



Guidance on Well-Child Visits and Preventive Care
During the COVID-19 State of Emergency
May 4, 2020

During the COVID-19 pandemic, the American Academy of Pediatrics (AAP) recommends providing well-child care consistent with the [Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents](#) (4th Edition). If possible, these preventive care visits should occur in person. The COVID-19 pandemic, however, creates significant barriers to a face-to-face visit. The Maryland Department of Health (MDH) would like to offer alternatives to help maintain the delivery of quality and timely preventive care services for our pediatric members according to both AAP recommendations and the [Maryland Healthy Kids Preventive Health Schedule](#).

MDH has developed guidance on well-child visit coverage for Maryland Medicaid based on age groups. This guidance allows for temporary office visit alternatives primary care providers can implement to ensure continuity of care and avoid disruption of preventive services. These changes are effective as of March 5, 2020, and will remain in place until the state of emergency ends.

This guidance does not apply to sick visits or chronic care appointments.

For children 24 months and younger:

- Well-child visits should continue in the primary care office setting in order to assess the child's development, provide timely referrals for additional services as appropriate, and remain up-to-date with immunization schedules. Newborns, infants, and children under 24 months should receive priority for in-person office visits.
- To maintain care and safety for all, providers are expected to follow the AAP recommendations for in-office visits found here: <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/guidance-on-providing-pediatric-ambulatory-services-via-telehealth-during-covid-19/>.

For children older than 24 months:

- A telehealth visit may be offered to provide timely EPSDT services; however, this service does not replace the necessary components of a well-child visit that must take place in an office setting, such as immunizations, vision and hearing screening tests, oral health screening and fluoride varnish, and laboratory testing. Providers should clearly document any visit limitations in the child's medical record.
- Providers must notify patient families of all required preventive service components that cannot occur in the course of the telehealth visit, and that such services will need to be completed at a later time. An in-person visit is encouraged within 6 months from the date of the telehealth visit to conduct the remaining components of the well-child exam.

- Any concerns raised during the telehealth visit should be clearly documented and addressed as soon as possible during an in-person visit.
- Providers should use their professional judgement and experience with families to determine how telehealth would best be utilized in their practice. In order to establish and maintain a medical home, providers should give special consideration to offering in-office appointments for new patients.
- In order to avoid delays in necessary referrals and services, priority for office visits should be given to those patients who may have missed previously scheduled well-child visits, those who are following a catch-up immunization schedule, and younger children.

Coverage for telehealth and office visits:

- Maryland Medicaid will provide coverage for well-child visits conducted via telehealth on a **temporary basis during the COVID-19 emergency only**. Refer to Table 1 for a full description of CPT codes for preventive services and any restrictions.
- Telehealth services for well-child visits for children older than 24 months will be covered at the same rates as an office visit. Providers must document which elements of preventive care were provided and indicate the setting and module.
- Providers must bill the appropriate service code using the “-GT” modifier to identify the claim as a service delivered via telehealth and using the place of service code that would be appropriate as if it were a non-telehealth claim. The distant site must bill using the location of the doctor as the place of service code. Place of Service Code 02 (Telehealth) is not recognized for Maryland Medicaid participants except for use on Medicare crossover claims to specify services rendered through a telecommunication system for dual eligible participants.
- Coverage includes an additional in-person visit to complete the necessary components of the well-child visit on a later date. Providers should bill a follow-up visit using the same code without the -GT modifier.

For additional MDH guidance regarding flexibilities in delivering telehealth services during the COVID-19 state of emergency, please see the following pages:

- COVID-19 #1: Temporary Expansion of Medicaid Regulations to Permit Delivery of Telehealth Services to the Home - March 11, 2020: https://mmcp.health.maryland.gov/SiteAssets/pages/home/COVID-19.1_Telehealth%20Guidance_Neall.pdf
- COVID-19 #4a: Temporary Authorization of Audio-Only Health Care Services to Mitigate Possible Spread of Novel Coronavirus (“COVID-19”) - March 21, 2020: https://mmcp.health.maryland.gov/Medicaid%20COVID19/COVID-19%204a_Telephonic%20Services%20Guidance_3.21.20.pdf
- Medicaid-related COVID-19 guidance (additional updates regarding telehealth services may be posted in the future): <https://mmcp.health.maryland.gov/Pages/home.aspx>

TABLE 1: Well-Child Visit Telehealth Coding Guide for the COVID-19 State of Emergency

CPT Code	Code Description	Maryland Medicaid Coverage for Telehealth Visits	
		Children 24 months and younger	Children older than 24 months
99381	Preventive medicine services*; Infant (younger than 1 year); New patient	X	
99382	Preventive medicine services*; Early childhood (age 1-4 years); New patient	X	✓
99383	Preventive medicine services*; Late childhood (age 5-11 years); New patient		✓
99384	Preventive medicine services*; Adolescent (age 12-17 years); New patient		✓
99385	Preventive medicine services*; 18 years and older; New patient		✓
99391	Preventive medicine services**; Infant (Younger than 1 year); Established patient	X	
99392	Preventive medicine services**; Early childhood (age 1–4 years); Established patient	X	✓
99393	Preventive medicine services**; Late childhood (age 5–11); Established patient		✓
99394	Preventive medicine services**; Adolescent (age 12–17 years); Established patient		✓
99395	Preventive medicine services**; 18 years and older; Established patient		✓
96110	Developmental screening, per instrument, scoring and documentation	X	✓
96127	Brief emotional/behavioral assessment (e.g, depression inventory) with scoring and documentation, per standardized instrument	X	✓
96160, 96161	Administration of health risk assessment instrument	X	✓

X Not covered for telehealth services; **✓** - Covered for telehealth services; * - Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures (Pap smears and pelvic exam as age and gender appropriate), new patient; ** - Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures (Pap smears and pelvic exam as age and gender appropriate), established patient.