American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

90 Years of Caring for Children—1930–2020

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April 27, 2020

To Whom It May Concern:

The American Academy of Pediatrics (AAP), a nonprofit organization representing more than 67,000 pediatricians dedicated to the health, safety, and well-being of all children applauds payers for taking important first steps to enable greater access to telemedicine services during this unprecedented time. It is critically important that during a pandemic, children and families continue to receive health care for chronic and acute conditions as well as health supervision visits, as outlined in Bright Futures. Delaying or forgoing this care can have serious, lasting ramifications for children's health. Ensuring children can access preventive medicine services (PMS) in person or via telemedicine serves to positively impact health outcomes over a child's life.

Among payers, there remains variation in the types of covered services and coding requirements, which is creating barriers to telemedicine adoption. The AAP urges all payers to adopt and implement a consistent baseline approach to support the use of telemedicine for PMS so children can continue to receive necessary well-child care. The AAP recommends that during the COVID-19 pandemic, all payers:

- Pay for PMS (99381-99385, 99391-99395) and applicable standardized screening (96110, 96127, 96160, 96161) CPT codes delivered via telemedicine at parity with the payment rates for in-person visits, with no cost sharing to families.
- Recognize that PMS via telemedicine is performed as two discrete encounters to include as many components as possible virtually, with a separate in-person encounter to address remaining components such as immunization administration and physical examination. Each encounter should receive full payment upon claims submission.
- Remove the required 365-day interval or any other arbitrary interval between annual PMS visits.
- Adjust any pay-for-performance (P4P) or value-based payment incentives based on PMS visits or immunizations for 2020. For practices that have increased performance over 2019, it should be rewarded, However, if a practice is lower than 2019 performance due to the pandemic, it should be paid at 2019 performance rates for an additional year.

The AAP stands committed to working with you to protect the health and lives of children and families. We look forward to open lines of communication so that we may continue to work together. Thank you for your consideration.

Sincerely,

Sara Goza MD, FAAP

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President
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CODING GUIDANCE FOR PREVENTIVE MEDICINE SERVICES VIA TELEMEDICINE

Offering telemedicine visits for PMS is critical to ensure timely care and to minimize the risk of expensive and avoidable care fragmentation. Although telemedicine has limitations, to account for these limitations, a second in-person visit may be clinically necessary to fulfill the exam elements that the physician was unable to obtain during the PMS telemedicine visit. Any additional codes that are applicable to the second visit should also be permitted to be billed and paid.

The AAP is educating members on proper documentation and follow-up practices to ensure that there is continuity of care, recommending that an appointment for an in-person visit be scheduled during the initial visits. If a separately identifiable problem is identified at the second encounter that requires management or intervention, an Office Visit E/M service should be reported in the same way that would have been used to document sick and preventive services occurring on the same date of service. These services should also be paid according to the same policy rules as if all services had been provided on the same day.

Initial Encounter: Preventive Medicine Service (PMS) Visit Plus Applicable Standardized Screening(s) & Assessment(s) via Telemedicine

In addition to the telemedicine PMS visit, separate standardized screening/assessment instruments may be administered via telemedicine through a mechanism that is most appropriate to the practice's communication methods, staffing model, and patient population. An example of CPT and ICD-10 for an initial PMS telemedicine visit with follow-up-in person visits to complete those components of the visit that could not be conducted via telemedicine is shown below:

If Performed, Report Appropriate CPT Code(s):	**ICD-10-CM Codes**	**POS and/or Modifier(s)**
99381 Evaluation and Management **(**E/M) prevent med serv new pt <1yr	Z00.110 Health examination for newborn under 8 days old Z00.111 Health examination for newborn 8 to 28 days old Z00.121 Encounter for routine child health examination with abnormal findings Z00.129 Encounter for routine child health examination without abnormal findings Z00.00 Encounter for general adult medical examination without abnormal findings Z00.01 Encounter for general adult medical examination with abnormal findings	Consult payer policy for telemedicine
99382 E/M prevent med serv new pt 1-4yrs		
99383 E/M prevent med serv new pt 5-11 yrs		
99384 E/M prevent med svc/new patient 12- 17yrs		
99385 E/M prevent med svc/new patient 18-39yrs		
99391 E/M prevent med serv est pt < 1 yr		
99392 E/M prevent med serv est pt 1-4yrs		
99393 E/M prevent med serv est pt 5-11 yrs		
99394 E/M prevent med svc est patient 12-17yr		
99395 E/M prevent med serv est patient 18-39yr		
99395 E/M prevent med serv est patient 18-39yr		
96110 Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument		
96127 Brief emotional/behavioral assessment (eg, depression inventory, attention- deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument		
96160 Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument		
96161 Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument		

Second In-Person Encounter: Reporting an In-Person Visit to Complete Preventive Medicine Service Performed via Telemedicine

CPT CODE	ICD-10 CM	Modifier and POS
Report 99024 in addition to each screening/vaccine service(s) on the same date of service (eg.,. 99177)	Z00.110 Z00.111 Z00.121 Z00.129 Z00.00 Z00.01 Or an alternate Z00.8	Report the CR (Catastrophe/Disaster-Related) modifier on all applicable CPT codes

The subsequent in-person encounter will fulfill the exam elements that the physician was unable to obtain during the PMS telemedicine visit. To aid the in-person encounter, the physician should note areas that need to be examined or issues to follow up during the initial PMS telemedicine visit. Ideally screenings, testing, and vaccines should be ordered during the initial PMS telemedicine visit but may change during the interval period. Care gaps should be identified and closed during the second encounter designed to provide the remainder of the services for a comprehensive PMS visit. The second encounter would provide services not able to be performed via telemedicine, such as vaccines and vaccine administration which are payable services. Services, such as vaccine administration should be fully paid at the time of service provision.

To report the second encounter, the Academy recommends CPT code 99024, which does not have assigned RVUs but is typically used for tracking visits, albeit in post-operative periods. While the PMS codes do not have "post-operative periods," the underlying premise applies. Code 99024 is subsumed in payment for the initial code and is for tracking of services that are inherently expected to be completed at a date after the original procedure. In addition, code 99024 is a recognized CPT code available in electronic systems designed for claims processing.

In addition, the AAP recommends using the use of CR (*Catastrophe/Disaster-Related*) modifier for the 99024 follow up service. This will allow services to be identified as a follow-up from a previous service completed during the crisis and may explain any delays. For the initial telemedicine visit, use of the CR modifier should be consistent with payer guidance for all other non-preventive services performed via telemedicine.

When the age-appropriate telemedicine PMS visit takes place, the physician will need to complete all elements he/she is able to do and document what requires follow-up (eg, elements of the exam that could not be completed). Documentation should include age and gender appropriate history, developmental surveillance, anticipatory guidance and preventive counseling, and the ordering of labs and age appropriate screens (completed later if deemed clinically necessary). Other screenings/assessments may be administered via telemedicine based on the requirements of a patient.