



**Covered Benefit: Children's Care Services**

CMP Published: Yes  No

CMP Link: [Fluoride Varnish Pediatric Development and Autism Screening](#)

CPG Published: Yes  No

CPG Link: [Pediatric Routine Preventative Care Adolescent Routine Preventative Services](#)

Definition: Children's Care Services involve the diagnosis and treatment of children's health and wellbeing including a comprehensive set of services provided to all children up to age 21 (in order to align with RI DOH State Supplied Vaccine Program a child is defined as a member up to 18.99 in Neighborhood's claims system). Services include routine office visits, preventative care, and early periodic screenings.

Please note this benefit coverage summary covers services that are unique to children, additional covered physician services are documented on the Physician Services benefit coverage summary.

A primary care practitioner (PCP) is a practitioner who practices in the following areas of medicine: Pediatrics, Obstetrics/Gynecology, Family Practice, or Internal Medicine, inclusive of nurse practitioners; he/she is credentialed by the Plan and contracted as a PCP. Neighborhood supports the role of the PCP, and certain services are only covered when rendered by the member's PCP or covering practitioner.

Benefit Packages: RItE Care, Children with Special Health Care Needs, and Substitute Care.

Coverage Limitations:

Early Intervention services are rendered by state certified providers for qualified members up to age 3.

Fluoride varnish service is limited to member's age 6 months to 48 months and rendered by the member's PCP or covering practitioner. There is an annual limit of 4 units per calendar year.

Pediatric development and autism screening service is limited to 5 services up to age 3 without authorization and rendered by the member's PCP and covering practitioner. Age 3 to 19 years this benefit is limited to one service per year without authorization.

Ocular Photoscreening is limited to member ages 6 months up to 5 years without authorization. Age 5 years and older require authorization.

School based health centers services are limited per regulatory requirements. Services are provided to children greater than 11 and up to age 21 (pre-adolescent through adult) covering age ranges for middle school/high school. Neighborhood covers PCP services provided at school based health centers as appropriate to that setting.



Prenatal pediatric visit is limited to no more than 2 visits, up to 30 minutes per visit.

Exclusions:

Rhody Health Plan (RHP) members are excluded from services as they are 21 and older.

Extended Family Planning (EFP) members are excluded; EFP members do not have a comprehensive benefit package.

Routine dental care is not covered. For children born on or after May1, 2000 who are Rite Care eligible, refer to the Rite Smiles program for coverage.

Vision screening (CPT codes 99172, 99173) and hearing screening (CPT codes 92551) are part of the annual pediatric visit which follows the RI EPSDT schedule; therefore they are not separately billable.

Coverage Includes:

- Prenatal pediatric office visit
- Pediatric preventative care visits including well-child check-ups, routine visits, and sick visits
- Substitute Care members may have well child checkups as needed due to placement transitions without a prior authorization
- Fluoride varnish
- Early intervention services, rendered by an EI provider, for qualified children from birth up to age 3 years who are experiencing developmental delays.
- Pediatric development and autism screening; per the revised RI EPSDT schedule (see the attached schedule for the complete list of EPSDT services).

School based health centers may provide both well and sick visits as well as immunizations, chronic care visits like asthma and diabetes, and physicals. Episodes of care can occur across multiple settings; the following are included in the detailed benefit service category criteria:

Episodes of care can occur across multiple settings:

School (POS 03)

Office (POS 11)

Home (POS 12)



Urgent Care Facility (POS 20)  
 Outpatient (POS 22)  
 Federally Qualified Health Center (POS 50)

**Table: 1 Children’s Care Services**

| Description                                      | ICD-9 Diagnosis Codes        | ICD-9 Procedure Codes | CPT Codes  | HCPCS   | Comments   |
|--|------------------------------|-----------------------|--|---|--|
| Prenatal Pediatrician Office Visit               | "V65.11"                     |                       | "99201" to "99203", "99241" to "99242"                                 |   | By expectant parent to potential pediatrician  |
| Pediatric Preventative Care (PCP)                | "V20.1" to "V21.35", "V21.8" |                       | "99381" to "99385", "99391" to "99395"                                 | "S0302"   |  |
| Fluoride Varnish (PCP)                           | "V07.31"                     |                       |  | "D1206"   |  |
| Early Intervention Program (EIP)                 |                              |                       | "92506", "92522", "92523", "92557", "96111", "97001", "97003", "99205" | "H0046", "H2000", "S9446", "T1013", "T1016", "T1023", "T1024", "T1027", "T2004", "T5999", "V2799", "V5008", "V5010" | Payable to state certified EI providers only   |
| Pediatric Development and Autism Screening (PCP) | "V20.2"                      |                       | "96110"  |   | Pediatric development and autism screening service in PCP’s office is limited to 5 services up to age 3 without authorization. Per CMP & Member’s PCP or covering practitioner |
| Ocular Photoscreening                            |                              |                       | "99174"  |   | Ocular Photoscreening is limited to member ages ≥6 months and < 5 yrs. without authorization. Members age 5 yrs. and older require an authorization.                           |
| School Based Health Centers                      |                              |                       | "99201" to "99215", "99383" to "99385",                                |   | Members Age: >11 and ≤21   |



|                                    |   |  |   |         |  |
|------------------------------------|---|--|---|---------|--|
|                                    |   |  | "99393" to<br>"99395"                           |         |  |
| Routine<br>Services Foster<br>Care | "V61.05" child<br>in welfare<br>custody |  | "99381" to<br>"99385",<br>"99391" to<br>"99395" | "S0302" | Applies to SUB Care<br>LOB only, no limit on<br>comprehensive annual<br>primary care visit |

Notes:

A child is defined as up to age 18.99.

Children are eligible for additional services, see benefit service categories for medical and surgical treatment and services.

For sick visits please refer to Table: 1 on the Physician Services Benefit Coverage Summary, sick visits are covered in the Office Visits Physician Benefit Service Category.

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