

Benefit Coverage

Covered Benefit for lines of business including: Health Benefits Exchange (HBE), Rite Care (MED), Children with Special Needs (CSN), Substitute Care (SUB), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Rhody Health Options (RHO) Unity, Rhody Health Options (MMP) Integrity

Excluded from Coverage: Extended Family Planning (EFP)

The Early Periodic Screening, Diagnosis, and Treatment (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 without modifier 5 times before age 3 years without authorization for general developmental screening, and CPT Code 96110 with modifier “U1” 5 times before age 3 years without authorization for autism screening.

Description

Neighborhood has developed this Clinical Medical Policy for screening for pediatric development and autism to harmonize with the current 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 without modifier five (5) times and CPT Code 96110 with modifier “U1” five (5) times from Pediatricians and Family Practice practitioners, for members up to age three (3) years, without authorization. The screening test must be a written version of a standard screening test (see sample list). Both screenings may be done in the same visit where consistent with EPSDT guidelines.

From age three (3) –twenty-one (21) one (1) screening test of either kind is allowed per year without authorization. The screening test must be a written version of a standard screening test (see sample list). If more than one screening test in a year is desired, authorization is required. 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 three (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.

Criteria

When additional screening (> 5 visits utilizing the code 96110 without modifier or >5 visits utilizing the code 96110 with modifier “U1”) is required for children under age three (3) years old, or when more than one (1) annual screen is performed on members who are > 3 years old, documentation from practitioner office visits must be submitted. This documentation must include:

- The screening tests already completed, and
- Rationale for additional testing

The acceptable Developmental Screening Tools include but are not limited to:

- Survey of Well-being of Young Children (SWYC) – preferred tool of the RI Department of Health
- General Developmental Screening Tool - Ages and Stages Questionnaires (ASQ)
- Battelle Developmental Inventory Screening
- Conners Comprehensive Behavior Rating Scales™
- NICHQ Vanderbilt Assessment Scale™
- 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)
- 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

The acceptable Autism Screening Tools include but are not limited to:

- Checklist for Autism in Toddlers (CHAT)
- Modified Checklist for Autism in Toddlers (M-CHAT)
- Screening Tool for Autism in Two-Year Olds (STAT)
- Social Communication questionnaire (SCQ), (formerly Autism Screening Questionnaire-ASQ)

Covered Procedures

The pertinent codes for these screenings are as follows:

- 96110 without modifier-This is the appropriate code for screening processes related to pediatric general development screening in conjunction with a standardized screening form (as referenced above).

- 96110 with modifier “U1” -This is the appropriate code for screening processes related to autism screening in conjunction with a standardized screening form (as referenced above).

***For More information on Coding please reference the [Authorization Quick Reference Guide](#)**

CMP Number: CMP-034

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, 2010.

Identifying Infants and Young Children with Developmental disorders in the Medical
<http://www.pediatrics.org/cgi/content/full/118/1/405>

Home. Pediatrics 2006; 118; 405-420.

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