

## Developmental Screening and Testing Guidelines

**Policy** REIMB-013

**Origination Date:** 08/03/2023

**Reviewed/Revised Date:** 08/03/2023

**Next Review Date:** 08/03/2024

**Current Effective Date:** 10/03/2023

### Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. **This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.**

### Description:

Comprehensive preventive medicine services are intended to identify conditions prior to them becoming a significant concern. These evaluations in children, up to age 5, include an age and gender appropriate history and examination, counseling, anticipatory guidance, risk factor reduction interventions, screenings for growth and development milestones and developmental surveillance. These preventive services are billed using CPT® (Current Procedure Terminology) Evaluation/Management (E/M) codes 99381/99382 for new patients and 99391/99392 for established patients.

As noted, developmental screening is an established part of these preventive evaluations. It determines whether a child requires additional work up for a developmental disorder and is used at periodic intervals from infancy to early childhood. Developmental screening can be performed separately from an E/M visit also, but is typically included as part of the preventive evaluation/well child check.

### Policy Statement and Criteria

#### 1. Commercial Plans

**U of U Health Plans reimburses CPT code 96110 for developmental screening in the following circumstances:**

### **Reimbursement Criteria**

- A. Child is under 5 years of age;
- B. Code has not been previously billed by this or any other provider within the previous 12 months;
- C. An evaluation and management visit is not billed on the same date of service.

**U of U Health Plans considers preventative counseling for risk factor reduction for developmental delay and/or the administration of health risk assessment tools included in the preventive medicine services E/M codes, as per the AMA-CPT coding guidelines and therefore, they are not separately reimbursable.**

## **2. Medicaid Plans**

**Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at: <https://medicaid.utah.gov/utah-medicaid-official-publications/> or the [Utah Medicaid code Look-Up tool](#)**

**CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.**

## **Clinical Rationale**

When reporting the developmental screening CPT code 96110 with a preventive medicine service E/M code, the AMA-CPT book states that "it is expected that the administration of these tests will generate material that will be formulated into a report." Because a physician obtains developmental information as an intrinsic part of a preventive medicine service for an infant or child and sometimes this information is obtained in the form of a questionnaire completed by the parents, it is expected that this code will be reported in addition to the preventive medicine visit, only if the screening meets the code description. Physicians should report the specific CPT code, for developmental screening or other similar screening or testing, separate and distinct from the preventive medicine service only when the testing or screening results in an interpretation and report by the physician and is entered into the medical record.

## **Applicable Coding**

### **CPT Codes**

**96110**      Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument

### **HCPCS Codes**

No applicable codes

## References:

1. American Academy of Pediatrics (AAP). (2006). "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. Available at: <https://doi.org/10.1542/peds.2006-1231>
2. American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
3. Center for Disease Control and Prevention (CDC). Child Development/Developmental Monitoring and Screening. <http://www.cdc.gov/ncbddd/childdevelopment/screening.html>
4. Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
5. Johnson CP, Myers SM, et al. American Academy of Pediatrics (AAP). "Identification, Evaluation, and Management of Children with Autism Spectrum Disorders". *Pediatrics*. 2007;120(5):1183–1215. Available at: <https://publications.aap.org/pediatrics/article/120/5/1183/71081/Identification-and-Evaluation-of-Children-With>
6. Limbos, M. M. and D. P. Joyce (2011). "Comparison of the ASQ and PEDS in screening for developmental delay in children presenting for primary care." *J Dev Behav Pediatr* 32(7): 499-511.
7. Optum® (2023) "EndoderPro.com for Payers Professional".
8. Pelletier H, Abrams M. (2002) "The North Carolina ABCD Project: A New Approach for Providing Developmental Services in Primary Care Practice". July 2002. Available at: <https://www.commonwealthfund.org>
9. Rydz D, Srour M, Oskoui, M, et al. (2006) "Screening for Developmental Delay in the Setting of a Community Pediatric Clinic: A Prospective Assessment of Parent-Report Questionnaires". *Pediatrics* Vol. 118 No. 4 October 1, 2006.

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The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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