

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

- 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?

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.

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
99460 Initial day, normal newborn in hospital or birthing center	X = 5th digit: 0 = Born in hospital; 1 = Born before admission
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
99462 Subsequent day, normal newborn in hospital or birthing center	V29.0 Observation for other suspected condition V29.9 Observation for unspecified condition
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



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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.

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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