

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

Val 3/4/15
RECEIVED

MAR 20 2015

Department of Health & Human Services
Office of Health Programs

ACTION REFERRAL

TO <i>Kost</i>	DATE <i>3-2-15</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000195</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Closed 3/11/15, emailed response.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-20-15</i>
<i>* Also, see comment from Val</i>	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			<p><i>Val wms, 3/11/15</i></p> <p><i>Re: Dropped of Log # 195 & stated the survey has been emailed to Bryan Kost.</i></p> <p><i>Ths Sharon</i></p>
2.			
3.			
4.			

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



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February 20, 2015

Christian Soura

Director

State of South Carolina Department of Health & Human Services
1801 Main Street PO Box 8206
Columbia, SC 29201-8206

Dear Mr Soura:

I am writing to request your assistance to compile current information about your state's Medicaid program and physician fee data for procedures commonly reported by pediatricians and dentists under the same program. The American Academy of Pediatrics (AAP) has compiled state level Medicaid payment data for children's services since 1993, and we are continuing this effort by asking you to complete the attached survey. Payment rates collected by this survey will be used to compile state-by-state reports, which will be made available on the AAP Web site for public use. Reports compiled from past surveys can be found at the AAP Website, at URL: <http://www.aap.org/en-us/professional-resources/Research/research-resources/Pages/Medicaid-Reimbursement-Reports.aspx>.

Your response is important to us. Please complete the survey and return it in the enclosed, self-addressed stamped envelope as soon as possible. Your prompt response will eliminate the need to re-contact you. If you have any questions about this request, or prefer to fill out an electronic version of this survey, please contact Suk-fong Tang, PhD, Senior Research Analyst in the Division of Quality at the AAP's toll-free number: 1-800-433-9016, ext. 7622, or via e-mail at stang@aap.org.

Thank you in advance for participating in this important AAP endeavor.

Sincerely,

A handwritten signature in cursive script that reads "Errol R. Alden".

Errol R. Alden, MD, FAAP
Executive Director/CEO
ERA/sst

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FEB 27 2015

Department of Health & Human Services
OFFICE OF THE DIRECTOR

American Academy of Pediatrics
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Email stang@aap.org
for optional,
electronic (Excel)
version of this survey

MEDICAID REIMBURSEMENT SURVEY

State: SC

Please kindly provide staff contact information should we need clarification on your response.

Contact staff : _____ Email: _____ Tel# : _____

1. Does your state have a Medicaid fee-for-service (FFS) plan?

Yes ☐

No ☐

1a. In which type(s) of FFS plan(s) does your state participate? (Circle ONE)

Medical FFS plan only..... 1

Medical and Dental FFS plans.... 2

Dental FFS plan only..... 3



1b. Please indicate the proportion of Medicaid-covered children who are enrolled in your state-administered medical fee-for-service plan: _____ %

2. Does your state cover preventive services for children according to the Periodicity Schedule published by the American Academy of Pediatrics (AAP)/Bright Futures? (Circle ONE) *A copy of the AAP/Bright Futures Periodicity Schedule is attached with this survey for your reference (Also available at : URL http://www.aap.org/en-us/professional-resources/practice-support/periodicity/periodicity%20schedule_FINAL.pdf).*

Yes - All AAP-recommended preventive services are covered1

Only some AAP-recommended preventive services are covered2

(Please specify exceptions _____)

No - Our state uses a different schedule3

(Please provide a brief description of schedule used by your state _____)

Other (Please explain _____)4

_____)

2a. Does your state offer any financial incentives for providers to achieve Bright Futures benchmarks?

Yes ☐

No ☐

Please provide a brief description of the incentive: _____

3. The ACA raised Medicaid payment for primary care services to Medicare-equivalent levels in 2013-2014. This payment increase was to occur for care provided in both Medicaid fee-for-service and managed care organization (MCO) arrangements. States determined and received federal approval for methodologies to implement the payment increase in the Medicaid managed care context.

3a. What methodology was used to determine the Medicaid payment increase in the managed care context in your state? _____

3b. Did your state actively monitor Medicaid MCO implementation of this payment increase, including rates paid to providers? Yes ☐ No ☐

Please provide additional details: _____

3c. Please provide details on the total cost in federal dollars to implement the ACA Medicaid payment increase in your state: _____

3d. Does/Did your state make retroactive ACA Medicaid payment increase lump sum payments (eg, payments made back to January 1, 2013 following the start of the ACA Medicaid payment increase in your state) to self-attested qualifying providers? Yes ☐ No ☐

What percentage of total outstanding retroactive lump sum payments have been made as of January 1, 2015. (Use best estimate if actual percentage is unavailable) : _____ %

3e. Does your state pay the ACA Medicaid payment increase in lump sum (ie, quarterly) payments to self-attested qualifying providers? Yes ☐ No ☐

What percentage of total lump sums due providers had been paid out for services rendered as of January 1, 2015. (Use best estimate if actual percentage is unavailable) : _____ %

4. Please indicate non-facility reimbursement rates, for services rendered to child enrollees for the following CPT codes. Note: this survey requests i) the bumped-up "ACA-rates", effective Oct 1, 2014, and ii) rates currently paid for pediatric services.

Column (A) below (ACA-Rate*) asks for the rates (in effect on Oct 1, 2014) paid to physicians who appropriately self-attested their eligibility for this ACA Medicaid payment increase.

Column (B) below (Current Rate**) asks for rates currently paid for children's services. If multiple fee categories apply to Column (B), please indicate the rate most commonly paid for children's services.

PRIMARY CARE CODES

Preventive Medicine Services

	(A) ACA-Rate* Paid to Self-attested Providers (Oct 1, 2014)	(B) Current Rate** for Services Rendered to Children
99381 - New patient, under 1 year.....	\$ _____	\$ _____
99382 - New patient, 1 through 4 years.....	\$ _____	\$ _____
99383 - New patient, 5 through 11 years.....	\$ _____	\$ _____
99384 - New patient, 12 through 17 years.....	\$ _____	\$ _____
99391 - Established patient, under 1 year.....	\$ _____	\$ _____

	(A) ACA-Rate*	(B) Current Rate**
99392 - Established patient, 1 through 4 years.....	\$ _____	\$ _____
99393 - Established patient, 5 through 11 years.....	\$ _____	\$ _____
99394 - Established patient, 12 through 17 years.....	\$ _____	\$ _____

4a. During the 4th quarter of 2014, what percentage of claims submitted under these 8 preventive services codes (99381-4 and 99391-4) were paid the bumped-up rate as indicated in Column (A) above? Please provide your best estimate: _____ %

99406 - Smoking and tobacco use cessation counseling; >3 -10 mins	\$ _____	\$ _____
99407 - Smoking and tobacco use cessation counseling; >10 mins.....	\$ _____	\$ _____
99408 - Alcohol/substance abuse structured screening/SBI svc; 15-30 mins..	\$ _____	\$ _____
99409 - Alcohol/substance abuse structured screening/SBI svc; >10 mins....	\$ _____	\$ _____
99420 - Administration+interpretation of health risk assessment instrument..	\$ _____	\$ _____

Office and Other Outpatient Services

	A) ACA-Rate*	(B) Current Rate**
99201 - New patient, problem-focused	\$ _____	\$ _____
99202 - New patient, expanded	\$ _____	\$ _____
99203 - New patient, low complexity.....	\$ _____	\$ _____
99204 - New patient, moderate complexity.....	\$ _____	\$ _____
99205 - New patient, high complexity.....	\$ _____	\$ _____
99211 - Established patient, nurse only	\$ _____	\$ _____
99212 - Established patient, problem-focused	\$ _____	\$ _____
99213 - Established patient, low complexity.....	\$ _____	\$ _____
99214 - Established patient, moderate complexity.....	\$ _____	\$ _____
99215 - Established patient, high complexity.....	\$ _____	\$ _____

For the following 5 codes, please provide the fees for each code and indicate also whether it is paid separately when reported with a preventive service code. Circle "Yes" if it is paid separately; "No" if its payment is bundled with the preventive service.

	(B) Current Rate**	Paid Separately? (Circle "No" if bundled)
92551 - Screening test, hearing evaluation.....	\$ _____	Yes No
92567 - Tympanometry, hearing evaluation.....	\$ _____	Yes No
99173 - Screening test, visual acuity.....	\$ _____	Yes No
99174 - Instrument-based ocular screening, bilateral.....	\$ _____	Yes No
99188 - Application of topical fluoride varnish by a physician or other qualified health care professional	\$ _____	Yes No
96110 - Developmental screening	\$ _____	Yes No

4h. Does your state pay for multiple units of 96110 on the same day? Yes ☐ No ☐

Newborn Care

	(A) ACA-Rate*	(B) Current Rate**
99460 - Initial newborn care.....	\$ _____	\$ _____
99462 - Subsequent newborn care	\$ _____	\$ _____
99463 - Admit and discharge on same day.....	\$ _____	\$ _____
99464 - Physician attendance at delivery.....	\$ _____	\$ _____
99465 - Newborn resuscitation.....	\$ _____	\$ _____
54150 - Circumcision, using clamp or other device with regional dorsal penile or ring block ...	\$ _____	\$ _____

Immunizations [Note: If the reimbursement for Preventive Medicine Services includes immunizations and/or Laboratory Tests, please check here ☐ and skip to **Evaluation and Management** Section below]

4c. Does your state currently provide vaccines through a universal immunization program?

Yes ☐

No ☐

4d. For vaccines administered through the Vaccines for Children (VFC) program, do you pay the administration fee on the product code?

Yes ☐

No ☐

skip to #4f.

4e. Please indicate vaccine administration fee

i) paid to self-attested qualifying physician providers eligible for the ACA Medicaid payment increase: \$ _____

ii) paid most frequently to non-self-attested physician providers ineligible for the ACA Medicaid payment increase: \$ _____

4f. Do you pay on the actual vaccine administration code

Yes ☐

No ☐

Please explain how providers are reimbursed for vaccine administration:

4g. Please indicate vaccine administration fees for the following codes:

	(A) ACA Rate*	(B) Current Rate**
90460	\$ _____	\$ _____
90461	\$ _____	\$ _____
90471	\$ _____	\$ _____
90472	\$ _____	\$ _____
90473	\$ _____	\$ _____
90474	\$ _____	\$ _____

Evaluation and Management

	(A) ACA-Rate*	(B) Current Rate**
99354 - Prolonged service outpatient, 1st hour, face-to-face...	\$ _____	\$ _____
99355 - Same as 99354, each additional 30 minutes	\$ _____	\$ _____
99356 - Prolonged service, inpatient, 1st hour, face-to-face...	\$ _____	\$ _____
99357 - Same as 99356, each additional 30 minutes ..	\$ _____	\$ _____
99358 - Prolonged service, 1st hour, non-face-to-face.....	\$ _____	\$ _____
99359 - Same as 99358, each additional 30 minutes	\$ _____	\$ _____

For the following 5 codes, please provide the fees for each code and indicate also whether it is paid separately when reported with an Evaluation and Management (E/M) code. Circle "Yes" if it is paid separately; "No" if its payment is bundled with the E/M code.

	(A) ACA-Rate	(B) Current Rate**	Paid Separately?	
99367 - Medical team conference, patient/family not present, >=30 min	\$ _____	\$ _____	Yes	No
99339 - Care plan oversight, supervision of patient in home, 15-29 minutes per month.....	\$ _____	\$ _____	Yes	No
99442 - Telephone evaluation and management - 11-20 minutes.....	\$ _____	\$ _____	Yes	No
99447 - Physician to physician tele/internet consultation - 11-20 min....	\$ _____	\$ _____	Yes	No
99448 - Physician to physician tele/internet consultation - 21-30 min...	\$ _____	\$ _____	Yes	No
99490 - Chronic care management services, >= 20 mins clinical staff time directed by a physician or other qualified health care professional, per calendar month.....	\$ _____	\$ _____	Yes	No

Non-physician Provider (NPP) Services**(B) Current Rate****

96150 - Health and Behavior assessment; by NPP	\$ _____
96151 - Health and Behavior re-assessment; by NPP	\$ _____
96152 - Health and Behavior intervention; by NPP	\$ _____
97802 - Medical Nutrition Therapy, individual, initial; by NPP	\$ _____
97803 - Medical Nutrition Therapy, individual, follow-up; by NPP	\$ _____

Hospital Care**(A) ACA-Rate*****(B) Current Rate****

99222 - Initial hospitalization, per day, moderate complexity	\$ _____	\$ _____
99223 - Initial hospitalization, per day, high complexity	\$ _____	\$ _____
99232 - Subsequent hospitalization, per day, mod. Complexity	\$ _____	\$ _____
99233 - Subsequent hospitalization, per day, high complexity	\$ _____	\$ _____
99238 - Hospital discharge, day management, 30 min or less	\$ _____	\$ _____

Pathology and Laboratory

For the following 5 codes, please provide the fees for each code and indicate also whether it is paid separately when reported with an Evaluation and Management (E/M) code. Circle "Yes" if it is paid separately; "No" if its payment is bundled with the E/M code.

(B) Current Rate****Paid Separately?**

81000 - Urinalysis, non-automated with microscopy	\$ _____	Yes	No
81002 - Urinalysis, non-automated without microscopy	\$ _____	Yes	No
86580 - Tuberculosis, intradermal	\$ _____	Yes	No
87081 - Throat culture	\$ _____	Yes	No
87880 - Rapid Streptococcus screen	\$ _____	Yes	No

4h. Is it required that these 5 tests (above) be performed at approved facilities in order to qualify for payment? Yes ☐ No ☐

Mental Health

4i. Does your state reimburse general pediatricians for any of the following mental health services provided to children? Please circle Yes or No. If yes, please provide payment rate:

**(B) Current Rate Paid to
General Pediatricians**

90791 -Psychiatric diagnostic eval.....	No	Yes →	Rate:	\$ _____
90792 -Psychiatric diagnostic eval w/ medical services	No	Yes →	Rate:	\$ _____
90832 - Psychotherapy, 30 mins w/ patient/family	No	Yes →	Rate:	\$ _____
90837 - Psychotherapy, 60 mins w/ patient/family	No	Yes →	Rate:	\$ _____
96111 - Developmental testing, extended.....	No	Yes →	Rate:	\$ _____
90887 - Interpretation of explanation of psychiatric or other medical exams.....	No	Yes →	Rate:	\$ _____
90889 - Preparation of reports on patient's psychiatric status, history, treatment, or progress	No	Yes →	Rate:	\$ _____
99184 - Brief emotional/behavioral assessment.....	No	Yes →	Rate:	\$ _____

4j. Does your state currently reimburse developmental/behavioral pediatric subspecialists the same rates as general pediatricians for providing the services listed above (#4i)?

Yes ☐ No ☐ → Please explain: _____

SPECIALTY CARE CODES

(B)
Current** (Non-facility) Rate for
Services Rendered to Children

Allergy/Immunology

95004 - Percutaneous tests with allergenic extracts.....	\$ _____
95017 Allergy testing, with venoms	\$ _____
95018 Allergy testing, with drugs or biologics	\$ _____
95024 - Intracutaneous tests, with allergenic extracts	\$ _____
95115 - Allergen immunotherapy, single injection	\$ _____
95117 - Allergen immunotherapy, two or more injections.....	\$ _____

Cardiology

32551 Tube thoracostomy, includes water seal.....	\$ _____
92950 - Cardiopulmonary resuscitation.....	\$ _____
93303 - Transthoracic echocardiography.....	\$ _____
93307 - Echocardiography, real-time with image documentation.....	\$ _____
93320 - Doppler echocardiograph.....	\$ _____
93451- Right heart catheterization.....	\$ _____
93452 - Left heart catheterization.....	\$ _____

Critical Care

31500 - Intubation, endotracheal	\$ _____
36555 - Insertion of non-tunneled center venous catheter; < 5 yrs	\$ _____
36568 - Insertion of peripherally inserted CVC; under 5 years	\$ _____
36600 - Arterial puncture, diagnostic	\$ _____
36620 - Arterial line placement	\$ _____
99291 - Critical care, first hour	\$ _____

Emergency Care

10120 - Simple surgical removal of foreign body	\$ _____
36400 - Venipuncture necessitating physician skill; < 3 years	\$ _____
36410 - Venipuncture necessitating physician skill; >= 3 yrs	\$ _____
36415 - Routine venipuncture	\$ _____
62270 - Lumbar puncture, diagnostic	\$ _____
99282 - ED visit, problem focused	\$ _____
99283 - ED visit, expanded	\$ _____
99284 - ED visit, detailed	\$ _____

Gastrointestinal

43239 - Upper gastrointestinal endoscopy with biopsy	\$ _____
44389 - Colonoscopy with biopsy	\$ _____
45331 - Sigmoidoscopy with biopsy	\$ _____

Ophthalmology

67311 - Strabismus surgery, horizontal	\$ _____
67314 - Strabismus surgery, vertical	\$ _____
68810 - Nasolacrimal probing	\$ _____

Otolaryngology

42820 - Tonsillectomy/adenoidectomy, under 12 years	\$ _____
42821 - Tonsillectomy/adenoidectomy, over 12 years	\$ _____
69436 - Tympanostomy and tubes	\$ _____

Neonatal and Pediatric Critical Care

36510 - Umbilical vein catheterization	\$ _____
36660 - Umbilical artery catheterization	\$ _____
99471 - Initial pediatric critical care (29d-24m)	\$ _____
99472 - Subsequent pediatric critical care (29d-24m)	\$ _____
99475 - Initial pediatric critical care (2-5 yrs)	\$ _____
99476 - Subsequent pediatric critical care (2-5 yrs)	\$ _____
99468 - Initial neonatal critical care	\$ _____
99469 - Subsequent neonatal critical care	\$ _____

Initial and Continuing Intensive Care Services

99477 - Initial neonatal intensive care	\$ _____
99478 - Subsq intensive care, < 1500 gm present body weight	\$ _____
99479 - Subsq intensive care, 1500-2500 gm present body weight	\$ _____
99480 - Subsq intensive care, 2501-5000 gm present body weight	\$ _____

Plastic Surgery

40700 - Cleft lip repair	\$ _____
42200 - Cleft palate repair	\$ _____

Pulmonology

31622 - Bronchoscopy	\$ _____
32421- Thoracentesis, puncture of pleural cavity for aspiration, initial or subsq	\$ _____
94010 - Spirometry, including graphic record	\$ _____
94640 - Inhalation treatment	\$ _____
94644 - Continuous inhalation treatment, first hour	\$ _____
94664 - Demonstration/evaluation	\$ _____

Radiology

71010 - Frontal chest x-ray	\$ _____
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Surgery

28262 - Extensive clubfoot release	\$ _____
44950 - Appendectomy	\$ _____
49500 - Bilateral inguinal hernia, 6 months to under 5 years	\$ _____
49505 - Bilateral inguinal hernia, 5 years or over	\$ _____

Urology and Dialysis

50200 - Renal biopsy; percutaneous, by trocar or needle.....	\$ _____
90957 - ESRD services; 12-19 yrs, 4+ face-to-face physician visits/mo.	\$ _____
90959 - ESRD services; 12-19 yrs, 1 face-to-face physician visits/mo.	\$ _____
90965 - ESRD services; 12-19 yrs, home dialysis for full month.....	\$ _____
90945 - Peritoneal dialysis.....	\$ _____

5. Are Medicaid physician fees, including but not limited to the rates provided in this survey, available in publicly accessible fee schedules online?

Yes ☐ 

No ☐

Please provide link(s) to physician fee schedule(s):

6. **Dental Services - indicate the current reimbursement rates for the following CDT HCPCS Level II codes.** If your state does not participate in any dental FFS plan, please check here and skip to Q#7.

Dental Service Reimbursement:

	Dental Provider Rate	Non-Dental Medical Provider (e.g., pediatricians, family physician) Rate
D0120 - Periodic oral evaluation (Alternate Code: _____)...	\$ _____	\$ _____
D0145 - Caries Risk Assessment (patient under 3 years).....	\$ _____	\$ _____
D1206 - Topical fluoride varnish (Alternate Code: _____)	\$ _____	\$ _____
D1120 - Prophylaxis, child	\$ _____	
D2150 - Amalgam - two surfaces, primary or permanent	\$ _____	
D2330 - Resin-based composite - one surface anterior	\$ _____	
D1351 - Sealant, per tooth	\$ _____	
D2930 - Stainless steel crown on a primary tooth.....	\$ _____	
D3220 - Pulpotomy	\$ _____	
D7140 - Extraction.....	\$ _____	

7. Does your state participate in any medical or dental managed care plan(s)?

Yes ☐ 

No ☐

- 7a. Do children in managed care plans receive all of their services from the same health plan?
Or, do they use separate plans for medical, dental and mental health services?

Children receive all of these services from the same health plan 1

Dental and mental health services are always offered in separate plans 2

Other (please explain: _____) 3

- 7b. Does your state monitor the following plan-to-provider payment rates in its Medicaid managed care plans? (Check All that apply)

Capitation rates 1

Fee-for-service rates 2

None of the above..... 3

- 7c. Does your state provide plan-to-provider capitation or fee-for-service rates as public information? (Check ALL that apply)

Yes, such fee data is available as public information 1

No, our state does not have plan-to-provider fee data 2

No, our state cannot provide plan-to-provider fee data

due to its confidential/proprietary nature 3

Other (please explain: _____) 4

Thank you for completing this survey!

Your participation is greatly appreciated.

Please retain a copy for your record and return this survey in the enclosed,
self-addressed stamped envelope to:

Attn: Suk-fong Tang, PhD, Senior Research Analyst, Division of Quality

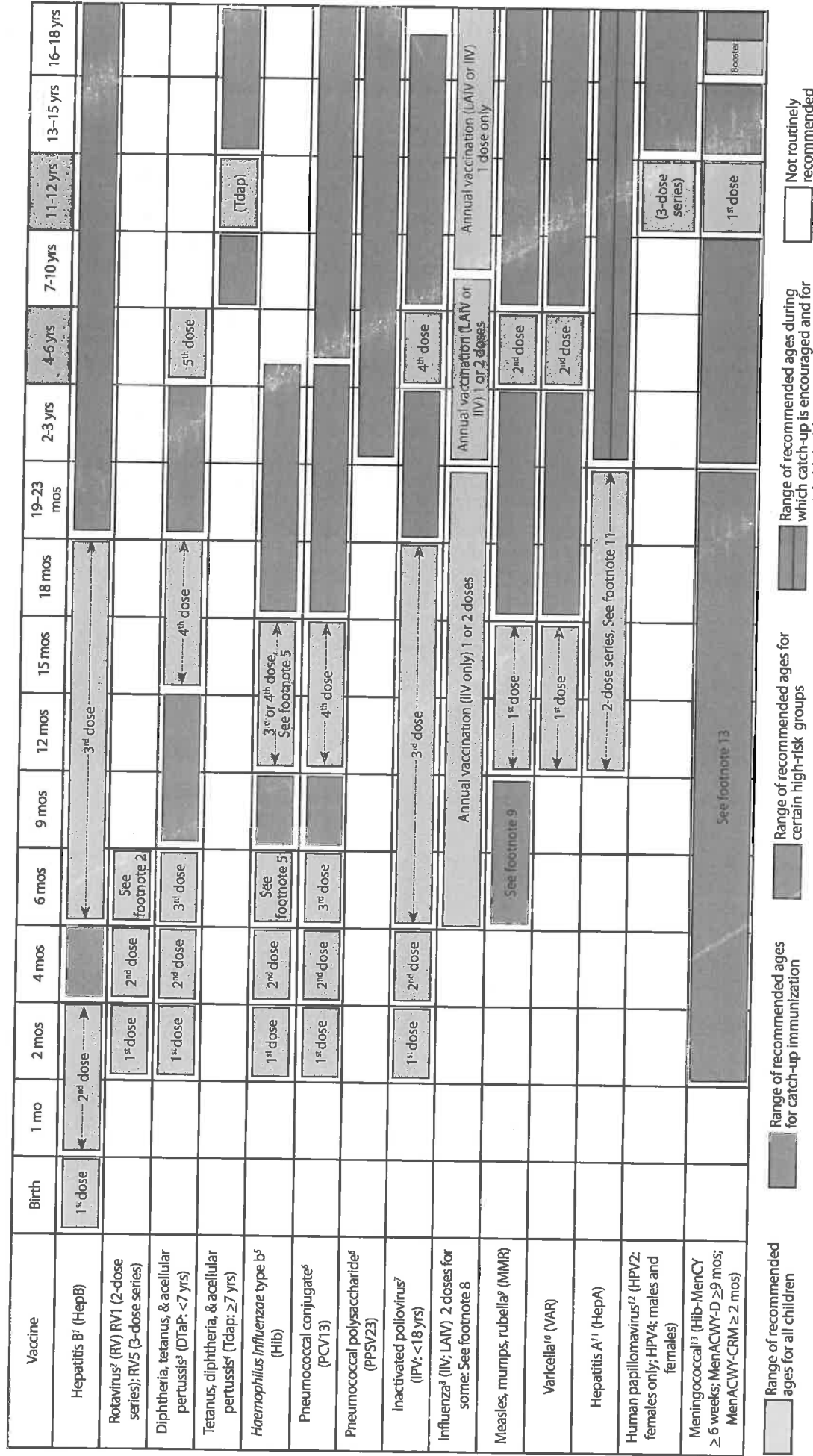
American Academy of Pediatrics,

141 Northwest Point Blvd, Elk Grove Village, IL 60007-1098

Email: stang@aap.org; Tel: 847/434-7622

Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – United States, 2015.
(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded.



This schedule includes recommendations in effect as of January 1, 2015. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (<http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm>) or by telephone (800-CDC-INFO [800-232-4636]).

This schedule is approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/acip/>), the American Academy of Pediatrics (<http://www.aap.org>), the American Academy of Family Physicians (<http://www.aafp.org>), and the American College of Obstetricians and Gynecologists (<http://www.acog.org>).

NOTE: The above recommendations must be read along with the footnotes of this schedule.

For further guidance on the use of the vaccines mentioned below, see: <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>.

5. *Haemophilus influenzae* type b (Hib) conjugate vaccine (cont'd)

Catch-up vaccination:

- If dose 1 was administered at ages 12 through 14 months, administer a second (final) dose at least 8 weeks after dose 1, regardless of Hib vaccine used in the primary series.
- If both doses were PRP-OMP (PedvaxHib or COMVAX), and were administered before the first birthday, the third (and final) dose should be administered at age 12 through 59 months and at least 8 weeks after the second dose.
- If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a third (and final) dose at age 12 through 15 months or 8 weeks after second dose, whichever is later.
- For unvaccinated children aged 15 months or older, administer only 1 dose.
- For other catch-up guidance, see Figure 2. For catch-up guidance related to MenHibrix, please see the meningococcal vaccine footnotes and also *MMWR* February 28, 2014 / 63(RR01):1-13, available at <http://www.cdc.gov/mmwr/PDF/rr/r6301.pdf>.

Vaccination of persons with high-risk conditions:

- Children aged 12 through 59 months who are at increased risk for Hib disease, including chemotherapy recipients and those with anatomic or functional asplenia (including sickle cell disease), human immunodeficiency virus (HIV) infection, immunoglobulin deficiency, or early component complement deficiency, who have received either no doses or only 1 dose of Hib vaccine before 12 months of age, should receive 2 additional doses of Hib vaccine 8 weeks apart; children who received 2 or more doses of Hib vaccine before 12 months of age should receive 1 additional dose.
- For patients younger than 5 years of age undergoing chemotherapy or radiation treatment who received a Hib vaccine dose(s) within 14 days of starting therapy or during therapy, repeat the dose(s) at least 3 months following therapy completion.
- Recipients of hematopoietic stem cell transplant (HSCT) should be revaccinated with a 3-dose regimen of Hib vaccine starting 6 to 12 months after successful transplant, regardless of vaccination history; doses should be administered at least 4 weeks apart.
- A single dose of any Hib-containing vaccine should be administered to unimmunized* children and adolescents 15 months of age and older undergoing an elective splenectomy; if possible, vaccine should be administered at least 14 days before procedure.
- Hib vaccine is not routinely recommended for patients 5 years or older. However, 1 dose of Hib vaccine should be administered to unimmunized* persons aged 5 years or older who have anatomic or functional asplenia (including sickle cell disease) and unvaccinated persons 5 through 18 years of age with human immunodeficiency virus (HIV) infection.
- *Patients who have not received a primary series and booster dose or at least 1 dose of Hib vaccine after 14 months of age are considered unimmunized.

6. Pneumococcal vaccines. (Minimum age: 6 weeks for PCV13, 2 years for PPSV23)

Routine vaccination with PCV13:

- Administer a 4-dose series of PCV13 vaccine at ages 2, 4, and 6 months and at age 12 through 15 months.
- For children aged 14 through 59 months who have received an age-appropriate series of 7-valent PCV (PCV7), administer a single supplemental dose of 13-valent PCV (PCV13).

Catch-up vaccination with PCV13:

- Administer 1 dose of PCV13 to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.

- For other catch-up guidance, see Figure 2.

Vaccination of persons with high-risk conditions with PCV13 and PPSV23:

- All recommended PCV13 doses should be administered prior to PPSV23 vaccination if possible.
- For children 2 through 5 years of age with any of the following conditions: chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy); diabetes mellitus; cerebrospinal fluid leak; cochlear implant; sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin's disease; solid organ transplantation; or congenital immunodeficiency:
 1. Administer 1 dose of PCV13 if any incomplete schedule of 3 doses of PCV (PCV7 and/or PCV13) were received previously.
 2. Administer 2 doses of PCV13 at least 8 weeks apart if unvaccinated or any incomplete schedule of fewer than 3 doses of PCV (PCV7 and/or PCV13) were received previously.
 3. Administer 1 supplemental dose of PCV13 if 4 doses of PCV7 or other age-appropriate complete PCV7 series was received previously.
 4. The minimum interval between doses of PCV (PCV7 or PCV13) is 8 weeks.
 5. For children with no history of PPSV23 vaccination, administer PPSV23 at least 8 weeks after the most recent dose of PCV13.

6. Pneumococcal vaccines (cont'd)

- For children aged 6 through 18 years who have cerebrospinal fluid leak; cochlear implant; sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiencies; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin's disease; generalized malignancy; solid organ transplantation; or multiple myeloma:
 1. If neither PCV13 nor PPSV23 has been received previously, administer 1 dose of PCV13 now and 1 dose of PPSV23 at least 8 weeks later.
 2. If PCV13 has been received previously but PPSV23 has not, administer 1 dose of PPSV23 at least 8 weeks after the most recent dose of PCV13.
 3. If PPSV23 has been received but PCV13 has not, administer 1 dose of PCV13 at least 8 weeks after the most recent dose of PPSV23.
- For children aged 6 through 18 years with chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure), chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy), diabetes mellitus, alcoholism, or chronic liver disease, who have not received PPSV23, administer 1 dose of PPSV23. If PCV13 has been received previously, then PPSV23 should be administered at least 8 weeks after any prior PCV13 dose.
- A single revaccination with PPSV23 should be administered 5 years after the first dose to children with sickle cell disease or other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiencies; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin's disease; generalized malignancy; solid organ transplantation; or multiple myeloma.

7. Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)

Routine vaccination:

- Administer a 4-dose series of IPV at ages 2, 4, 6 through 18 months, and 4 through 6 years. The final dose in the series should be administered on or after the fourth birthday and at least 6 months after the previous dose.

Catch-up vaccination:

- In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk of imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).
- If 4 or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years and at least 6 months after the previous dose.
- A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age. IPV is not routinely recommended for U.S. residents aged 18 years or older.
- For other catch-up guidance, see Figure 2.

8. Influenza vaccines. (Minimum age: 6 months for inactivated influenza vaccine [IIV], 2 years for live, attenuated influenza vaccine [LAIV])

Routine vaccination:

- Administer influenza vaccine annually to all children beginning at age 6 months. For most healthy, nonpregnant persons aged 2 through 49 years, either LAIV or IIV may be used. However, LAIV should NOT be administered to some persons, including 1) persons who have experienced severe allergic reactions to LAIV, any of its components, or to a previous dose of any other influenza vaccine; 2) children 2 through 17 years receiving aspirin or aspirin-containing products; 3) persons who are allergic to eggs; 4) pregnant women; 5) immunosuppressed persons; 6) children 2 through 4 years of age with asthma or who had wheezing in the past 12 months; or 7) persons who have taken influenza antiviral medications in the previous 48 hours. For all other contraindications and precautions to use of LAIV, see *MMWR* August 15, 2014 / 63(32):691-697 [40 pages] available at <http://www.cdc.gov/mmwr/pdf/wk/mm6332.pdf>.

For children aged 6 months through 8 years:

- For the 2014-15 season, administer 2 doses (separated by at least 4 weeks) to children who are receiving influenza vaccine for the first time. Some children in this age group who have been vaccinated previously will also need 2 doses. For additional guidance, follow dosing guidelines in the 2014-15 ACIP influenza vaccine recommendations, *MMWR* August 15, 2014 / 63(32):691-697 [40 pages] available at <http://www.cdc.gov/mmwr/pdf/wk/mm6332.pdf>.
- For the 2015-16 season, follow dosing guidelines in the 2015 ACIP influenza vaccine recommendations.
 - For persons aged 9 years and older:
 - Administer 1 dose.

American Academy of Pediatrics

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141 Northwest Point Blvd
Elk Grove Village, IL 60007-1098

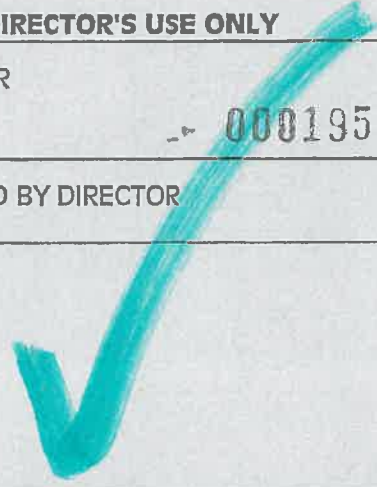


American Academy of Pediatrics
Attn: Division of Quality/Suk-fong Tang
141 Northwest Point Blvd.
Elk Grove Village, IL 60007-1019

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Kost</i>	DATE <i>3-2-15</i>
-------------------	-----------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000195</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-20-15</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



February 20, 2015

Christian Soura
Director

State of South Carolina Department of Health & Human Services
1801 Main Street PO Box 8206
Columbia, SC 29201-8206

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Dear Mr Soura:

I am writing to request your assistance to compile current information about your state's Medicaid program and physician fee data for procedures commonly reported by pediatricians and dentists under the same program. The American Academy of Pediatrics (AAP) has compiled state level Medicaid payment data for children's services since 1993, and we are continuing this effort by asking you to complete the attached survey. Payment rates collected by this survey will be used to compile state-by-state reports, which will be made available on the AAP Web site for public use. Reports compiled from past surveys can be found at the AAP Website, at URL: <http://www.aap.org/en-us/professional-resources/Research/research-resources/Pages/Medicaid-Reimbursement-Reports.aspx>.

Your response is important to us. Please complete the survey and return it in the enclosed, self-addressed stamped envelope as soon as possible. Your prompt response will eliminate the need to re-contact you. If you have any questions about this request, or prefer to fill out an electronic version of this survey, please contact Suk-fong Tang, PhD, Senior Research Analyst in the Division of Quality at the AAP's toll-free number: 1-800-433-9016, ext. 7622, or via e-mail at stang@aap.org.

Thank you in advance for participating in this important AAP endeavor.

Sincerely,

A handwritten signature in blue ink that reads "Errol R. Alden".

Errol R. Alden, MD, FAAP
Executive Director/CEO
ERA/sst

RECEIVED

FEB 27 2015

Department of Health & Human Services
OFFICE OF THE DIRECTOR

American Academy of Pediatrics

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Email stang@aap.org
for optional,
electronic (Excel)
version of this survey

MEDICAID REIMBURSEMENT SURVEY

State: SC

Please kindly provide staff contact information should we need clarification on your response.

Contact staff : _____ Email: _____ Tel# : _____

1. Does your state have a Medicaid fee-for-service (FFS) plan?

Yes ☐

No ☐

1a. In which type(s) of FFS plan(s) does your state participate? (Circle ONE)

Medical FFS plan only..... 1

Medical and Dental FFS plans.... 2

Dental FFS plan only..... 3

1b. Please indicate the proportion of Medicaid-covered children who are enrolled in your state-administered medical fee-for-service plan: _____ %

2. Does your state cover preventive services for children according to the Periodicity Schedule published by the American Academy of Pediatrics (AAP)/Bright Futures? (Circle ONE) A copy of the AAP/Bright Futures Periodicity Schedule is attached with this survey for your reference (Also available at : URL http://www.aap.org/en-us/professional-resources/practice-support/periodicity/periodicity%20schedule_FINAL.pdf).

Yes - All AAP-recommended preventive services are covered1

Only some AAP-recommended preventive services are covered2

(Please specify exceptions _____)

No - Our state uses a different schedule3

(Please provide a brief description of schedule used by your state _____)

Other (Please explain _____)4

_____)

2a. Does your state offer any financial incentives for providers to achieve Bright Futures benchmarks?

Yes ☐

No ☐

Please provide a brief description of the incentive: _____

3. The ACA raised Medicaid payment for primary care services to Medicare-equivalent levels in 2013-2014. This payment increase was to occur for care provided in both Medicaid fee-for-service and managed care organization (MCO) arrangements. States determined and received federal approval for methodologies to implement the payment increase in the Medicaid managed care context.

3a. What methodology was used to determine the Medicaid payment increase in the managed care context in your state? _____

3b. Did your state actively monitor Medicaid MCO implementation of this payment increase, including rates paid to providers? Yes ☒ No ☐

Please provide additional details: _____

3c. Please provide details on the total cost in federal dollars to implement the ACA Medicaid payment increase in your state: _____

3d. Does/Did your state make retroactive ACA Medicaid payment increase lump sum payments (eg, payments made back to January 1, 2013 following the start of the ACA Medicaid payment increase in your state) to self-attested qualifying providers? Yes ☒ No ☐

What percentage of total outstanding retroactive lump sum payments have been made as of January 1, 2015. (Use best estimate if actual percentage is unavailable) : _____ %

3e. Does your state pay the ACA Medicaid payment increase in lump sum (ie, quarterly) payments to self-attested qualifying providers? Yes ☒ No ☐

What percentage of total lump sums due providers had been paid out for services rendered as of January 1, 2015. (Use best estimate if actual percentage is unavailable) : _____ %

4. Please indicate **non-facility** reimbursement rates, for services rendered to **child enrollees** for the following CPT codes. Note: this survey requests i) the bumped-up "ACA-rates", effective Oct 1, 2014, and ii) rates currently paid for pediatric services.

Column (A) below (ACA-Rate*) asks for the rates (in effect on Oct 1, 2014) paid to physicians who appropriately self-attested their eligibility for this ACA Medicaid payment increase.

Column (B) below (Current Rate**) asks for rates currently paid for children's services. If multiple fee categories apply to Column (B), please indicate the rate most commonly paid for children's services.

PRIMARY CARE CODES

Preventive Medicine Services

	(A) ACA-Rate* Paid to Self-attested Providers (Oct 1, 2014)	(B) Current Rate** for Services Rendered to Children
99381 - New patient, under 1 year.....	\$ _____	\$ _____
99382 - New patient, 1 through 4 years.....	\$ _____	\$ _____
99383 - New patient, 5 through 11 years.....	\$ _____	\$ _____
99384 - New patient, 12 through 17 years.....	\$ _____	\$ _____
99391 - Established patient, under 1 year.....	\$ _____	\$ _____

	(A) ACA-Rate*	(B) Current Rate**
99392 - Established patient, 1 through 4 years.....	\$ _____	\$ _____
99393 - Established patient, 5 through 11 years.....	\$ _____	\$ _____
99394 - Established patient, 12 through 17 years.....	\$ _____	\$ _____

4a. During the 4th quarter of 2014, what percentage of claims submitted under these 8 preventive services codes (99381-4 and 99391-4) were paid the bumped-up rate as indicated in Column (A) above? Please provide your best estimate: _____ %

99406 - Smoking and tobacco use cessation counseling; >3 -10 mins	\$ _____	\$ _____
99407 - Smoking and tobacco use cessation counseling; >10 mins.....	\$ _____	\$ _____
99408 - Alcohol/substance abuse structured screening/SBI svc; 15-30 mins..	\$ _____	\$ _____
99409 - Alcohol/substance abuse structured screening/SBI svc; >10 mins....	\$ _____	\$ _____
99420 - Administration+interpretation of health risk assessment instrument..	\$ _____	\$ _____

Office and Other Outpatient Services

	A) ACA-Rate*	(B) Current Rate**
99201 - New patient, problem-focused	\$ _____	\$ _____
99202 - New patient, expanded	\$ _____	\$ _____
99203 - New patient, low complexity.....	\$ _____	\$ _____
99204 - New patient, moderate complexity.....	\$ _____	\$ _____
99205 - New patient, high complexity.....	\$ _____	\$ _____
99211 - Established patient, nurse only	\$ _____	\$ _____
99212 - Established patient, problem-focused	\$ _____	\$ _____
99213 - Established patient, low complexity.....	\$ _____	\$ _____
99214 - Established patient, moderate complexity.....	\$ _____	\$ _____
99215 - Established patient, high complexity.....	\$ _____	\$ _____

For the following 5 codes, please provide the fees for each code and indicate also whether it is paid separately when reported with a preventive service code. Circle "Yes" if it is paid separately; "No" if its payment is bundled with the preventive service.

	(B) Current Rate**	Paid Separately? (Circle "No" if bundled)
92551 - Screening test, hearing evaluation.....	\$ _____	Yes No
92567 - Tympanometry, hearing evaluation.....	\$ _____	Yes No
99173 - Screening test, visual acuity.....	\$ _____	Yes No
99174 - Instrument-based ocular screening, bilateral.....	\$ _____	Yes No
99188 - Application of topical fluoride varnish by a physician or other qualified health care professional	\$ _____	Yes No
96110 - Developmental screening	\$ _____	Yes No

4h. Does your state pay for multiple units of 96110 on the same day? Yes ☐ No ☐

Newborn Care

	(A) ACA-Rate*	(B) Current Rate**
99460 - Initial newborn care.....	\$ _____	\$ _____
99462 - Subsequent newborn care	\$ _____	\$ _____
99463 - Admit and discharge on same day.....	\$ _____	\$ _____
99464 - Physician attendance at delivery.....	\$ _____	\$ _____
99465 - Newborn resuscitation.....	\$ _____	\$ _____
54150 - Circumcision, using clamp or other device with regional dorsal penile or ring block ...	\$ _____	\$ _____

Immunizations [Note: If the reimbursement for Preventive Medicine Services includes immunizations and/or Laboratory Tests, please check here ☐ and skip to **Evaluation and Management** Section below]

4c. Does your state currently provide vaccines through a universal immunization program?

Yes ☐

No ☐

4d. For vaccines administered through the Vaccines for Children (VFC) program, do you pay the administration fee on the product code?

Yes ☐ 

No ☐  skip to #4f.

4e. Please indicate vaccine administration fee

i) paid to self-attested qualifying physician providers eligible for the ACA Medicaid payment increase: \$ _____

ii) paid most frequently to non-self-attested physician providers ineligible for the ACA Medicaid payment increase: \$ _____

4f. Do you pay on the actual vaccine administration code

Yes ☐ 

No ☐ 

4g. Please indicate vaccine administration fees for the following codes:

	(A) ACA Rate*	(B) Current Rate**
90460	\$ _____	\$ _____
90461	\$ _____	\$ _____
90471	\$ _____	\$ _____
90472	\$ _____	\$ _____
90473	\$ _____	\$ _____
90474	\$ _____	\$ _____

Please explain how providers are reimbursed for vaccine administration:

Evaluation and Management

	(A) ACA-Rate*	(B) Current Rate**
99354 - Prolonged service outpatient, 1st hour, face-to-face...	\$ _____	\$ _____
99355 - Same as 99354, each additional 30 minutes	\$ _____	\$ _____
99356 - Prolonged service, inpatient, 1st hour, face-to-face...	\$ _____	\$ _____
99357 - Same as 99356, each additional 30 minutes ..	\$ _____	\$ _____
99358 - Prolonged service, 1st hour, non-face-to-face.....	\$ _____	\$ _____
99359 - Same as 99358, each additional 30 minutes	\$ _____	\$ _____

For the following 5 codes, please provide the fees for each code and indicate also whether it is paid separately when reported with an Evaluation and Management (E/M) code. Circle "Yes" if it is paid separately; "No" if its payment is bundled with the E/M code.

	(A) ACA-Rate	(B) Current Rate**	Paid Separately?
99367 - Medical team conference, patient/family not present, >=30 min	\$ _____	\$ _____	Yes No
99339 - Care plan oversight, supervision of patient in home, 15-29 minutes per month.....	\$ _____	\$ _____	Yes No
99442 - Telephone evaluation and management – 11-20 minutes.....	\$ _____	\$ _____	Yes No
99447 - Physician to physician tele/internet consultation – 11-20 min.....	\$ _____	\$ _____	Yes No
99448 - Physician to physician tele/internet consultation – 21-30 min...	\$ _____	\$ _____	Yes No
99490 - Chronic care management services, >= 20 mins clinical staff time directed by a physician or other qualified health care professional, per calendar month.....	\$ _____	\$ _____	Yes No

Non-physician Provider (NPP) Services**(B) Current Rate****

96150 - Health and Behavior assessment; by NPP	\$ _____
96151 - Health and Behavior re-assessment; by NPP	\$ _____
96152 - Health and Behavior intervention; by NPP..	\$ _____
97802 - Medical Nutrition Therapy, individual, initial; by NPP.....	\$ _____
97803 - Medical Nutrition Therapy, individual, follow-up; by NPP.....	\$ _____

Hospital Care**(A) ACA-Rate*****(B) Current Rate****

99222 - Initial hospitalization, per day, moderate complexity.....	\$ _____	\$ _____
99223 - Initial hospitalization, per day, high complexity.....	\$ _____	\$ _____
99232 - Subsequent hospitalization, per day, mod. Complexity.....	\$ _____	\$ _____
99233 - Subsequent hospitalization, per day, high complexity.....	\$ _____	\$ _____
99238 - Hospital discharge, day management, 30 min or less.....	\$ _____	\$ _____

Pathology and Laboratory

For the following 5 codes, please provide the fees for each code and indicate also whether it is paid separately when reported with an Evaluation and Management (E/M) code. Circle "Yes" if it is paid separately; "No" if its payment is bundled with the E/M code.

	(B) Current Rate**	Paid Separately?	
81000 - Urinalysis, non-automated with microscopy.....	\$ _____	Yes	No
81002 - Urinalysis, non-automated without microscopy.....	\$ _____	Yes	No
86580 - Tuberculosis, intradermal.....	\$ _____	Yes	No
87081 - Throat culture	\$ _____	Yes	No
87880 - Rapid Streptococcus screen.....	\$ _____	Yes	No

4h. Is it required that these 5 tests (above) be performed at approved facilities in order to qualify for payment? Yes ☐ No ☐

Mental Health

4i. Does your state reimburse general pediatricians for any of the following mental health services provided to children? Please circle Yes or No. If yes, please provide payment rate:

**(B) Current Rate Paid to
General Pediatricians**

90791 -Psychiatric diagnostic eval.....	No	Yes →	Rate:	\$ _____
90792 -Psychiatric diagnostic eval w/ medical services	No	Yes →	Rate:	\$ _____
90832 - Psychotherapy, 30 mins w/ patient/family	No	Yes →	Rate:	\$ _____
90837 - Psychotherapy, 60 mins w/ patient/family	No	Yes →	Rate:	\$ _____
96111 - Developmental testing, extended.....	No	Yes →	Rate:	\$ _____
90887 - Interpretation of explanation of psychiatric or other medical exams.....	No	Yes →	Rate:	\$ _____
90889 - Preparation of reports on patient's psychiatric status, history, treatment, or progress	No	Yes →	Rate:	\$ _____
99184 - Brief emotional/behavioral assessment.....	No	Yes →	Rate:	\$ _____

4j. Does your state currently reimburse developmental/behavioral pediatric subspecialists the same rates as general pediatricians for providing the services listed above (#4i)?

Yes ☐ No ☐ → Please explain: _____

SPECIALTY CARE CODES

(B)
Current** (Non-facility) Rate for
Services Rendered to Children

Allergy/Immunology

95004 - Percutaneous tests with allergenic extracts.....	\$	_____
95017 Allergy testing, with venoms	\$	_____
95018 Allergy testing, with drugs or biologics	\$	_____
95024 - Intracutaneous tests, with allergenic extracts	\$	_____
95115 - Allergen immunotherapy, single injection	\$	_____
95117 - Allergen immunotherapy, two or more injections.....	\$	_____

Cardiology

32551 Tube thoracostomy, includes water seal.....	\$	_____
92950 - Cardiopulmonary resuscitation.....	\$	_____
93303 - Transthoracic echocardiography.....	\$	_____
93307 - Echocardiography, real-time with image documentation.....	\$	_____
93320 - Doppler echocardiograph.....	\$	_____
93451- Right heart catheterization.....	\$	_____
93452 - Left heart catheterization.....	\$	_____

Critical Care

31500 - Intubation, endotracheal	\$	_____
36555 - Insertion of non-tunneled center venous catheter; < 5 yrs	\$	_____
36568 - Insertion of peripherally inserted CVC; under 5 years	\$	_____
36600 - Arterial puncture, diagnostic	\$	_____
36620 - Arterial line placement	\$	_____
99291 - Critical care, first hour	\$	_____

Emergency Care

10120 - Simple surgical removal of foreign body	\$	_____
36400 - Venipuncture necessitating physician skill; < 3 years	\$	_____
36410 - Venipuncture necessitating physician skill; >= 3 yrs	\$	_____
36415 - Routine venipuncture	\$	_____
62270 - Lumbar puncture, diagnostic	\$	_____
99282 - ED visit, problem focused	\$	_____
99283 - ED visit, expanded	\$	_____
99284 - ED visit, detailed	\$	_____

Gastrointestinal

43239 - Upper gastrointestinal endoscopy with biopsy	\$	_____
44389 - Colonoscopy with biopsy	\$	_____
45331 - Sigmoidoscopy with biopsy	\$	_____

Ophthalmology

67311 - Strabismus surgery, horizontal	\$	_____
67314 - Strabismus surgery, vertical	\$	_____
68810 - Nasolacrimal probing	\$	_____

Otolaryngology

42820 - Tonsillectomy/adenoidectomy, under 12 years	\$	_____
42821 - Tonsillectomy/adenoidectomy, over 12 years	\$	_____
69436 - Tympanostomy and tubes	\$	_____

Neonatal and Pediatric Critical Care

36510 - Umbilical vein catheterization	\$ _____
36660 - Umbilical artery catheterization	\$ _____
99471 - Initial pediatric critical care (29d-24m)	\$ _____
99472 - Subsequent pediatric critical care (29d-24m)	\$ _____
99475 - Initial pediatric critical care (2-5 yrs)	\$ _____
99476 - Subsequent pediatric critical care (2-5 yrs)	\$ _____
99468 - Initial neonatal critical care	\$ _____
99469 - Subsequent neonatal critical care	\$ _____

Initial and Continuing Intensive Care Services

99477 - Initial neonatal intensive care	\$ _____
99478 - Subsq intensive care, < 1500 gm present body weight	\$ _____
99479 - Subsq intensive care, 1500-2500 gm present body weight	\$ _____
99480 - Subsq intensive care, 2501-5000 gm present body weight	\$ _____

Plastic Surgery

40700 - Cleft lip repair	\$ _____
42200 - Cleft palate repair	\$ _____

Pulmonology

31622 - Bronchoscopy	\$ _____
32421 - Thoracentesis, puncture of pleural cavity for aspiration, initial or subsq	\$ _____
94010 - Spirometry, including graphic record	\$ _____
94640 - Inhalation treatment	\$ _____
94644 - Continuous inhalation treatment, first hour	\$ _____
94664 - Demonstration/evaluation	\$ _____

Radiology

71010 - Frontal chest x-ray	\$ _____
-----------------------------	----------

Surgery

28262 - Extensive clubfoot release	\$ _____
44950 - Appendectomy	\$ _____
49500 - Bilateral inguinal hernia, 6 months to under 5 years	\$ _____
49505 - Bilateral inguinal hernia, 5 years or over	\$ _____

Urology and Dialysis

50200 - Renal biopsy; percutaneous, by trocar or needle.....	\$ _____
90957 - ESRD services; 12-19 yrs, 4+ face-to-face physician visits/mo.	\$ _____
90959 - ESRD services; 12-19 yrs, 1 face-to-face physician visits/mo.	\$ _____
90965 - ESRD services; 12-19 yrs, home dialysis for full month.....	\$ _____
90945 - Peritoneal dialysis.....	\$ _____

5. Are Medicaid physician fees, including but not limited to the rates provided in this survey, available in publicly accessible fee schedules online?

Yes ☐ 

No ☐

Please provide link(s) to physician fee schedule(s):

6. **Dental Services - indicate the current reimbursement rates for the following CDT HCPCS Level II codes.** If your state does not participate in any dental FFS plan, please check here and skip to Q#7.

Dental Service Reimbursement:

	Dental Provider Rate	Non-Dental Medical Provider (e.g., pediatricians, family physician) Rate
D0120 - Periodic oral evaluation (Alternate Code: _____)...	\$ _____	\$ _____
D0145 - Caries Risk Assessment (patient under 3 years).....	\$ _____	\$ _____
D1206 - Topical fluoride varnish (Alternate Code: _____)	\$ _____	\$ _____
D1120 - Prophylaxis, child	\$ _____	
D2150 - Amalgam - two surfaces, primary or permanent	\$ _____	
D2330 - Resin-based composite - one surface anterior	\$ _____	
D1351 - Sealant, per tooth	\$ _____	
D2930 - Stainless steel crown on a primary tooth.....	\$ _____	
D3220 - Pulpotomy	\$ _____	
D7140 - Extraction.....	\$ _____	

7. Does your state participate in any medical or dental managed care plan(s)?

Yes ☐ 

No ☐

- 7a. Do children in managed care plans receive all of their services from the same health plan? Or, do they use separate plans for medical, dental and mental health services?

Children receive all of these services from the same health plan 1

Dental and mental health services are always offered in separate plans 2

Other (please explain: _____) 3

- 7b. Does your state monitor the following plan-to-provider payment rates in its Medicaid managed care plans? (Check All that apply)

Capitation rates 1

Fee-for-service rates 2

None of the above.....3

- 7c. Does your state provide plan-to-provider capitation or fee-for-service rates as public information? (Check ALL that apply)

Yes, such fee data is available as public information1

No, our state does not have plan-to-provider fee data 2

No, our state cannot provide plan-to-provider fee data
due to its confidential/proprietary nature 3

Other (please explain: _____)4

Thank you for completing this survey!

Your participation is greatly appreciated.

Please retain a copy for your record and return this survey in the **enclosed, self-addressed stamped envelope** to:

Attn: Suk-fong Tang, PhD, Senior Research Analyst, Division of Quality
American Academy of Pediatrics,
141 Northwest Point Blvd, Elk Grove Village, IL 60007-1098
Email: stang@aap.org; Tel: 847/434-7622

Figure 1. Recommended immunization schedule for persons aged 0 through 18 years – United States, 2015.

(FOR THOSE WHO FALL BEHIND OR START LATE, SEE THE CATCH-UP SCHEDULE [FIGURE 2]).

These recommendations must be read with the footnotes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars in Figure 1. To determine minimum intervals between doses, see the catch-up schedule (Figure 2). School entry and adolescent vaccine age groups are shaded.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16–18 yrs
Hepatitis B ¹ (HepB)	1 st dose	2 nd dose					3 rd dose									
Rotavirus ² (RV) RV1 (2-dose series); RV5 (3-dose series)		1 st dose	2 nd dose	2 nd dose	3 rd dose											
Diphtheria, tetanus, & acellular pertussis ³ (DTaP; <7 yrs)		1 st dose	2 nd dose	2 nd dose	3 rd dose			4 th dose				5 th dose				
Tetanus, diphtheria, & acellular pertussis ³ (Tdap; ≥7 yrs)														(Tdap)		
<i>Haemophilus influenzae</i> type b ⁵ (Hib)		1 st dose	2 nd dose	2 nd dose	3 rd dose		3 rd or 4 th dose. See footnote 5									
Pneumococcal conjugate ⁶ (PCV13)		1 st dose	2 nd dose	2 nd dose	3 rd dose		4 th dose									
Pneumococcal polysaccharide ⁶ (PPSV23)																
Inactivated poliovirus ⁷ (IPV; <18 yrs)		1 st dose		2 nd dose			3 rd dose					4 th dose				
Influenza ⁸ (IV; LAIV) 2 doses for some. See footnote 8							Annual vaccination (IV only) 1 or 2 doses				Annual vaccination (LAIV or IV) 1 or 2 doses			Annual vaccination (LAIV or IV) 1 dose only		
Measles, mumps, rubella ⁹ (MMR)						See footnote 9	1 st dose	1 st dose				2 nd dose				
Varicella ¹⁰ (VAR)							1 st dose	1 st dose				2 nd dose				
Hepatitis A ¹¹ (HepA)								2-dose series. See footnote 11								
Human papillomavirus ¹² (HPV2; females only; HPV4; males and females)														(3-dose series)		
Meningococcal ¹³ (Hib-MenCY ≥ 6 weeks; MenACWY-D ≥ 9 mos; MenACWY-CRM ≥ 2 mos)							See footnote 13							1 st dose		Booster

 Range of recommended ages for all children
 Range of recommended ages for catch-up immunization
 Range of recommended ages for certain high-risk groups
 Range of recommended ages for certain high-risk groups
 Range of recommended ages during which catch-up is encouraged and for certain high-risk groups
 Not routinely recommended

This schedule includes recommendations in effect as of January 1, 2015. Any dose not administered at the recommended age should be administered at a subsequent visit, when indicated and feasible. The use of a combination vaccine generally is preferred over separate injections of its equivalent component vaccines. Vaccination providers should consult the relevant Advisory Committee on Immunization Practices (ACIP) statement for detailed recommendations, available online at <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>. Clinically significant adverse events that follow vaccination should be reported to the Vaccine Adverse Event Reporting System (VAERS) online (<http://www.vaers.hhs.gov>) or by telephone (800-822-7967). Suspected cases of vaccine-preventable diseases should be reported to the state or local health department. Additional information, including precautions and contraindications for vaccination, is available from CDC online (<http://www.cdc.gov/vaccines/recs/vac-admin/contraindications.htm>) or by telephone (800-CDC-INFO [800-232-4636]).

This schedule is approved by the Advisory Committee on Immunization Practices (<http://www.cdc.gov/vaccines/acip/>), the American Academy of Pediatrics (AAP) (<http://www.aap.org>), the American Academy of Family Physicians (AAFP) (<http://www.aafp.org>), and the American College of Obstetricians and Gynecologists (ACOG) (<http://www.acog.org>).

NOTE: The above recommendations must be read along with the footnotes of this schedule.

For further guidance on the use of the vaccines mentioned below, see: <http://www.cdc.gov/vaccines/hcp/acip-recs/index.html>.

5. *Haemophilus influenzae* type b (Hib) conjugate vaccine (cont'd)

Catch-up vaccination:

- If dose 1 was administered at ages 12 through 14 months, administer a second (final) dose at least 8 weeks after dose 1, regardless of Hib vaccine used in the primary series.
- If both doses were PRP-OMP (PedvaxHIB or COMVAX), and were administered before the first birthday, the third (and final) dose should be administered at age 12 through 59 months and at least 8 weeks after the second dose.
- If the first dose was administered at age 7 through 11 months, administer the second dose at least 4 weeks later and a third (and final) dose at age 12 through 15 months or 8 weeks after second dose, whichever is later.
- If first dose is administered before the first birthday and second dose administered at younger than 15 months, a third (and final) dose should be given 8 weeks later.
- For unvaccinated children aged 15 months or older, administer only 1 dose.
- For other catch-up guidance, see Figure 2. For catch-up guidance related to MenHibrix, please see the meningococcal vaccine footnotes and also *MMWR* February 28, 2014 / 63(RR01):1-13, available at <http://www.cdc.gov/mmwr/PDF/rr/rr6301.pdf>.

Vaccination of persons with high-risk conditions:

- Children aged 12 through 59 months who are at increased risk for Hib disease, including chemotherapy recipients and those with anatomic or functional asplenia (including sickle cell disease), human immunodeficiency virus (HIV) infection, immunoglobulin deficiency, or early component complement deficiency, who have received either no doses or only 1 dose of Hib vaccine before 12 months of age, should receive 2 additional doses of Hib vaccine 8 weeks apart; children who received 2 or more doses of Hib vaccine before 12 months of age should receive 1 additional dose.
- For patients younger than 5 years of age undergoing chemotherapy or radiation treatment who received a Hib vaccine dose(s) within 14 days of starting therapy or during therapy, repeat the dose(s) at least 3 months following therapy completion.
- Recipients of hematopoietic stem cell transplant (HSCT) should be revaccinated with a 3-dose regimen of Hib vaccine starting 6 to 12 months after successful transplant, regardless of vaccination history; doses should be administered at least 4 weeks apart.
- A single dose of any Hib-containing vaccine should be administered to unimmunized* children and adolescents 15 months of age and older undergoing an elective splenectomy; if possible, vaccine should be administered at least 14 days before procedure.
- Hib vaccine is not routinely recommended for patients 5 years or older. However, 1 dose of Hib vaccine should be administered to unimmunized* persons aged 5 years or older who have anatomic or functional asplenia (including sickle cell disease) and unvaccinated persons 5 through 18 years of age with human immunodeficiency virus (HIV) infection.

* Patients who have not received a primary series and booster dose or at least 1 dose of Hib vaccine after 14 months of age are considered unimmunized.

6. Pneumococcal vaccines. (Minimum age: 6 weeks for PCV13, 2 years for PPSV23)

Routine vaccination with PCV13:

- Administer a 4-dose series of PCV13 vaccine at ages 2, 4, and 6 months and at age 12 through 15 months.
- For children aged 14 through 59 months who have received an age-appropriate series of 7-valent PCV (PCV7), administer a single supplemental dose of 13-valent PCV (PCV13).

Catch-up vaccination with PCV13:

- Administer 1 dose of PCV13 to all healthy children aged 24 through 59 months who are not completely vaccinated for their age.
- For other catch-up guidance, see Figure 2.

Vaccination of persons with high-risk conditions with PCV13 and PPSV23:

- All recommended PCV13 doses should be administered prior to PPSV23 vaccination if possible.
- For children 2 through 5 years of age with any of the following conditions: chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure); chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy); diabetes mellitus; cerebrospinal fluid leak; cochlear implant; sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin's disease; solid organ transplantation; or congenital immunodeficiency:

1. Administer 1 dose of PCV13 if any incomplete schedule of 3 doses of PCV (PCV7 and/or PCV13) were received previously.
2. Administer 2 doses of PCV13 at least 8 weeks apart if unvaccinated or any incomplete schedule of fewer than 3 doses of PCV (PCV7 and/or PCV13) were received previously.
3. Administer 1 supplemental dose of PCV13 if 4 doses of PCV7 or other age-appropriate complete PCV7 series was received previously.
4. The minimum interval between doses of PCV (PCV7 or PCV13) is 8 weeks.
5. For children with no history of PPSV23 vaccination, administer PPSV23 at least 8 weeks after the most recent dose of PCV13.

6. Pneumococcal vaccines (cont'd)

- For children aged 6 through 18 years who have cerebrospinal fluid leak; cochlear implant; sickle cell disease and other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiencies; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin's disease; generalized malignancy; solid organ transplantation; or multiple myeloma:

1. If neither PCV13 nor PPSV23 has been received previously, administer 1 dose of PCV13 now and 1 dose of PPSV23 at least 8 weeks later.
2. If PCV13 has been received previously but PPSV23 has not, administer 1 dose of PPSV23 at least 8 weeks after the most recent dose of PCV13.
3. If PPSV23 has been received but PCV13 has not, administer 1 dose of PCV13 at least 8 weeks after the most recent dose of PPSV23.

- For children aged 6 through 18 years with chronic heart disease (particularly cyanotic congenital heart disease and cardiac failure), chronic lung disease (including asthma if treated with high-dose oral corticosteroid therapy), diabetes mellitus, alcoholism, or chronic liver disease, who have not received PPSV23, administer 1 dose of PPSV23. If PCV13 has been received previously, then PPSV23 should be administered at least 8 weeks after any prior PCV13 dose.

- A single revaccination with PPSV23 should be administered 5 years after the first dose to children with sickle cell disease or other hemoglobinopathies; anatomic or functional asplenia; congenital or acquired immunodeficiencies; HIV infection; chronic renal failure; nephrotic syndrome; diseases associated with treatment with immunosuppressive drugs or radiation therapy, including malignant neoplasms, leukemias, lymphomas, and Hodgkin's disease; generalized malignancy; solid organ transplantation; or multiple myeloma.

Inactivated poliovirus vaccine (IPV). (Minimum age: 6 weeks)

Routine vaccination:

- Administer a 4-dose series of IPV at ages 2, 4, 6 through 18 months, and 4 through 6 years. The final dose in the series should be administered on or after the fourth birthday and at least 6 months after the previous dose.

Catch-up vaccination:

- In the first 6 months of life, minimum age and minimum intervals are only recommended if the person is at risk of imminent exposure to circulating poliovirus (i.e., travel to a polio-endemic region or during an outbreak).
- If 4 or more doses are administered before age 4 years, an additional dose should be administered at age 4 through 6 years and at least 6 months after the previous dose.
- A fourth dose is not necessary if the third dose was administered at age 4 years or older and at least 6 months after the previous dose.
- If both OPV and IPV were administered as part of a series, a total of 4 doses should be administered, regardless of the child's current age. IPV is not routinely recommended for U.S. residents aged 18 years or older.
- For other catch-up guidance, see Figure 2.

Influenza vaccines. (Minimum age: 6 months for inactivated influenza vaccine [IIV], 2 years for live, attenuated influenza vaccine [LAIV])

Routine vaccination:

- Administer influenza vaccine annually to all children beginning at age 6 months. For most healthy, nonpregnant persons aged 2 through 49 years, either LAIV or IIV may be used. However, LAIV should NOT be administered to some persons, including 1) persons who have experienced severe allergic reactions to LAIV, any of its components, or to a previous dose of any other influenza vaccine; 2) children 2 through 17 years receiving aspirin or aspirin-containing products; 3) persons who are allergic to eggs; 4) pregnant women; 5) immunosuppressed persons; 6) children 2 through 4 years of age with asthma or who had wheezing in the past 12 months; or 7) persons who have taken influenza antiviral medications in the previous 48 hours. For all other contraindications and precautions to use of LAIV, see *MMWR* August 15, 2014 / 63(32):691-697 [40 pages] available at <http://www.cdc.gov/mmwr/pdf/wk/mm6332.pdf>.

For children aged 6 months through 8 years:

- For the 2014-15 season, administer 2 doses (separated by at least 4 weeks) to children who are receiving influenza vaccine for the first time. Some children in this age group who have been vaccinated previously will also need 2 doses. For additional guidance, follow dosing guidelines in the 2014-15 ACIP influenza vaccine recommendations, *MMWR* August 15, 2014 / 63(32):691-697 [40 pages] available at <http://www.cdc.gov/mmwr/pdf/wk/mm6332.pdf>.
- For the 2015-16 season, follow dosing guidelines in the 2015 ACIP influenza vaccine recommendations. **For persons aged 9 years and older:**
- Administer 1 dose.

American Academy of Pediatrics

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March 12, 2015

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Dear Mr Soura:

We had sent your office a Medicaid Reimbursement Survey in February. Included in that survey was a question (Question #2) regarding coverage of preventive services for children according to the Periodicity Schedule published by the American Academy of Pediatrics (AAP)/Bright Futures. As reference for this question, we had inadvertently enclosed a print copy of the AAP's Immunization Schedule instead of the Periodicity Schedule. We apologize for the confusion and have enclosed with this letter the correct reference document, titled:

Recommendations for Preventive Pediatric Health Care
Bright Futures/American Academy of Pediatrics

Please use the enclosed document for the AAP fee survey. Thank you for your cooperation in providing us valuable information. If you have any questions, please contact me at 1-800-433-9016, ext. 7622, or via e-mail at stang@aap.org.

Thank you in advance for participating in this important AAP endeavor.

Sincerely,

Suk-fong S Tang, PhD
Senior Research Analyst
Division of Quality
American Academy of Pediatrics

SST/sst

Per Val on 3/17/15,
log has been answered
3-18-15 bj

3/17/15
Spoke w/ Dr. Tang and
she states we need to
give additional information
on one of the questions.
Please give her a call,
then I will log as part
of it



POLICY STATEMENT

2014 Recommendations for Pediatric Preventive Health Care

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The guidance in this statement does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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*Dr Curry serves as the Committee on Practice and Ambulatory Medicine liaison to Bright Futures and is a member of the Bright Futures Steering Committee.

2014 Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal.

Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in Bright Futures guidelines (Magan JP, Shaw JS, Duncan PM, eds. *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents*, 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2006).

The recommendations in this statement do not indicate an exclusive course of treatment or specific medical care. Variations, taking into account individual circumstances, may be appropriate.

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	INFANCY					EARLY CHILDHOOD					MIDDLE CHILDHOOD					ADOLESCENCE															
	Prevalent ¹	Newborn ²	3-6 m ³	By 1 mo	2 mo	4 mo	6 mo	8 mo	12 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y	
HISTORY																															
	Initial/Referral																														
	MEASUREMENTS																														
	Length/Height and Weight																														
Head Circumference																															
	Weight for Length																														
	Weight for Length																														
	Body Mass Index ⁴																														
Blood Pressure ⁵																															
SENSORY SCREENING																															
	Vision																														
	Hearing																														
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT																															
	Developmental Screening																														
	Autism Screening ⁶																														
	Developmental Surveillance																														
Psychosocial/Behavioral Assessment																															
	Alcohol and Drug Use Assessment ⁷																														
	Depression Screening ⁸																														
PHYSICAL EXAMINATION ⁹																															
PROCEDURES ¹⁰																															
	Newborn Blood Screening ¹¹																														
	Critical Congenital Heart Defect Screening ¹²																														
Immunization ¹³																															
	Hematest or Hemoglobin ¹⁴																														
	Lead Screening ¹⁵																														
	Tuberculin Testing ¹⁶																														
Diphtheria Screening ¹⁷																															
STI/HIV Screening ¹⁸																															

1. If a child comes under care for the first time at any point on the schedule, or if any item is not accomplished at the suggested age, the schedule should be followed.
2. A parent visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The parent visit should include anticipatory guidance, sufficient medical history, and a discussion of barriers to breastfeeding and planned method of feeding, per the 2009 AAP statement "The Breast Milk" (<http://aapublications.aapublications.org/abstract/1544/1/27/1>).
3. Every child should have a comprehensive anticipatory guidance visit at 12 months of age, including a discussion of barriers to breastfeeding and planned method of feeding, per the 2009 AAP statement "The Breast Milk" (<http://aapublications.aapublications.org/abstract/1544/1/27/1>).
4. Every child should have a comprehensive anticipatory guidance visit at 12 months of age, including a discussion of barriers to breastfeeding and planned method of feeding, per the 2009 AAP statement "The Breast Milk" (<http://aapublications.aapublications.org/abstract/1544/1/27/1>).
5. Screen for the 2012 AAP statement "Screening and the Use of Human Milk" (<http://aapublications.aapublications.org/abstract/1544/1/27/1>).
6. Screen for the 2012 AAP statement "Screening and the Use of Human Milk" (<http://aapublications.aapublications.org/abstract/1544/1/27/1>).
7. Screen for the 2012 AAP statement "Screening and the Use of Human Milk" (<http://aapublications.aapublications.org/abstract/1544/1/27/1>).
8. Screen for the 2012 AAP statement "Screening and the Use of Human Milk" (<http://aapublications.aapublications.org/abstract/1544/1/27/1>).
9. Screen for the 2012 AAP statement "Screening and the Use of Human Milk" (<http://aapublications.aapublications.org/abstract/1544/1/27/1>).
10. Screening should occur per the 2007 AAP statement "Immunization and Evaluation of Children with Autism Spectrum Disorders" (<http://aapublications.aapublications.org/abstract/1544/1/27/1>).

11. A recommended screening test is available at www.aapublications.org/abstract/1544/1/27/1.
12. Immunization screening is available at www.aapublications.org/abstract/1544/1/27/1.
13. At each visit, age-appropriate physical examination is essential, with heart, lung, and abdominal examination and careful dental exam. See 2011 AAP statement "Use of Chaperones During the Physical Examination of the Pediatric Patient" (<http://aapublications.aapublications.org/abstract/1544/1/27/1>).
14. The Recommended Uniform Neonatal Screening Panel (<http://www.aapublications.org/abstract/1544/1/27/1>).
15. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per the 2011 AAP statement "Enhancement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease" (<http://aapublications.aapublications.org/abstract/1544/1/27/1>).
16. Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per the 2011 AAP statement "Enhancement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease" (<http://aapublications.aapublications.org/abstract/1544/1/27/1>).
17. Every child should be screened for lead exposure at 12 months of age, and then at 24 months of age, and then at 36 months of age, and then at 48 months of age, and then at 60 months of age, and then at 72 months of age, and then at 84 months of age, and then at 96 months of age, and then at 108 months of age, and then at 120 months of age, and then at 132 months of age, and then at 144 months of age, and then at 156 months of age, and then at 168 months of age, and then at 180 months of age, and then at 192 months of age, and then at 204 months of age, and then at 216 months of age, and then at 228 months of age, and then at 240 months of age, and then at 252 months of age, and then at 264 months of age, and then at 276 months of age, and then at 288 months of age, and then at 300 months of age, and then at 312 months of age, and then at 324 months of age, and then at 336 months of age, and then at 348 months of age, and then at 360 months of age, and then at 372 months of age, and then at 384 months of age, and then at 396 months of age, and then at 408 months of age, and then at 420 months of age, and then at 432 months of age, and then at 444 months of age, and then at 456 months of age, and then at 468 months of age, and then at 480 months of age, and then at 492 months of age, and then at 504 months of age, and then at 516 months of age, and then at 528 months of age, and then at 540 months of age, and then at 552 months of age, and then at 564 months of age, and then at 576 months of age, and then at 588 months of age, and then at 600 months of age, and then at 612 months of age, and then at 624 months of age, and then at 636 months of age, and then at 648 months of age, and then at 660 months of age, and then at 672 months of age, and then at 684 months of age, and then at 696 months of age, and then at 708 months of age, and then at 720 months of age, and then at 732 months of age, and then at 744 months of age, and then at 756 months of age, and then at 768 months of age, and then at 780 months of age, and then at 792 months of age, and then at 804 months of age, and then at 816 months of age, and then at 828 months of age, and then at 840 months of age, and then at 852 months of age, and then at 864 months of age, and then at 876 months of age, and then at 888 months of age, and then at 900 months of age, and then at 912 months of age, and then at 924 months of age, and then at 936 months of age, and then at 948 months of age, and then at 960 months of age, and then at 972 months of age, and then at 984 months of age, and then at 996 months of age, and then at 1008 months of age, and then at 1020 months of age, and then at 1032 months of age, and then at 1044 months of age, and then at 1056 months of age, and then at 1068 months of age, and then at 1080 months of age, and then at 1092 months of age, and then at 1104 months of age, and then at 1116 months of age, and then at 1128 months of age, and then at 1140 months of age, and then 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Summary of changes made to the 2014 AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

Changes to Developmental/Behavioral Assessment

- Alcohol and Drug Use Assessment- Information regarding a recommended screening tool (CRAFT) was added.
- Depression- Screening for depression at ages 11 through 21 has been added, along with suggested screening tools.

Changes to Procedures

- Dyslipidemia screening- An additional screening between 9 and 11 years of age has been added. The reference has been updated to the AAP-endorsed National Heart Blood and Lung Institute policy (http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm).
- Hematocrit or hemoglobin- A risk assessment has been added at 15 and 30 months. The reference has been updated to the current AAP policy (<http://pediatrics.aappublications.org/content/126/5/1040.full>).
- STI/HIV screening- A screen for HIV has been added between 16 and 18 years. Information on screening adolescents for HIV has been added in the footnotes. STI screening now references recommendations made in the AAP Red Book. This category was previously titled "STI Screening."
- Cervical dysplasia- Adolescents should no longer be routinely screened for cervical dysplasia until age 21. Indications for pelvic exams prior to age 21 are noted in the 2010 AAP statement "Gynecologic Examination for Adolescents in the Pediatric Office Setting" (<http://pediatrics.aappublications.org/content/126/3/583.full>).
- Critical Congenital Heart Disease- Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per the 2011 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>).

For several recommendations, the AAP Policy has been updated since 2007 but there have been no changes in the timing of recommendations on the Periodicity Schedule. These include:

- Footnote 2- The Prenatal Visit (2009): <http://pediatrics.aappublications.org/content/124/4/1227.full>
- Footnote 4- Breastfeeding and the Use of Human Milk (2012): <http://pediatrics.aappublications.org/content/129/3/e827.full> and Hospital Stay for Healthy Term Newborns (2010): <http://pediatrics.aappublications.org/content/125/2/405.full>
- Footnote 8- Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs (2007): <http://pediatrics.aappublications.org/content/120/4/888.full>
- Footnote 10- Identification and Evaluation of Children with Autism Spectrum Disorders (2007): <http://pediatrics.aappublications.org/content/120/5/1183.full>
- Footnote 17- Immunization Schedules (2013): <http://aapredbook.aappublications.org/site/resources/ZSchedule0-6yrs.pdf>, <http://aapredbook.aappublications.org/site/resources/ZSchedule7-18yrs.pdf>, and <http://aapredbook.aappublications.org/site/resources/ZScheduleCatchup.pdf>
- Footnote 19- CDC Advisory Committee on Childhood Lead Poisoning Prevention statement "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (2012): http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf
- Footnote 22- AAP-endorsed guideline "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (2011): http://www.nhlbi.nih.gov/guidelines/cvd_ped/index.htm
- Footnote 25- Preventive Oral Health Intervention for Pediatricians (2008): <http://pediatrics.aappublications.org/content/122/6/1387.full> and Oral Health Risk Assessment Timing and Establishment of the Dental Home (2009): <http://pediatrics.aappublications.org/content/117/5/1113.full>. Additional information from the policies regarding fluoride supplementation and fluoride varnish has been added to the footnotes.

New references were added for several footnotes, also with no change to recommendations in the Periodicity Schedule:

- Footnote 5- Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report (2007): http://pediatrics.aappublications.org/content/120/Supplement_4/S164.full
- Footnote 13- Use of Chaperones During the Physical Examination of the Pediatric Patient (2011): <http://pediatrics.aappublications.org/content/127/5/991.full>
- Footnote 15- The Recommended Uniform Newborn Screening Panel (<http://www.hrsa.gov/advisorycommittees/mchabdvisory/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-usa.nih.gov/sites/genes-usa/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.

For consistency, the title of "Tuberculin Test" has been changed to "Tuberculosis Testing." The title of "Newborn Metabolic/Hemoglobin Screening" has been changed to "Newborn Blood Screening."