



Preventive Health Guidelines: Newborn and Children

I. Policy

University Health Alliance (UHA) will reimburse for newborn's and children's preventive health services when it meets the clinical preventive services guidelines below.

II. Description

The Patient Protection and Affordable Care Act of 2010, passed in March 2010, put in place a number of comprehensive health insurance reforms. One of these was the elimination of cost sharing for certain preventive health services for members, where health plans can no longer charge a patient a co-payment, coinsurance, or deductible. The intent is that more members will obtain the preventive health care needed to stay healthy and avoid or delay disease.

The preventive guidelines used to implement the new law were taken from the U.S. Preventive Services Task Force (USPSTF): Guide to Clinical Preventive Services (recommendations graded A or B), immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention, and the guidelines supported by the Health Resources and Services Administration (HRSA) which include the Bright Futures' schedule of well-child visits.

The clinical preventive services guidelines below were derived from the clinical recommendations of the USPSTF. These guidelines are evidence-based and rely on current scientific studies. Each of the preventive services listed is a service that the USPSTF recommends that clinicians offer or provide in their practice setting.

Age-appropriate preventive screening services are provided for the purpose of promoting health and preventing illness or injury. Preventive counseling services will vary by age and should include issues such as family problems, diet and exercise, substance abuse, sexual practices, injury prevention, dental health, and diagnostic laboratory tests results available at the time of the encounter.

III. Criteria/Guidelines

- A. Office visits for history, physical examinations, developmental assessments, anticipatory guidance, laboratory tests, routine vision and hearing tests, and immunizations are covered, according to the following schedule and limitations:
 - 1. Birth to one year: Seven visits
 - 2. Age one year: Three visits
 - 3. Age two years: Two visits
 - 4. Ages three years through twenty-one years: One visit per calendar year
- B. Additional recommendations as shown in "**Attachment A - Preventative Health Guidelines: Newborn and Children**" are covered as indicated.

IV. Administrative Guidelines

- A. Prior Authorization is not required.

- B. Modifier 33 should be appended to preventive services claims. When applied, Modifier 33 indicates that the preventive service is one that waives a patient's co-pay, deductible, and co-insurance. An exception is that modifier 33 does not have to be appended to those services that are inherently preventive.

NOTE:

This UHA payment policy is a guide to coverage, the need for prior authorization and other administrative directives. It is not meant to provide instruction in the practice of medicine and it should not deter a provider from expressing his/her judgment

Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member's individual benefit plans may apply, and this policy is not a guarantee of payment. UHA reserves the right to apply this payment policy to all UHA companies and subsidiaries.

UHA understands that opinions about and approaches to clinical problems may vary. Questions concerning medical necessity (see Hawaii Revised Statutes §432E-1.4) are welcome. A provider may request that UHA reconsider the application of the medical necessity criteria in light of any supporting documentation.

V. Policy History

Policy Number: MPP-0027-120301

Current Effective Date: 04/11/2019

Original Document Effective Date: 03/01/2012

Previous Revision Dates: 10/05/2016, 12/01/2016, 01/01/2018, 04/18/2018

PAC Approved Date: 03/01/2012

Previous Policy Title: Newborn's and Children's Preventative Health Guidelines

Attachment A

Preventative Health Guidelines: Newborn and Children

Topic	Procedure Description	Limitations and Restrictions
Well-Child Visit	Preventive Medicine office visit birth through age 21	Birth to one year: 7 visits Age one year: 3 visits Age two years: 2 visits Ages three years through twenty-one years: One visit per calendar year
Gonorrhea Prophylactic Medication	Prophylactic ocular topical medication for all newborns for the prevention of gonococcal ophthalmia neonatorum	Administered in the hospital after delivery
Newborn Screening for Metabolic Diseases and Hemoglobinopathies	Screening for congenital hypothyroidism, sickle-cell disease, and phenylketonuria (PKU) in all newborns	One laboratory test
Hearing Loss	Screening for hearing loss	One per calendar year from ages 0-17 years old
Psychosocial/Behavioral Assessment	Assessment should be family centered and may include an assessment of child social-emotional health, caregiver depression, and social determinants of health	Outlined in Bright Futures , <brightfutures.aap.org>
Newborn Blood	Newborn or 3-5 days old blood screening	Two drawings under age one
Newborn Bilirubin	Screening for bilirubin concentration at the newborn visit	Outlined in Bright Futures , <brightfutures.aap.org>
Dyslipidemia	Screening for dyslipidemia	Once between 9 and 11 years of age, and once between 17 and 21 years of age
Visual Acuity	Screening for all children to detect amblyopia or its risk factors	One per calendar year from ages 0-17 years old
Human Immune-Deficiency Virus (HIV)	Screening for HIV in adolescents ages 15 and older. Younger adolescents who are at high risk should also be screened	One laboratory test per calendar year
Iron Supplementation	Routine iron supplementation for asymptomatic children 6 to 12 months of age who are at increased risk for iron deficiency anemia	Prescription required
Prevention of Dental Caries	Primary care clinicians prescribe oral fluoride supplementation starting at age 6 months for children whose water supply is deficient in fluoride	Prescription required
	Primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption	Up to 2 applications every 12 months
Obesity	Screening for children 6 years of age and older for obesity and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status	Up to 12 services per calendar year
Depression	Screening for adolescents (12 to 21 years of age) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal) and follow up	Once per calendar year
Immunizations	See CDC guidelines for current recommendation schedule <cdc.gov>	See CDC guidelines for current recommendation schedule <cdc.gov>

Additional Recommendations	See CDC guidelines for current recommendation schedule <cdc.gov> and Bright Futures <brightfutures.aap.org>	See CDC and Bright Future guidelines for current recommendation schedule <cdc.gov> <brightfutures.aap.org>
Skin Cancer	Counseling children, adolescents, young adults aged 10 to 24 years of age, and parents of young children who have fair skin, about minimizing their exposure to ultraviolet radiation to reduce their risk for skin cancer	Once per calendar year
Tobacco Use and Tobacco-Caused Disease	Provide interventions to include education or brief counseling to prevent initiation of tobacco use among school-aged children and adolescents	Up to eight visits per calendar year
Syphilis, chlamydia, and gonorrhea	Screening for adolescents at increased risk for infection	One laboratory test for each per calendar year
Alcohol Misuse	Screening and behavioral counseling for adolescents (11 to 17 years of age) to reduce alcohol misuse	Once per calendar year