



Clinical Medical Policy

Pediatric Developmental Screening and Autism Screening

Benefit Coverage:

The EPSDT guidelines mandate that developmental screening should be done at ages 9 months, 18 months, and 30 months, and that autism screening should be done at ages 18 months and 24 months. Consequently, Neighborhood will accept billing for "Developmental testing: limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report", CPT Code 96110, 5 times before age 3 years without authorization.

Description:

Neighborhood has developed this Clinical Medical Policy for screening for pediatric development and autism to harmonize with the 2008 EPSDT guidelines. It is important to recognize that this policy is for screening but not for intensive developmental or neurodevelopmental evaluation. It is also important to recognize that this level of "screening" requires standardized established testing (such as the Ages and Stages evaluation) and entails more than the developmental survey that has traditionally been done by pediatric providers in which a few questions are asked about the child's physical, social, and intellectual development.

Coverage Determination:

Neighborhood will accept the CPT code 96110 five (5) times from Pediatricians and Family Practice practitioners, for members up to age 3 years, without authorization.

When additional testing for specific concerns is indicated, an authorization will be required.

- If the additional screening is for a 96110 level of test, the authorization may be done retroactively, and there is no specific diagnosis required. (Screening is often done to rule out a problem, which it does, but "rule-out" diagnoses are not allowed.) This will allow the 96110 level of screening to be done at the time of the visit.
- This additional screening, whether done when the child is older or younger than 3 years, also requires a standardized screening test that is documented in the visit note.
- If more intensive developmental or autism evaluation with or without a referral is required, then current Neighborhood pre-authorization requirements apply. (Refer to Provider Manual.) Other CPT codes would be used for billing.

Beyond age 3 years, authorization is always required for Pediatricians and Family Practice practitioners in order to bill with CPT code 96110.

Criteria:

When additional screening (> 5 visits utilizing the code 96110) is required for children under age 3 years old, or when screening is performed on members who are > 3 years old,



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documentation from practitioner office visits must be submitted. This documentation must include:

- the screening tests already completed, and
- rationale for additional testing

The following is a list of acceptable Developmental Screening Tools – submitted clinical notes from the practitioner’s visits should include one or more of these tools:

General Developmental Screening Tool - Ages and Stages Questionnaires (ASQ)

Battelle Developmental Inventory Screening

Bayley Infant Neurodevelopmental Screen (BINS)

Brigance Screens-II

Child Development Inventory (CDI)

Child Development Review – Parent Questionnaire (CDR-PQ)

Denver-II Developmental Screening Test

Infant Development Inventory

Parent’s Evaluation of Developmental Status (PEDS)

Language and Cognitive Screening Tools – Capute Scales (also known as Cognitive Adaptive Test/Clinical Linguistic Auditory Milestone Scale (CAT/CLAMS)

Communication and Symbolic Behavior Scales – Developmental Profile (CSBS-DP), Infant Toddler

Checklist

Early Language Milestone Scale (ELM Scale-2)

Motor screening tools – Early Motor Pattern Profile (EMPP)

Autism screening tools – checklist for Autism in Toddlers (CHAT)

Modified Checklist for Autism in Toddlers (M-CHAT)

Pervasive Developmental Disorders – Screening Test -II (PDDST-II) Stage 1-Primary Care Screener

Pervasive Developmental Disorders – Screening Test -II (PDDST-II) Stage 2-Developmental Clinic Screener

Screening Tool for Autism in Two-Year Olds (STAT)

Social Communication questionnaire (SCQ), (formerly Autism Screening Questionnaire-ASQ)

Covered Procedures:

The pertinent code for this screening is as follows:

96110--This is the appropriate code for screening processes related to pediatric development and autism screening in conjunction with a standardized screening form (as referenced above)



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Exclusions:

CMP Number: CMP-034.00

CMP Cross Reference: CMP 029 Outpatient Rehab Therapies (PT/OT) for Members with Special Needs
CMP 030 Outpatient Speech Therapy for Members with Special Needs

References:

American Academy of Pediatrics – Developmental Screening/Testing coding Fact Sheet for Primary Care Pediatricians, 1/20/05

Rhode Island EPSDT Periodicity Schedule, RI Department of Human Services Center for Child/Family Health, June 2008.

“Identifying Infants and Young Children with Developmental disorders in the Medical Home;” Pediatrics 2006;118;405-420.

<http://www.pediatrics.org/cgi/content/full/118/1/405>

Created: 8/29/08

Annual Review Month:

Review Dates: 12/30/09, 12/29/10

Revision Dates:

CMC Review Dates: 9/9/08, 1/12/10, 1/11/11

CMO Approval Dates: 9/9/08, 1/12/10, 2/14/11