

INSURANCE COVERAGE FOR
PEDIATRIC PREVENTIVE SERVICES

CHAPTER 80
WELL-CHILD CARE

191—80.1(505) Purpose. The purpose of this chapter is to set forth those requirements deemed appropriate by the commissioner for the general provision of coverage for benefits for routine well-child care.

[ARC 6121C, IAB 12/29/21, effective 2/2/22]

191—80.2(505) Applicability and scope. This chapter shall apply to all group accident and sickness insurance, group nonprofit health service plans and prepaid group plans of health maintenance organizations delivered or issued for delivery in this state after March 1, 1993. However, this chapter shall not apply to those basic benefit policies approved under Iowa Code chapter 513C.

[ARC 6121C, IAB 12/29/21, effective 2/2/22]

191—80.3(505) Effective date. This chapter shall be effective on July 2, 1993, and shall be applicable to all new filings of group accident and sickness insurance, group nonprofit health service plans and prepaid group plans of health maintenance organizations made after that date and all other policies and contracts covered by this chapter delivered or issued for delivery prior to July 2, 1993, upon the date of renewal.

[ARC 6121C, IAB 12/29/21, effective 2/2/22]

191—80.4(505) Policy definitions. No group accident and sickness insurance, group nonprofit health service plan or prepaid group plan of a health maintenance organization delivered or issued for delivery in this state shall contain definitions respecting the matters set forth unless such definitions comply with the requirements of this rule.

80.4(1) “*Well-child care*” means pediatric preventive services appropriate to the age of a child from birth to age seven as defined by current Recommendations for Preventive Pediatric Health Care of the American Academy of Pediatrics. The Recommendations may be obtained by contacting the American Academy of Pediatrics at 141 Northwest Point Boulevard, P.O. Box 927, Elk Grove Village, Illinois 60009-0927. Pediatric preventive services shall include, at a minimum, a history and complete physical examination as well as developmental assessment, anticipatory guidance, immunizations, vision and hearing screening, and laboratory services including, but not limited to, screening for lead exposure as well as blood levels.

80.4(2) “*Developmental assessment*” and “*anticipatory guidance*” mean the services described in the Guidelines for Health Supervision II, published by and obtainable from the American Academy of Pediatrics.

[ARC 6121C, IAB 12/29/21, effective 2/2/22]

191—80.5(505) Benefit plan.

80.5(1) Every group accident and sickness insurance policy, group nonprofit health service plan or prepaid group plan of a health maintenance organization shall provide benefits for well-child care for any child covered by the policy or contract at approximately the following age intervals: birth, 2 weeks, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months or two years, three years, four years, five years and six years.

80.5(2) Minimum benefits may be limited to one visit payable to one provider for all services provided at each visit cited in this rule.

80.5(3) Benefits shall be subject to any policy provisions which apply to other services covered by such policy, except as set forth in 80.5(5).

80.5(4) This rule does not apply to disability income, specified disease, Medicare supplement, hospital indemnity, long-term care or trip/travel policies.

80.5(5) The provisions of this benefit will supersede any deductible requirements.
[ARC 6121C, IAB 12/29/21, effective 2/2/22]

These rules are intended to implement Iowa Code section 505.8.

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