

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 lipoid 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	

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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What Does Bright Futures Recommend?

History

- Initial/Interval¹

Measurements

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

Sensory Screening

- Vision⁴
- Hearing⁴

Developmental/ Behavioral Assessment

- Developmental Surveillance¹
- Psychosocial/Behavioral Assessment¹

Physical Examination¹

Procedures

- Immunizations²
- Hematocrit or Hemoglobin⁴
- Tuberculosis Testing⁴
- Dyslipidemia Screening²

Anticipatory Guidance¹

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 9 year visit?

Preventive Medicine Services: New Patients

CPT Code	ICD-9-CM Code
99383 Late childhood (age 5 through 11 years) <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. 	V20.2 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 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.

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Preventive Medicine Services: Established Patients

CPT Code	ICD-9-CM Code
99393 Late childhood (age 5 through 11 years) <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. 	V20.2 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
99173 Screening testing of visual acuity, quantitative, bilateral 99174 Instrument-based ocular photoscreening with interpretation and report (eg, photoscreening, automated-refraction, automated visual evoked potential), bilateral	V20.2 Routine infant or child health check (over 28 days of age)

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

Immunizations

Influenza (yearly as appropriate)

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.

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 36416 Collection of capillary blood specimen 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)	V78.0 Special screening for iron deficiency anemia V72.6 Laboratory examination (NOTE: reported secondary to code[s] for screening[s])



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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)

Dyslipidemia Screening

CPT Code	ICD-9-CM Code
80061 Lipid panel (includes total cholesterol, high-density lipoprotein [HDL] cholesterol, and triglycerides)	V77.91 Screening for lipoid 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	

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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What Does Bright Futures Recommend?

History

- Initial/Interval¹

Measurements

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

Sensory Screening

- Vision²
- Hearing²

Developmental/ Behavioral Assessment

- Developmental Surveillance¹
- Psychosocial/Behavioral Assessment¹

Physical Examination¹

Procedures

- Immunizations²
- Hematocrit or Hemoglobin⁴
- Tuberculosis Testing⁴
- Dyslipidemia Screening²

Anticipatory Guidance¹

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 10 year visit?

Preventive Medicine Services: New Patients

CPT Code	ICD-9-CM Code
99383 Late childhood (age 5 through 11 years) <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. 	V20.2 Routine infant or child health check (over 28 days of age)

How are these services reported and paid?

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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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Preventive Medicine Services: Established Patients

CPT Code	ICD-9-CM Code
99393 Late childhood (age 5 through 11 years) <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. 	V20.2 Routine infant or child health check (over 28 days of age)

Vision

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

Hearing

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

Immunizations

Influenza (yearly as appropriate)

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.

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 36416 Collection of capillary blood specimen 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)	V78.0 Special screening for iron deficiency anemia V72.6 Laboratory examination (NOTE: reported secondary to code[s] for screening[s])



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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)

Dyslipidemia Screening

(If not done at 9 year visit)

CPT Code	ICD-9-CM Code
80061 Lipid panel (includes total cholesterol, high-density lipoprotein [HDL] cholesterol, and triglycerides)	V77.91 Screening for lipoid 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	

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What Does Bright Futures Recommend?

History

- Initial/Interval¹

Measurements

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

Sensory Screening

- Vision⁴
- 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 Screening²
- STI/HIV Screening^{*4}

Anticipatory Guidance¹

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
99383 Late childhood (age 5 through 11 years) <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. 	V20.2 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.

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Preventive Medicine Services: Established Patients

CPT Code	ICD-9-CM Code
99393 Late childhood (age 5 through 11 years) <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. 	V20.2 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
99173 Screening testing of visual acuity, quantitative, bilateral	V20.2 Routine infant or child health check (over 28 days of age)
99174 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
92551 Screening test, pure tone, air only	V20.2 Routine infant or child health check (over 28 days of age)
92552 Pure tone audiometry (threshold); air only	
92567 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
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)	



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Depression Screening

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

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) 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
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)	

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	V74.1 Special screening for examination of pulmonary tuberculosis
86580 Skin test; tuberculosis, intradermal (NOTE: Administration is included.)	
Reading of PPD test	V74.1 Special screening for examination of pulmonary tuberculosis (IF TEST IS NEGATIVE) or
99211 Office or other outpatient services (nurse visit)	795.51 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
80061 Lipid panel (includes total cholesterol, high-density lipoprotein [HDL] cholesterol, and triglycerides)	V77.91 Screening for lipidoid 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	



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STI/HIV Screening

STI screening should be performed for all sexually active patients.

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	V72.6 Laboratory examination (NOTE: reported secondary to code[s] for screening[s])
87210 Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	
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.
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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
- Body Mass Index (BMI)¹
- Blood Pressure¹

Sensory Screening

- Vision²
- 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

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 12 year visit?

Preventive Medicine Services: New Patients

CPT Code	ICD-9-CM Code
99384 Adolescent (age 12 through 17 years) <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. 	V20.2 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.

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Preventive Medicine Services: Established Patients

CPT Code	ICD-9-CM Code
99394 Adolescent (age 12 through 17 years) <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. 	V20.2 Routine infant or child health check (over 28 days of age)

Vision

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

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

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

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)	V79.0 Special screening for depression

Check with your payer for appropriate code.



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Immunizations

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

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

Meningococcal #1 (if not previously given)

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.

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)	

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)

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	



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STI/HIV Screening

STI screening should be performed for all sexually active patients.

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	

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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
- Body Mass Index (BMI)¹
- Blood Pressure¹

Sensory Screening

- Vision⁴
- 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 13 and 14 year visits?

Preventive Medicine Services: New Patients

CPT Code	ICD-9-CM Code
99384 Adolescent (age 12 through 17 years) <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. 	V20.2 Routine infant or child health check (over 28 days of age)

Preventive Medicine Services: Established Patients

CPT Code	ICD-9-CM Code
99394 Adolescent (age 12 through 17 years) <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. 	V20.2 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
99173 Screening testing of visual acuity, quantitative, bilateral 99174 Instrument-based ocular photoscreening with interpretation and report (eg, photoscreening, automated-refraction, automated visual evoked potential), bilateral	V20.2 Routine infant or child health check (over 28 days of age)

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

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)

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	V74.1 Special screening for examination of pulmonary tuberculosis
86580 Skin test; tuberculosis, intradermal (NOTE: Administration is included.)	
Reading of PPD test	V74.1 Special screening for examination of pulmonary tuberculosis (IF TEST IS NEGATIVE) or
99211 Office or other outpatient services (nurse visit)	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.

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	V72.6 Laboratory examination (NOTE: reported secondary to code[s] for screening[s])
87210 Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	
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	

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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
99384 Adolescent (age 12 through 17 years) <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. 	V70.0 General health exam

Preventive Medicine Services: Established Patients

CPT Code	ICD-9-CM Code
99394 Adolescent (age 12 through 17 years) <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. 	V70.0 General health exam

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
99173 Screening testing of visual acuity, quantitative, bilateral	V20.2 Routine infant or child health check (over 28 days of age)
99174 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
92551 Screening test, pure tone, air only	V20.2 Routine infant or child health check (over 28 days of age)
92552 Pure tone audiometry (threshold); air only	
92567 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
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.

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	V74.1 Special screening for examination of pulmonary tuberculosis
86580 Skin test; tuberculosis, intradermal (NOTE: Administration is included.)	
Reading of PPD test	V74.1 Special screening for examination of pulmonary tuberculosis (IF TEST IS NEGATIVE) or
99211 Office or other outpatient services (nurse visit)	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	V72.6 Laboratory examination (NOTE: reported secondary to code[s] for screening[s])
87210 Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	
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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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 (18-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 Screening²
- STI/HIV Screening^{*4}
- Cervical Dysplasia Screening (21-year-old)²

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 18–21 year visits?

Preventive Medicine Services: New Patients

CPT Code	ICD-9-CM Code
99385 Late adolescent (age 18 years and older) <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. 	V70.0 General health exam

Preventive Medicine Services: Established Patients

CPT Code	ICD-9-CM Code
99395 Late adolescent (age 18 years and older) <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. 	V70.0 General health exam

Vision

Recommended for the 18 year visit. For the 19, 20, and 21 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
99173 Screening testing of visual acuity, quantitative, bilateral 99174 Instrument-based ocular photoscreening with interpretation and report (eg, photoscreening, automated-refraction, automated visual evoked potential), bilateral	V20.2 Routine infant or child health check (over 28 days of age)

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

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 (if not given previously)

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.

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

CPT Code	ICD-9-CM Code
80061 Lipid panel (includes total cholesterol, high-density lipoprotein [HDL] cholesterol, and triglycerides)	V77.91 Screening for lipoid 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	V74.1 Special screening for examination of pulmonary tuberculosis
86580 Skin test; tuberculosis, intradermal (NOTE: Administration is included.)	
Reading of PPD test	V74.1 Special screening for examination of pulmonary tuberculosis (IF TEST IS NEGATIVE) or
99211 Office or other outpatient services (nurse visit)	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.

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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	V72.6 Laboratory examination (NOTE: reported secondary to code[s] for screening[s])
87210 Smear, primary source with interpretation; wet mount for infectious agents (eg, saline, India ink, KOH preps)	
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	

Cervical Dysplasia Screening (Papanicolaou Smear)

Recommended at the 21 year visit.

CPT Code	ICD-9-CM Code
Q0091 Screening Papanicolaou smear; obtaining, preparing, and conveyance of cervical or vaginal smear to laboratory or	V72.31 Routine gynecologic examination
99000 Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory	V72.32 Encounter for Papanicolaou cervical smear to confirm findings of recent normal smear following initial abnormal smear
Pelvic exams are considered part of an age-appropriate exam; therefore, a separate code is not reported. However, if you obtain and prepare a specimen to be sent out to a lab for a pap smear, you can report one of the above.	

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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