

Well-Baby/Well-Child Care Visits Payment Policy

Policy

The Plan will reimburse for well-baby/well-child care visits, provided by a credentialed and contracted physician/provider.

Reimbursement

The Plan reimburses for well-baby/well-child care visits as recommended by a licensed physician and according to the American Academy of Pediatrics recommended schedule of visits.

Referral/notification/prior authorization requirements

There are no referral/preauthorization requirements for well-baby/well-child care visits when provided by a Plan-contracted primary care physician within the member's product network.

Billing/coding guidelines

For new patients making a well-baby/well-child care visit:

- For infants under age 1, use CPT code 99381.
- For children ages 1 to 4 (early childhood), use CPT code 99382.
- For children ages 5 to 11 (late childhood), use CPT code 99383.
- For children ages 12 to 17 (adolescent), use CPT code 99384.
- For children age 18 (adolescent), use CPT code 99385.

For established patients making a well-baby/well-child care visit:

- For infants under age 1, use CPT code 99391.
- For children ages 1 to 4 (early childhood), use CPT code 99392.
- For children ages 5 to 11 (late childhood), use CPT code 99393.
- For children ages 12 to 17 (adolescent), use CPT code 99394.
- For children age 18 (adolescent), use CPT code 99395.

Place of service

This policy applies to services rendered in an outpatient setting.

Policy history

Origination date:	07/09/2003
Previous revision date(s):	07/07/2004, 07/05/2006, 06/20/2007 11/01/2008 – Differentiated new and established patients. 11/01/2015 - Moved to new Plan template and updated reimbursement section.
Connection date & details:	November 2016 – Annual review. January 2018 – Annual review, no updates January 2019 – Annual review, no updates. January 2020 – Annual review, no updates.

The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and

are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayment