

Coding for Pediatric Preventive Care

NOTE: This resource contains comprehensive listings of codes that may not be used by your practice on a regular basis. We recommend that you identify the codes most relevant to your practice and include those on your encounter form/billing sheet.

Following are the Current Procedural Terminology (CPT*), Healthcare Common Procedure Coding System (HCPCS) Level II, and International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes most commonly reported by pediatricians in providing preventive care services. It is strongly recommended that the pediatrician, not the staff, select the appropriate code(s) to report.

[A]Preventive Medicine Service Codes

- To report the appropriate preventive medicine service code, first determine if the patient qualifies as new or established (defined in the next 2 sections), then select the appropriate code within the new or established code family based on patient age.
- Preventive medicine service codes are not time-based; therefore, time spent during the visit is not relevant in selecting the appropriate code.
- If an illness or abnormality is encountered or a preexisting problem is addressed in the
 process of performing the preventive medicine service, and if the illness, abnormality, or
 problem is significant enough to require additional work to perform the key components of a
 problem-oriented evaluation and management (E/M) service (history, physical examination,
 medical decision-making), the appropriate office or other outpatient service code (9920199215) should be reported in addition to the preventive medicine service code. Modifier 25
 should be appended to the office or other outpatient service code to indicate that a significant,
 separately identifiable E/M service was provided by the same physician on the same day as
 the preventive medicine service.
- An insignificant or trivial illness, abnormality, or problem encountered in the process of
 performing the preventive medicine service that does not require additional work and
 performance of the key components of a problem-oriented E/M service should not be
 reported.
- The comprehensive nature of the preventive medicine service codes reflects an age- and gender-appropriate history and physical examination and is not synonymous with the comprehensive examination required for some other E/M codes (eg. 99204, 99205, 99215).
- Immunizations and ancillary studies involving laboratory, radiology, or other procedures, or screening tests (eg, vision and hearing screening) identified with a specific CPT code, are reported separately from the preventive medicine service code.

[B]Preventive Medicine Services: New Patients

Initial comprehensive preventive medicine E/M of an individual includes an age- and genderappropriate history; physical examination; counseling, anticipatory guidance, or risk factor reduction interventions; and the ordering of laboratory or diagnostic procedures.

Coding For Pediatric Preventive Care And 2013

Ying-Ying Zheng

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"Code of Massachusetts regulations, 2013", 2013 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020 **Coding for Pediatric Preventive Care** American Academy of Pediatrics, 2008-10 United States Code United States, 2008 **United States Code 2012 Edition** Vol. 26 United States Code, 2012 Edition, V. 26, Title 42, The Public Health and Welfare, Sections 300-1371 House, Office of the Law Revision Counsel ,2014-03-24 The United States Code U S Code is the Code of Laws of the United States of America and is a compilation and codification by subject matter of all the general and permanent Federal laws of the United States This volume contains codified Federal laws as of 2012 pertaining to public health and welfare in the United States of America Some of the areas that this volume covers include the authorization of appropriations for grants to states for Old Age Assistance States old age plans limitations on the number of plans and Federal Old Age and Survivor Insurance Trust Funds Social Security is also covered in this volume Handbook of Obesity, Two-Volume Set George A. Bray, Claude Bouchard, 2024-01-09 This 2 volume set comprises of the 4th edition of Volume 1 and the 5th edition of Volume 2 The fifth edition of Volume 1 of Handbook of Obesity written by global experts covers the basic science aspects under the broad topic areas of epidemiology etiology and pathophysiology of obesity Divided into 5 sections and detailed in 66 chapters this edition covers the important advances occurring over the past decades With a focus on science of obesity and factors participating in the etiology of obesity this topic is studied from biological behavioural and environmental perspectives Volume 1 is structured into 5 parts Part 1 focuses on the history definitions and prevalence of the obesity Part 2 explains the biological determinants of obesity Part 3 describes the behavioral determinants of obesity Part 4 comprises of chapters explaining the environmental social and cultural determinants of obesity Part 5 of this volume discusses the health consequences of obesity Volume 2 of the 5th Edition of the Handbook of Obesity spotlights on clinical applications for evaluation diagnosis prevention and treatment of obesity It covers on the several major developments occurred between the previous and the new edition including the effect of SARS CoV 2 on people with obesity the concept of Precision Medicine and new medications approved by USFDA aiding patients with obesity weight loss of 15 to 20% This volume is structured into 5 parts Part 1 provides insights from evolution on changes in diet and physical activity and the implications and results for preventing obesity health care costs associated with obesity and the cost effectiveness of obesity prevention and treatment Part 2 deals with evaluation of overweight patients approaches for classifying obesity and using this knowledge to evaluate patients and addressing ethnic and racial considerations in evaluating patients with obesity Part 3 explains the impact of lifestyle in managing obesity which include behavioural management diet dietary composition and meal timing and the effects of physical activity and exercise in weight loss and weight loss maintenance Part 4 is focused on medications in the management of obesity This includes drug selection various classes of drugs combination of drugs affecting weight loss effect

of herbal agents on weight loss and treatment of obesity in pediatric populations genetic diseases causing obesity and the role of drugs in treating the dyslipidemias Part 5 discusses bariatric surgery its history procedure and effects in details and other surgical techniques including electric stimulation of the vagus nerve gastric balloons intestinal liners and liposuction

United States Code: 2006 Edition Supplement IV, United States Code United States, 1994 Massachusetts regulations, 2014", 2014 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020 Clinical Practice Guidelines for Midwifery & Women's Health Nell L. Tharpe, Cindy L. Farley, Robin G. Jordan, 2016-05-20 Clinical Practice Guidelines for Midwifery Women s Health Fifth Edition is an accessible and easy to use guick reference guide for midwives and women's healthcare providers Completely updated and revised to reflect the changing clinical environment it offers current evidence based practice updated approaches and opportunities for midwifery leadership in every practice setting Also included are integrative alternative and complementary therapies The Fifth Edition examines the transition to the use of ICD 10 codes women s health policy and advocacy risk assessment and decision making in practice and inspiring trust in midwifery care New clinical practice guidelines include health promotion and primary care practice such as promoting restorative sleep optimizing oral health promoting a healthy weight and caring for the woman with a substance abuse disorder "Code of Massachusetts regulations, 2016", 2016 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of January 2020 "Code of Massachusetts regulations, 2015", 2015 Archival snapshot of entire looseleaf Code of Massachusetts Regulations held by the Social Law Library of Massachusetts as of Code of Federal Regulations, Title 3, the President, 2013 Compilation, and PT. 100-102, Revised as of January 2020 January 1, 2014, 2014-09-02 Timor-Leste-UNESCO Country Programming Document, 2009-2013, 2009 Committee Meeting of Senate Health, Human Services, and Senior Citizens Committee New Jersey. Legislature. Senate. Health, Human Services, and Senior Citizens Committee, 2010 Code of Federal Regulations, Title 42, Public Health, PT. 430-481, Revised as of October 1, 2016 Office Of The Federal Register (U S,Office of the Federal Register (U S), National Archives and Records Administration (U S, National Archives and Records Administration (U S), 2017-02-16 42 CFR Parts 430 481 covers the Centers for Medicare and Medicaid Services within the U S Department of Health and Human Services This volume includes rules procedures and regulations pertaining to medical assistance programs grants to states state procedures managed care payments for services State Children's Health Insurance Programs SCHIPs Medicaid including all inclusive care for the elderly quality improvement organizations and more ITEM AVAILABLE DATE 01 27 17 Other products from the Centers for Medicare and Medicaid Services including the CMS 1500 Medicare forms can be found at this link https bookstore gpo gov agency 346 Aging resources collection can be found here https bookstore gpo gov catalog health benefits aging seniors Health and Safety Code California,1981 2013 Larmac Consolidated Index to the Constitution and Laws

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