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Introduction
The purpose of this document is to provide Coordinate Care Organizations (CCOs), Oregon clinics and administrative staff with guidance on developmental screening in young children 0-36 months, including coding and billing information and details on the CCO Incentive Measure specifications for the first measurement year (CY 2013). This document will be updated as appropriate to reflect the ongoing changes in policy and regulation.

Background
Developmental screening is the administration of a brief, validated, and standardized tool that aids the identification of children at risk for a developmental, behavioral or social delay. Developmental screening is an explicit part of the Bright Futures recommendations\(^1\) and is seen as a critical element of well-child care. Developmental screening should occur at standardized intervals following the Bright Futures Periodicity Schedule and as otherwise clinically indicated.

Developmental screening is an important opportunity to engage families in the process of developmental promotion and should be used in addition to longitudinal and continuous developmental surveillance by knowledgeable health care professionals. Developmental screening does not result in a diagnosis or specific course of treatment, but can identify a delay in development that should be targeted. Providers who do not use standardized, validated screening tools do not reliably identify children at risk for delays. Developmental screening significantly increases the accuracy of assessing children’s developmental status as compared to clinical impressions or informal check lists alone\(^2\).

Overview of Developmental Screening in Oregon
The policies herein reflect the Bright Futures Recommendations for Preventive Pediatric Health Care. The Oregon Health Services Commission (HSC) adopted Bright Futures as part of the Prevention Tables in the Prioritized List of Health Services and the Oregon Health Authority has adopted this schedule for its periodicity schedule, complying with Early Periodic Screening Diagnosis and Treatment (EPDST) requirements.

The Patient Protection and Affordable Care Act (Public Law 111-148) and the Health Care and Education Reconciliation Act (Public Law 111-152) require that insurers provide the services at the intervals listed in the Bright Futures Periodicity Schedule with no cost sharing.

\(^1\) Bright Futures Recommendations for Preventive Pediatric Health Care: [http://brightfutures.aap.org/pdfs/Guidelines_PDF/20-Appendices_PeriodicitySchedule.pdf](http://brightfutures.aap.org/pdfs/Guidelines_PDF/20-Appendices_PeriodicitySchedule.pdf)

\(^2\) Identifying Infants and Young Children with Developmental Disorders in the medical Home: An Algorithm for Developmental Surveillance and Screening, AAP Policy Statement, July 2006. [http://pediatrics.aappublications.org/content/118/1/405.full.pdf](http://pediatrics.aappublications.org/content/118/1/405.full.pdf)
Early Learning
Oregon is currently undergoing simultaneous health and early learning/education system transformation. Developmental screening is included in the scope of work for many early learning professionals (e.g. home visitors, Head Start providers, and child care providers). Oregon is working towards standardized and well-coordinated screening practices across health and early learning, currently led by the Joint Early Learning Council (ELC) and Oregon Health Policy Board (OHPB) Subcommittee. Opportunities for online screening, information exchange across providers, and consistent screening practices are being considered. This document will be updated as new policies that span these systems are put in place.

Clinical Definitions
This section provides an overview of the key clinical definitions integral to the early identification of developmental delay or disorders in young children. As stated by the American Academy of Pediatrics (AAP; where indicated):

**Developmental surveillance** is a flexible, longitudinal, continuous, and cumulative process whereby knowledgeable health care professionals identify children who may have developmental problems. Surveillance can be useful for determining appropriate referrals, providing patient education and family-centered care in support of healthy development, and monitoring the effects of developmental health promotion through early intervention and therapy. (p. 407)

**Developmental screening** is the administration of a brief, standardized and validated tool that aids the identification of children at risk for developmental, behavioral or social delays. (p. 414)

**Developmental evaluation** is a complex process aimed at identifying specific developmental disorders that are affecting a child. (p. 406)

**Developmental delay** is a condition in which a child is not developing and/or achieving skills according to the expected time frame. (p. 406)

**Developmental disorder or disability** refers to a childhood mental or physical impairment or combination of mental and physical impairments that result in substantial functional limitations in major life activities. (p. 406)

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3 Identifying Infants and Young Children with Developmental Disorders in the medical Home: An Algorithm for Developmental Surveillance and Screening, AAP Policy Statement, July 2006. [http://pediatrics.aappublications.org/content/118/1/405.full.pdf](http://pediatrics.aappublications.org/content/118/1/405.full.pdf)
General development screening tools are broad screening tools that address developmental domains including fine and gross motor skills, language and communication, problem solving/adaptive behavior, and personal-social skills. (p. 416)

Specific screening tools such as the Ages and Stages Questionnaire plus Social-Emotional (ASQ-SE) and Modified Checklist for Autism in Toddlers (M-CHAT) are tools recommended for identifying special concerns and are NOT to be considered for general development.

Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents is a compilation of well-child care guidelines produced in collaboration by the AAP, Health Resources and Services Administration (HRSA), Maternal, Child and Health Bureau (MCHB) and other child health experts.

Billing for Developmental Screening in Young Children
The Oregon Health Plan (OHP) reimburses CPT code 96110 for physicians, nurse practitioners (NPs) or physician assistants (PAs). The reimbursement for the code is based on the provider’s time reviewing the results and interpreting the findings with the family; it requires documentation that the screen was completed, the tool used, results and the actions taken.

Developmental screening can be billed as a separate service in addition to other CPT codes, such as evaluation and management (E&M) codes or preventive visit codes, on the Prevention Services line of the Prioritized List of Health Services⁴. When adding the 96110 screening code to an evaluation and management visit, the American Medical Association CPT (Current Procedural Terminology) codes guide providers to append the modifier “-25” to the E/M code.

It is acceptable to bill 96110 for every recommended and validated screening tool used during a visit. Up to two standardized screens per patient on the same date of service can be reimbursed by Oregon Medicaid, effective October 1, 2012. For example, a provider may bill for both a general development screening as well as a specific screen (e.g. M-CHAT) in accordance with the Bright Futures Periodicity Schedule. While it is recommended to refer for developmental and/or medical evaluations should a screening result be concerning, a referral is not necessary to appropriately bill for 96110.

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Developmental Screening Tools

The Health Services Commission’s (HSC) Prioritized List of Health Services Guidelines requires that developmental screening tools be standardized, validated, and reliable. It can be difficult to determine if a tool meets this requirement.

OHA recommends one the following tools that have demonstrated these requisite characteristics in addition to feasibility of use in the primary care setting:

- Ages and Stages Questionnaire (ASQ), or
- Parents Evaluation of Developmental Status (PEDS), with or without the Developmental Milestones (DM).

Oregon’s Early Learning Council has specifically adopted the ASQ tool for general development screening done by early learning and development providers (ELDPs). Parents can complete a free, online ASQ questionnaire and receive email receipt of results from ASQ Oregon.

The ASQ-SE and M-CHAT are specific screens and should NOT be considered for general development screening.

Other Considerations

Most screening tools are validated using parent completion and may be scored by non-healthcare professionals. In order to bill for 96110, as per above, the results must be reviewed and interpreted by the provider (physician, NP or PA), discussed with the family, and the patient record must document the screening tool, results and actions taken.

Another healthcare provider (e.g. public health nurse) or early learning and development provider (ELDP, e.g. Head Start provider) may initiate a developmental screen with a family. As long as the screening tool and full set of answers are shared with the primary care provider who completes the required steps of interpretation, documentation and discussion with the family, the provider (physician, NP or PA) can appropriately bill a 96110 code.

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7 ASQ Oregon: [http://www.asqoregon.com](http://www.asqoregon.com)
**CCO Incentive Measure**

The CCO incentive measure “Developmental Screening in the First Three Years of Life” is complimentary to the recommended periodicity for general developmental screening in children as indicated in Bright Futures and the Prevention Tables of the Prioritized List of Health Services for the Oregon Health Plan. This measure is also included as one of the Initial Core Measures of the Children’s Health Insurance Program Reauthorization Act (CHIPRA) and is endorsed by the National Quality Forum (NQF).

For this incentive measure, a claim for **CPT Code 96110** (as identified in MMIS/DSSURS data sources) is used to identify whether a developmental screening occurred for a child in the preceding measurement year. In order to “count” towards the CCO incentive measure, a provider (physician, NP or PA) within the CCO provider network must review the results of a standardized, validated general development screening tool (e.g. ASQ or PEDs) in the context of a clinic visit, interpret the findings with the family, and include the appropriate documentation in the chart (the tool used, results and the actions taken).

**Resources**

OHA-recommended resources are listed below. Additional resources are available through the Patient Centered Primary Care Home Institute (PCPCI) and through the CCO Learning Collaboratives.

**Guidelines and Periodicity Schedule**

- OHP Prioritized List of Health Services, Prevention Tables and Guidelines:

- OHP Tools for Providers:

- Bright Futures Periodicity Schedule:

**Screening Algorithm, Sample Workflow and Referral**

- AAP Policy Statement including Algorithm for Developmental Surveillance and Screening: Identifying Infants and Young Children with Developmental Disorders in the medical Home: An Algorithm for Developmental Surveillance and Screening, AAP Policy Statement, July 2006. [http://aappolicy.aappublications.org./cgi/content/full/pediatrics;118//405](http://aappolicy.aappublications.org./cgi/content/full/pediatrics;118//405)

- Early Intervention (EI)/Early Childhood Special Education (ECSE), Oregon Department of Education: [http://www.ode.state.or.us/search/results/?id=252](http://www.ode.state.or.us/search/results/?id=252)

Assuring Better Child Development (ABCD) Resource Center, including clinic and referral tools: [http://www.nashp.org/abcd-welcome](http://www.nashp.org/abcd-welcome)

**Workforce Training, Performance Improvement and Learning Collaborative Support**

- Oregon Pediatric Improvement Partnership: [http://www.oregon-pip.org/resources](http://www.oregon-pip.org/resources)
- Screening Tools and Referral Training (START) for primary care providers, Oregon Pediatric Society: [http://oregonpediatricsociety.org/events/start](http://oregonpediatricsociety.org/events/start)

**For More Information**

For questions related to the CCO incentive measure, please contact:
Sarah Bartelmann at Sarah.E.Bartelmann@state.or.us

For questions related to the Joint Oregon Health Policy and Early Learning Committee, please contact:
Dana Hargunani at dana.hargunani@state.or.us

For questions related to Medicaid billing, please contact:
Provider Services at 1.800.336.6019
Appendix A: Frequently Asked Questions

**Who is supposed to complete ("fill out") a developmental screen?**
Most recommended, standardized and validated screening tools are intended for completion by parents, such as the ASQ and PEDs. For example, the developers of the ASQ tool recommend that the screening tool be completed by the parent(s) alone or jointly with a child care provider who knows the child well.

**Who can be reimbursed for the CPT code 96110?**
The Oregon Health Plan only reimburses physicians, nurse practitioners, or physician assistants for CPT code 96110. Other early childhood service providers, public health nurses or community mental health providers cannot bill for this service.

**Will OHA expand the CCO incentive metric to include CPT code 96111?**
OHA is not planning to expand the codes included in the measure at this time. OHA encourages CCOs to work with providers to document and bill for screening services using CPT code 96110.

**Are there separate codes or ways to track the follow-up and referral processes after a developmental screen has been conducted?**
Follow-up actions should be documented in the patient record for the primary care provider to correctly use CPT code 96110. There are not separate codes associated with referral, referral follow-up or connection and engagement with parents and other service providers.

**What is required in order to receive reimbursement for CPT code 96110?**
Reimbursement for the code is based on the provider’s time reviewing the results of the screening tool and interpreting the findings with the family in the context of a clinic visit. It requires documentation that the screen was completed, the full results (at minimum, this should include results for each developmental domain or ASQ Score Sheet, for example) as well as actions taken. As long as the provider completes the required steps of interpretation, documentation, and discussion with the family, the provider can appropriately bill a 96110 code.

**If a parent or early childhood provider completes the developmental screening tool, does the primary care practitioner need a physical or electronic copy of the completed tool?**
Yes, the primary care provider needs to have a physical or electronic copy of the full, completed screening tool to review the results. It would not be allowable for a PCP to code for developmental screening if they only received a note from an external provider indicating that the screen showed developmental concerns.
Can 96110 be billed if part of the screening service is conducted by an early learning and development provider (ELDP), such as a home visitor or Head Start provider?

Developmental screening is included in the scope of work for many early learning professionals, and the ASQ has been adopted for statewide use by the Early Learning Council. However, the Oregon Health Plan only reimburses physicians, nurse practitioners, or physician assistants for CPT code 96110.

Another healthcare provider (e.g. public health nurse) or early learning and development provider (ELDP, e.g. Head Start provider) may initiate a developmental screen with a family. As long as the screening tool and full set of answers are shared with the primary care provider who completes the required steps of interpretation, documentation and discussion with the family, the provider (physician, NP or PA) can appropriately bill a 96110 code. Of note, there needs to be an acceptable timeframe between when the screening was completed by the parent and when the provider completes their steps. This timeframe has not yet been established in policy, and providers should refer to the ASQ user manual.

Nurse home visiting programs conduct developmental screenings and use special codes that get sent to MMIS. Are these included in the CCO incentive metric?

No. See above for details on coordination between other healthcare providers and primary care providers.

What screening tools can be used for billing purposes and/or for the CCO incentive metric?

The Health Services Commission’s (HSC) Prioritized List of Health Services Guidelines requires that developmental screening tools be standardized, validated, and reliable. We recommend one the following tools that have demonstrated these requisite characteristics in addition to feasibility for use in the primary care setting:

- Ages and Stages Questionnaire (ASQ), or
- Parents Evaluation of Developmental Status (Peds), with or without the Developmental Milestones (DM)

Can the ASQ-SE or M-CHAT tools be used for general developmental screening?

No. These tools are recommended for identifying special concerns and are NOT to be considered for general development.

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What is required to meet the CCO Incentive Measure “Developmental Screening in the First Three Years of Life”?
For this incentive measure, a claim for CPT Code 96110 (as identified in MMIS/DSSURS data sources) is used to identify whether a developmental screening occurred for a child in the preceding measurement year. In order to “count” towards the CCO incentive measure, a provider (physician, NP or PA) within the CCO provider network must review the results of a standardized, validated general development screening tool (e.g. ASQ or PEDs) in the context of a clinic visit, interpret the findings with the family, and include the appropriate documentation in the chart (the tool used, full set of results and the actions taken).

Is there any flexibility in the timeframes required in the CCO incentive metric specifications? For example, if a child is screened two weeks after their first birthday and they turn 1 during the measurement year, is their screening included in the numerator?
If the child turned 1 in the measurement year and the developmental screening process occurred during the measurement year, it would be included in the numerator. If the child turned 1 in the measurement year and there was not a developmental screening, it would not be included in the numerator. The screening does not have to happen on the child’s birthday to count towards the incentive metric.

Can a CCO and/or PCP pay an early childhood service provider (through contracting, incentives, reimbursement or other payment approaches) to complete any of the developmental screening steps?
Yes, establishing relationships with early childhood service providers, public health nurses, and other service providers that might also provide developmental screening is at the CCO’s discretion. However, CCOs must still ensure that developmental screening tools that are completed with early childhood and other service providers are still shared with providers in the CCO’s network (physician, NP, or PA) for review, interpretation, and discussion before billing CPT 99610 and inclusion in the incentive metric.

Where should I refer a child if a risk for developmental delay is identified during screening?
If a developmental screen indicates the possibility of a developmental, social or behavioral delay, it is recommended that the child be referred for further evaluation. This referral can be directed to a medical or developmental provider with appropriate expertise, and/or to a local Early Intervention/Early Childhood Special Education (EI/ECSE) program. A uniform EI/ECSE referral form for health care providers is available online10.

10 Uniform Oregon Referral Form for Early Intervention and Early Childhood Special Education: http://public.health.oregon.gov/HealthyPeopleFamilies/Babies/HealthScreening/ABCD/Documents/EI-ECSEreferral.pdf
What is being done to coordinate developmental screening that occurs in both healthcare and early learning environments?

Oregon is undergoing simultaneous health and early learning system transformation. Developmental screening is included in the scope of work for many early learning professionals (e.g., home visitors, Head Start providers, and child care providers). Oregon is working towards standardized and well-coordinated screening practices across health and early learning, currently led by the Joint Early Learning Council (ELC) and Oregon Health Policy Board (OHPB) Subcommittee. Examples of approaches for a coordinated system of screening that are being discussed include: uniform screening policies including workforce training and tools, information sharing through a secure information exchange system, and common measures for care coordination, referral and follow-up, among others. This document will be updated as new policies are adopted.