

***Issue Guidance***

***Requesting of Removal of 365-Day Preventive Medicine Service Rule***

5/20

**Summary of Issue:** Insurance payers that require a minimum 365 days between routine preventive medicine services from 4 years of age and beyond.

**Issue:** Pediatricians use the evidence-informed *Bright Futures Guidelines* [periodicity schedule](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf) to provide preventive medicine services at appropriate ages. The Bright Futures Guidelines provide theory-based and evidence-driven guidance for all age-appropriate preventive care screenings and age-appropriate preventive medicine services. The Bright Futures/AAP Periodicity Schedule​ presents the screenings, assessments, physical examinations, procedures, and timing of anticipatory guidance recommended for each age-based visit in the Bright ​Futures Guidelines. The evidence upon which the periodicity schedule was based does not infer or support absolute intervals at which these visits should occur. Preventive medicine services should be provided at a time which corresponds to availability of both the family and the patient’s medical home and considers the need for other vital coordinated services.

**Impact to Pediatricians:** Often times the medical home is asked by parents/guardians to see a patient for a “physical” as a condition for participation in an event (i.e., pre-participation exam for sports). Unfortunately, these often occur ahead of the 365-day interval for preventive services. This puts the medical home is a difficult situation to determine how best to assist the family knowing they are not “due” yet for the well child preventive care visit. In order to provide the best care for their patient and to keep them in the medical home, they will typically schedule them, but either must pass on the cost of a preventive service to the family or attempt to bill in good faith only to be denied payment for appropriate services provided.

For example, if a teen requires a pre-participation exam or driving permit form, for convenience the practice may schedule that preventive service to coordinate an annual exam and comply with local or other time-sensitive requirements.

An additional unintended consequence of a 365-day interval rule is the patient who has a well visit during the last few days of the calendar year. If they are seen over the holiday school break, each year it becomes more difficult to provide the annual exam as outlined by HEDIS calendar year requirements.

This is also an issue when a patient may be due for immunizations. While the patient may not be behind on their Advisory Committee on Immunization Practices (ACIP) schedule used by the AAP, AAFP, ACOG and CDC, a vaccine may be required to enter school or other program. If a child needs vaccines for school entry, but is not due for a preventive medicine service due to the 356-day rule, a comprehensive preventive medicine service should not be delayed because of arbitrary payer minimal intervals. One visit should accomplish both.  This assures appropriate care is delivered at a time which meets the individual family/patient needs and practices are appropriately paid for services provided according to AAP recommendations.

**Impact to Patients/Families:** Families' lives are busy, complex, and coordinating an appropriate time for preventive services in the medical home should be facilitated without arbitrary barriers. Patients may miss opportunities for appropriate preventive services according to the periodicity schedule if there are unnecessary constraints placed on timing of services. They may also seek care outside the medical home for convenience of form completion or other requirements which may cause them to miss comprehensive services and further fragment care. This is particularly concerning for the pre-participation exam.

**Recommendations to Practices:**

1. Get documentation from the payer on their rules regarding timing of well visits/preventive services.

2. If the plan has the 365-day interval for preventive medicine services, advocate for the removal.

1. If this is a self-insured plan administered by a third party (ie, TPA) , consider contacting the employer directly, if they are well known to the practice. Also empower the family to reach out to the employer and coordinate advocacy efforts. Use [Recommendations for Preventive Pediatric Healthcare](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf) periodicity schedule in your advocacy efforts. If this is a state Medicaid plan, partner with your AAP State Chapter and/or Pediatric Council in your efforts to ensure that the state Medicaid plan does not limit preventive medicine services to one per 365-days for those patients 4 years and older.

All advocacy efforts should center around removing the 365-day rule and implementing the calendar year rule. This will align with HEDIS measures in addition to helping families get the needed without the worry or unnecessary costs.

Public Health Emergency (PHE) Consideration: Following the conclusion of a PHE, insurance payers should allow for additional Preventive Medicine Service (PMS) visits beyond limits imposed during non-PHE periods. Additional PMS visits could be designated with the CR (Catastrophe/Disaster-Related) modifier to allow system override for a designated period of time following the conclusion of a PHE.

**Key Takeaways:**

1. Verify arbitrary or timing rules for intervals between well visits and ask for documentation.

2. Point out that there is no interval inferred or included in the AAP Recommendations for Preventive Pediatric Health according to Bright Futures and there is no scientific evidence to support arbitrary timing requirements.

3. Point out that timing rules create additional unnecessary barriers for patients to receive comprehensive preventive services and may result in missed opportunities to receive appropriate care including timely immunizations.

4. Point out that timing rules negatively impact payer and practice performance on HEDIS well care measures.

AAP Resources

* AAP Recommendations for Preventive Pediatric Health (also referred to as the [Bright Futures/AAP Periodicity Schedule​](https://www.aap.org/en-us/Documents/periodicity_schedule.pdf)),
* [Bright Futures Guidelines](https://brightfutures.aap.org/about/Pages/About.aspx)
* [Immunization Schedule](https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/immunizations/Pages/Immunization-Schedule.aspx)