Connecting Coding and Policy: Providing Medical Care to Parents

Article Highlights

When medical services are provided to adult patients by a pediatrician, the documentation, coding, and billing may differ from those for services provided to children. This article answers questions about medical services provided to a parent or adult caregiver of a pediatric patient, including the following:

- What is American Academy of Pediatrics (AAP) policy on care of parents and caregivers for the benefit of the child?
- Can services provided to the parent be documented in the child's medical record?
- Which services provided to the parent are appropriately documented in the child's medical record and reported to the child's health benefit plan?
- Which services require establishment of a medical record for the parent and billing to the parent's health benefit plan?

This article generally discusses documentation, coding, and billing for care of a parent or caregiver and does not take into account a physician's or other qualified health care professional's (QHP's) training level in adult care, their employer policies, or potential professional liability or health insurance issues (nonpayment because of specialty). This article also does not offer legal advice. Pediatric physicians may contact the AAP State Advocacy Team (stgov@aap.org) or local AAP chapter or district to learn the regulations and scope-of-practice laws specific to the state(s) where the physicians practice.

Throughout this article, the term *parent* includes other people who may be a child's legal guardian. Caregivers and extended family (eg, grandparents) may also receive certain services (eg, immunization services or prophylaxis to control the spread of disease).

What is AAP policy on care of parents for the benefit of the child?

The AAP policy "Providing Medical Care for Parents During the Pediatric Visit" (https://doi.org/10.1542/peds.2025-074113) discusses the practical and medicolegal issues associated with providing medical care to address a parent's health concern and offers guidance about when and how pediatricians can provide care that minimizes liability risk. The policy advises that adult services may be medically appropriate for and beneficial to the child, caregivers, and families, as well as their communities, when the pediatrician has appropriate training and appropriate insurance coverage to protect themselves from the potential for a malpractice claim related to adult care.

Can services provided to the parent be documented in the child's medical record?

While pediatric services often include parental education and routine counseling (eg, advice on breastfeeding or tobacco cessation) that are documented in the child's medical record, any service specifically directed to care of the parent (eg, a service including medical decision-making [MDM] and establishment of a plan of care for the parent) should be documented in a medical record established for the parent. From a billing standpoint, documentation of services billed to the parent and/or their health benefit plan may be necessary to support an appeal of a denied claim or defend against an allegation of inappropriate billing.

Pediatric evaluation and management (E/M) services may sometimes take place without the child present. *Current Procedural Terminology* (*CPT*®) E/M guidelines apply to encounters "with the patient *and/or* [emphasis added] family/caregiver," supporting assignment of an E/M code for services provided when the child is not present and *the focus of the service is the child's health.* However, an encounter focused on the parent's reaction to and/or need for support in relation to their child's health condition(s) would be reported as a service provided to the parent.

Which services provided to the parent are appropriately documented in the child's medical record and reported to the child's health benefit plan?

Routine anticipatory guidance and/or a referral for the parent to seek further evaluation and care from another source (eg, parent's primary care physician) may be documented in the child's medical record when provided in the context of a pediatric service reported to the child's health benefit plan. Separately reportable screening for a parental health problem that may pose a risk to the child (eg, maternal depression screening) and immunization counseling that does not result in the child's immunization on that date are also documented in the child's medical record and billed to the child's health benefit plan.

Patient Panels and Adult Medical Services

The AAP policy discussed in this article offers thoughts on working with payers when caring for an adult patient. Considerations include whether the adult patient will be added to the pediatrician's patient panel by the adult's health plan, an addition resulting in the plan querying the pediatrician about the adult's health maintenance and potentially being penalized under value-based payment models. Although it is noted that these payer issues may be resolved through communication with the plan, this takes time and effort on the part of the pediatrician's practice.

EXAMPLE

The mother of a 6-month-old infant is screened for postpartum depression and the result is positive. The pediatrician discusses the result with the mother and obtains her permission to share this information with her primary care physician and arrange an appointment for further evaluation. The score of the depression screening, aspects of the discussion with the mother, and the way follow-up care was arranged are documented in the infant's medical record. The pediatrician provides the infant's preventive medicine E/M service and counsels the infant's parents about recommended immunizations. The parents are unsure about the safety of infant immunizations and, after receiving 10 minutes of immunization counseling, elect to delay administration. The pediatrician reports codes for the infant's preventive care services.

99391 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, established patient; infant (age younger than 1 year)

96161 Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument

90482 Immunization counseling by physician or other QHP when immunization(s) is not administered by provider on the same date of service; 3 minutes up to 10 minutes

Code **96161** is linked to the appropriate routine child health examination diagnosis code according to whether evaluation of the infant resulted in any abnormal findings (**Z00.121**) or no abnormal findings (**Z00.129**). An additional code for health problems within the family, **Z63.79** (other stressful life events affecting family and household), may be reported to reflect the potential for the mother's positive screening result to affect the infant and family.

Code **90482** is linked to **Z71.85** (encounter for immunization safety counseling) and **Z28.82** (immunization not carried out because of caregiver refusal).

The mother's positive screening result for maternal depression does not result in the pediatrician providing a service to the mother to further evaluate and manage potential postpartum depression. Although the pediatrician discussed the screening result and assists with arrangements for further evaluation and treatment, the services provided were directed to care of the infant. Because preventive medicine E/M services are not time based, the time spent addressing the positive screening result is not reported as a prolonged service.

Which services require establishment of a medical record for the parent and billing to the parent's health benefit plan?

It is advisable to create a medical record for the parent and bill the service to the parent's health benefit plan when it is direct care of the parent's health care need rather than provision of recommendations about parental habits/health practices and advice on parental self-care for the benefit of the child or referral of the parent to another health care professional.

EXAMPLE

The mother of a 2-month-old infant is screened for postpartum depression and the result is positive in conjunction with the infant's routine health examination. The QHP discusses the result with the mother, who asks the QHP to provide treatment because she has no primary care physician. The QHP, whose training includes maternal and mental health care, agrees and a separate medical record is established for the mother, including completion of the practice's new patient forms to obtain written agreement to receive health care services and to document her health benefit plan information. After completing the infant's preventive medicine service, the QHP provides a new patient E/M service to the mother, including use of a standardized instrument to screen for suicide risk; discussion of options of psychotherapy, medication, or both; and exercise counseling. An assessment and a plan of care are documented, including follow-up by telephone in 1 week and scheduling of a transfer of care to a licensed clinical social worker at a community mental health center.

The infant's care is reported with **99391** and additional codes for other preventive services provided to the infant (eg, laboratory tests, immunization administration [IA]).

Care of the mother is reported to the mother's health plan with **99204** (new patient office E/M with moderate MDM) based on the problem addressed (an acute illness with systemic symptom and a high risk of morbidity without treatment), and the risk of management is moderate because prescription drug management was discussed. Also reported to the mother's health plan is **96127** (brief emotional/behavioral assessment [eg, depression inventory, attention-deficit/hyperactivity disorder (ADHD) scale], with scoring and documentation, per standardized instrument) × 1 unit for each standardized instrument used in evaluation of the mother's health. The diagnosis codes are **F53.0** (postpartum depression) and **Z71.82** (exercise counseling).

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Other services that might be provided and billed to a parent include tobacco cessation counseling of longer than 3 minutes, including validated interventions of assessing readiness for and barriers to change, advising a change in behavior, assisting by suggesting specific actions and providing motivational counseling, and arranging for services and follow-up (**99406–99407**); treatment of maternal complications of breastfeeding (eg, E/M visit addressing mastitis); and/or adult IA (eg, **90471** for IA by injection and a code for the influenza vaccine/toxoid product administered).

TIP

When the service provided to the parent includes direct communication (eg, telephone, messaging) with the parent's health care professional (eg, physician, lactation consultant), this work may either support reporting an interprofessional consultation (eg, **99452**, interprofessional telephone/Internet/electronic health record referral service[s] provided by a treating/requesting physician or other QHP, 30 minutes) or contribute to the pediatrician's amount and/or complexity of data of MDM in Category 3, discussion of management with an external physician or QHP, or to the total time on the date of the service.

Dig Deeper

Refer to "Providing Medical Care for Parents During the Pediatric Visit" (https://doi.org/10.1542/peds.2025-074113) for a full discussion of medicolegal issues and recommendations.

Refer also to the following resources for more information on coding related to topics included in this article:

- E/M services provided without the patient present
  - *AAP Pediatric Coding Newsletter*™, "Coding Hotline," April 2026 (https://doi.org/10.1542/pcco_book264_document004)
- Maternal depression screening
  - *AAP Pediatric Coding Newsletter*, "Coding Hotline," April 2026 (https://doi.org/10.1542/pcco_book264_document004)
- Immunization counseling without administration on the same date
  - Fact sheet: Standalone Immunization Counseling (https://downloads.aap.org/AAP/PDF/FS%20Vaccine%20Counseling%20without%20Admin.pdf)

Refer finally to *Coding for Pediatrics 2027,* Chapters 6, "Evaluation and Management Documentation Guidelines," and 8, "Preventive Services" (www.aap.org/en/shopaap/shop-by-topic/coding).

Key Takeaways

This article summarized services that are provided to children but include education and/or counseling to a parent and services that may be provided to a parent during a child's visit, including the following:

- Although pediatric services often include parental education and routine counseling (eg, advice on breastfeeding or tobacco cessation) that are documented in the child's medical record, services specifically directed to care of the parent (eg, a service including MDM and establishment of a plan of care for the parent) should be documented in a medical record established for the parent.
- Pediatric E/M services may sometimes take place without the child present. *CPT* E/M guidelines apply to encounters "with the patient and/or family/caregiver" supporting assignment of an E/M code when the focus of the service is the child's health.
- Routine anticipatory guidance and/or a referral for the parent to seek further evaluation and care from another source (eg, parent's primary care physician) may be documented in the child's medical record and included in services reported to the child's health benefit plan (eg, preventive medicine service).

When direct care of the parent's health care need is provided, it is advisable to create a medical record for the parent and bill the service to the parent's health benefit plan. Documentation may be required to appeal a denied claim and/or defend against allegation of inappropriate billing.

Don't forget to celebrate our 25th anniversary!

We're wrapping up the series of articles celebrating this newsletter's 25th anniversary and preparing for our 26th year of publication. To view all of our celebratory articles, visit https://publications.aap.org/codingnews/resources/34143.