



Easy Choice Health Plan

Missouri Care

'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona

OneCare (Care1st Health Plan Arizona, Inc.)

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WellCare (Arizona, Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)

WellCare Prescription Insurance

WellCare Texan Plus (Medicare – Dallas & Houston markets)

Developmental Screening and Testing

Policy Number: HS-316

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**Revised Date(s): 11/3/2016; 9/7/2017;
9/6/2018**

APPLICATION STATEMENT

The application of the Clinical Coverage Guideline is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations and state-specific Medicaid mandates, if any.

DISCLAIMER

The Clinical Coverage Guideline (CCG) is intended to supplement certain standard WellCare benefit plans and aid in administering benefits. Federal and state law, contract language, etc. take precedence over the CCG (e.g., Centers for Medicare and Medicaid Services [CMS] National Coverage Determinations [NCDs], Local Coverage Determinations [LCDs] or other published documents). The terms of a member's particular Benefit Plan, Evidence of Coverage, Certificate of Coverage, etc., may differ significantly from this Coverage Position. For example, a member's benefit plan may contain specific exclusions related to the topic addressed in this CCG. Additionally, CCGs relate exclusively to the administration of health benefit plans and are NOT recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for the treatment and recommendations provided to the member. The application of the CCG is subject to the benefit determinations set forth by the Centers for Medicare and Medicaid Services (CMS) National and Local Coverage Determinations, and any state-specific Medicaid mandates. Links are current at time of approval by the Medical Policy Committee (MPC) and are subject to change. Lines of business are also subject to change without notice and are noted on www.wellcare.com. Guidelines are also available on the site by selecting the Provider tab, then "Tools" and "Clinical Guidelines".

BACKGROUND

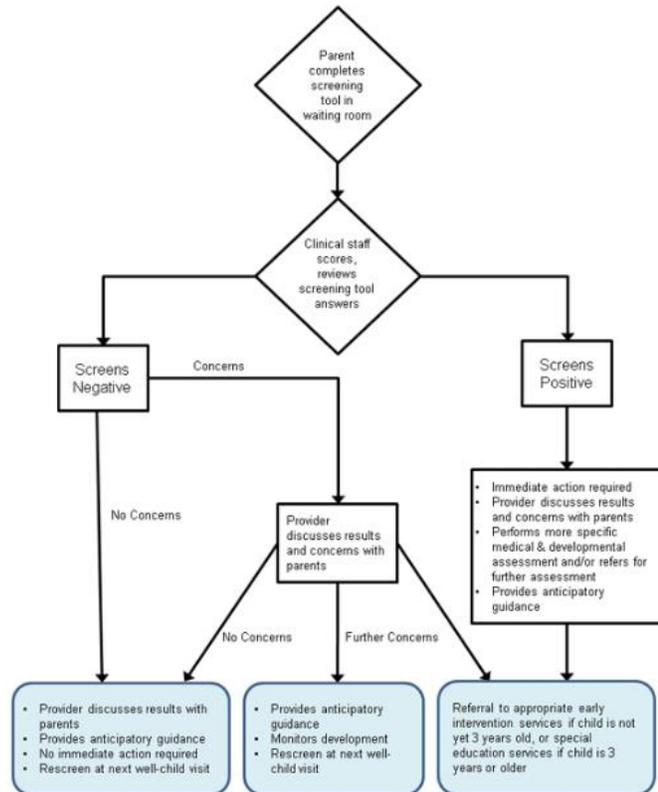
Early identification of developmental disorders is critical to the well-being of children and their families. This is an integral function of the primary care medical home and an appropriate responsibility of all pediatric health care professionals. The algorithm (see below) can serve as a strategy to support health care professionals in developing a pattern and practice for addressing developmental concerns in children from birth through 3 years of age. It is recommended that developmental surveillance be incorporated at every well-child preventive care visit.¹

Any concerns raised during surveillance should be promptly addressed with standardized developmental screening tests. In addition, screening tests should be administered regularly at the 9-, 18-, and 30-month visits. (Because the 30-month visit is not yet a part of the preventive care system and is often not reimbursable by third-party payers at this time, developmental screening can be performed at 24 months of age. In addition, because the frequency of

regular pediatric visits decreases after 24 months of age, a pediatrician who expects that his or her patients will have difficulty attending a 30-month visit should conduct screening during the 24-month visit.)

The early identification of developmental problems should lead to further developmental and medical evaluation, diagnosis, and treatment, including early developmental intervention. Children diagnosed with developmental disorders should be identified as children with special health care needs, and chronic-condition management should be initiated. Identification of a developmental disorder and its underlying etiology may also drive a range of treatment planning, from medical treatment of the child to family planning for his or her parents.¹ Developmental monitoring and screening can be done by a number of professionals in health care, community, and school settings. However, pediatric primary health care providers are in a unique position to promote children's developmental health. Pediatric primary health care providers have regular contact with children before they reach school age and are able to provide family-centered, comprehensive, and coordinated care. This care includes a more detailed medical assessment when a screening indicates a child is at risk for a developmental problem.²

Pediatric Developmental Screening Flowchart



The Centers for Disease Control and Prevention (CDC) developed recommendations based on those published by the American Academy of Pediatrics (AAP) in 2006. Early identification of developmental disorders is critical to the well-being of children and their families. It is an integral function of the medical home approach to providing primary care for children and an appropriate responsibility of all pediatric health care professionals. The AAP defines family-centered medical home as an approach where the pediatric care team works in partnership with a child and a child's family to assure that all of the medical and non-medical needs of the patient are met.²

The AAP recommends that developmental surveillance, which is the process of recognizing children who might be at risk for developmental delays, be incorporated at every well-child preventive care visit. This surveillance should include asking about parents' concerns, obtaining a developmental history, making observations of the child, identifying risk and protective factors, and documenting the findings. Any concerns should be addressed promptly with developmental screening tests (e.g., standardized tools to identify and refine any risk or concern that has been noticed). In addition, all children should be screened using a standardized test during well-child visits at 9, 18, and 24 or 30 months.²

If a potential developmental problem is noted on the screening test, further developmental and medical evaluation needs to follow. The more detailed evaluation will show whether the child has a developmental disorder or delay and needs treatment, including early developmental intervention services. Children diagnosed with developmental disorders are considered to be children with special health care needs, and their care needs to be managed like the care of children with other chronic conditions. Accurately identifying a developmental disorder and understanding its underlying causes is important for treatment planning, from medical treatment and intervention services for the child to genetic counseling for the child's parents.²

The pediatrician has the primary responsibility for the following: ²

- Screen children at designated well-child visit, or if there is a concern.
- Score screening tools (if not automated).
- Evaluate children's developmental status. Identify children with and at risk for developmental problems.
- Provide feedback to parents on the results of the screening.
- Advise parents on their child's development and behavior.
- Initiate appropriate further assessment, referrals/interventions.
- Recognize the manifestations of parenting stress, evaluate the risks involved and determine necessary referrals/interventions.

The following tasks may be carried out by nursing staff: ²

- Establish the developmental screening and referral system within the practice – agree on screening protocol and encourage support from office staff.
- Participate in training on the importance of early childhood development, early intervention, screening tools, appropriate referrals, and billing information.
- Train other staff members (e.g., nurses) in the practice who will be scoring screening tools.

The American Academy of Pediatrics *Recommendations for Preventive Pediatric Health Care* suggests developmental / behavioral assessment at each preventive care visit. Children should be screened for risk of developmental, behavioral and social delays using a standardized screening tool annually until age 3 at the following intervals (based on Children's Health Insurance Program Reauthorization Act [CHIPRA] requirements): one by age 1, one by age 2 and one by age 3.³

POSITION STATEMENT

Applicable To:

- Medicaid
- Medicare

Exclusions

Pediatric developmental delay screening and/or testing is not covered if the below criteria are not met.

Preventative counseling for risk factor reduction for developmental delay and the administration of health risk assessment tools are not considered developmental delay screening or testing, and are not covered.

Coverage

Developmental screening and testing **is considered medically necessary** when the following criteria are met:

- A validated screening tool is utilized; **AND**
- The tool is used in its entirety; using a subset of items is considered invalid; **AND**
- Medical records document the screening tool is scored and a separate identifiable report is prepared; **AND**
- Screening occurs at 6, 12, 18 or 24, 36, 48, and 60 months of age, or if concerns are raised by the parents during routine visits. Screening with the Modified Checklist for Autism in Toddlers (MCHAT) for autism is recommended to take place at 18 and 24 months.

Developmental delay testing for pediatric members is covered if screening demonstrates the possibility of disability and further assessment is required.

Developmental delay testing is an in-depth assessment of a child's skills and should be administered by a highly trained professional, such as a developmental psychologist; developmental pediatrician or pediatric neurologist. Preventative counseling for risk factor reduction and the administration of health risk assessment tools represent other clinical services, and are not considered equivalent to developmental delay screening or testing.

Indications for Testing

Clinical indications for **initial testing** include:

- Member presents with symptoms related to a developmental disorder (e.g., ADHD, an autism spectrum disorder, speech disorders, etc.); **AND**
- Member presents with evidence of delayed developmental milestones; **OR**
- Member presents with evidence of a primary relative with a developmental disorder.

Clinical indications for **repeat testing** include:

- Continuation of previously identified developmental delays as mentioned above.
- A decline in function of a developmental area that previously tested within normal limits.

Currently Recommended Screening Tools (CPT 96110)⁴

The following screening tools are recommended when using CPT 96110:

- Ages and Stages Questionnaire (ASQ): 2 months – 5 years
- Ages and Stages Questionnaire - 3rd Edition (ASQ-3)
- Battelle Developmental Inventory Screening Tool (BDI-ST): Birth – 95 months
- Bayley Infant Neuro-developmental Screen (BINS): 3 months – 2 years
- Brigance Screens-II: Birth – 90 months
- Parents' Evaluation of Developmental Status (PEDS): Birth – 8 years
- Parent's Evaluation of Developmental Status: Developmental Milestones (PEDS-DM)

Currently Recommended Screening Tools (CPT 96111)⁵

The following screening tools are recommended when using CPT 96111:

- Bayley Scales of Infant Development
- Clinical Evaluation of Language Fundamentals (Fourth Edition)
- Woodcock-Johnson Tests of Cognitive Abilities (Third Edition)

CODING

Covered CPT Codes

- 96110** Developmental testing; limited (eg, Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report
- 96111** Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report
- 96127** Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [adhd] scale), with scoring and documentation, per standardized instrument

NOTE: If an E/M code is reported with 96110 or 96111, modifier –25 (significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service) should be appended to the E/M code or modifier –59 (distinct procedural service) should be appended to the developmental testing code, showing that the services were separate and necessary at the same visit.

Covered HCPCS Code

- G0451** Development testing, with interpretation and report, per standardized instrument form

Covered ICD-10-CM Codes – This list may not be all-inclusive

- F80.0 – F80.9** Specific developmental disorders of speech and language
- F81.0 – F81.9** Specific developmental disorders of scholastic skills
- F81.89** Other developmental disorders of scholastic skills
- F81.9** Developmental disorder of scholastic skills, unspecified
- F82** Specific developmental disorder of motor function

- F84.9** Pervasive developmental disorder, unspecified
- F88** Other disorders of psychological development
- F89** Unspecified disorder of psychological development
- F90.0 – F90.9** Attention-deficit hyperactivity disorders
- R48.0** Dyslexia and alexia
- R62.50** Unspecified lack of expected normal physiological development in childhood
- R62.59** Other lack of expected normal physiological development in childhood
- Z13.4** Encounter for screening for certain developmental disorders in childhood
- Z81.0** Family history of intellectual disabilities

NOTE: CPT 96110 should be used for developmental screening instruments of a limited nature; CPT 96111 is used for extended screenings. CPT codes 96110 and 96111 cannot be billed for the same date of service.⁵

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

REFERENCES

1. Council on Children With Disabilities (Section on Developmental Behavioral Pediatrics), Bright Futures Steering Committee, Medical Home Initiatives for Children With Special Needs Project Advisory Committee. Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening. *Pediatrics*. 2006;118(1): 405 -420.
<http://pediatrics.aappublications.org/content/118/1/405.full>
2. Developmental monitoring and screening for health professionals. Centers for Disease Control and Prevention Web site. <http://www.cdc.gov/ncbddd/childdevelopment/screening-hcp.html>. Published August 24, 2015. Accessed September 5, 2018.
3. American Academy of Pediatrics Web site. Bright Futures / American Academy of Pediatrics recommendations for preventive pediatric health care. https://www.aap.org/en-us/professional-resources/practice-support/periodicity/periodicity%20schedule_FINAL.pdf. Published 2014. Accessed September 5, 2018.
4. Developmental screenings. Meridian Health Plan Web site. <http://www.mhplan.com/content/pdf/il/providers/health/DevelopmentalScreenings.pdf>. Accessed September 5, 2018.
5. American Academy of Pediatrics developmental screening / testing coding fact sheet for primary care pediatricians. Centers for Disease Control and Prevention Web site. <http://www.cdc.gov/ncbddd/autism/documents/aap-coding-fact-sheet-for-primary-care.pdf>. Published January 20, 2005. Accessed September 5, 2018.

MEDICAL POLICY COMMITTEE HISTORY AND REVISIONS

Date	Action
9/6/2018, 9/7/2017, 11/3/2016 12/3/2015	<ul style="list-style-type: none"> • Approved by MPC. No changes. • Approved by MPC. New.