Developmental Screening for Young Children Guidance Document

Oregon Health Plan

Version 4, revised November 2015

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Introduction

The purpose of this document is to provide Coordinated 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. This document has been updated to reflect changes for the third and fourth measurement years, CY 2015 and 2016. 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 risk for delay in development that should be further evaluated. 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.

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[1] Bright Futures Recommendations for Preventive Pediatric Health Care:
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

Early Learning

Oregon is currently undergoing simultaneous health and early learning/education system transformation. Sixteen regional Early Learning Hubs now coordinate the delivery of early learning services in Oregon. 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) and has been designed as a success metric for the Early Learning Hubs.[3]

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. To advance these goals, the Child and Family Well-being Measures Workgroup, appointed by the Joint Subcommittee in 2015, identified developmental screening in their recommended measures library as an important indicator of child and family well-being.[4]

Opportunities for online screening, information exchange across providers, and consistent screening practices are in the exploratory phases. See Appendix B for several case studies on early CCO / Hub coordination.

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[5] (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)

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[3] https://earlylearningcouncil.files.wordpress.com/2015/02/early-learning-hub-report-to-legislature-february-4-2015.pdf

[4] Child & Family Well-Being Measures Workgroup Final Report and Recommendations, September 11, 2015. www.oregon.gov/oha/analytics/CFWBMeetingsDocs/CFWB%20Measures%20Workgroup%20Final%20Report%20%20pdf%209-11-15.pdf

[5] 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

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)

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. Conducting the screening, alone, is not sufficient to bill for the service. Billing requires documentation that the completed screen was reviewed, the tool used, documentation of results, interpretation of results, discussion with the family, 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 Services[6]. 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.

[6] Oregon's Prioritized List of Health Services: http://www.oregon.gov/oha/healthplan/pages/priorlist/main.aspx

A second modifier "-33" can also be added to indicate that developmental screening is a Bright Futures recommended aspect of care. This modifier can help shield costs from being passed on to patients.[7]

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.

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 and is in alignment with the criterion specified in the CHIPRA core measure specifications related to domains of development assessed, reliability, and validity:

- Ages and Stages Questionnaires, Third Edition (ASQ-3)[8], or
- Parents Evaluation of Developmental Status (PEDS)[9], 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-3 questionnaire and receive email receipt of results from ASQ Oregon[10].

[7] Oregon Pediatric Improvement Partnership Coaching Strategies for 96110: http://oregon-pip.org/resources/track_qi.html

[8] Ages and Stages Questionnaires, Brookes Publishing Co.: http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/

[9] Parents Evaluation of Developmental Status: http://www.pedstest.com/default.aspx

[10] ASQ Oregon: http://www.asqoregon.com

Table of developmental screening tools

Tool	Preferred	Accepted	Not Accepted	Not Appropriate for General Screening
Ages and Stages Questionnaires, Third Edition (ASQ-3)	X	X		
Parents Evaluation of Developmental Status (PEDS)		X		
ASQ-SE			X	X
M-CHAT			X	X
Battelle Developmental Inventory Scoring Tool (BDI-ST)		X		
Bayley Infant Neuro Developmental Screening (BINS)		X		
Brigance Screens –II		X		
Child Developmental Inventory (CDI)		X		
Infant Development Inventory		X		
Developmental surveillance milestones within Bright Futures and the Bright Futures Implementation Guide Pre-Visit Forms			X	

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.

While screenings can be completed and scored in advance of provider review and interpretation, according to the ASQ developers and pediatric experts, developmental screening results should be reviewed with the family within one month of completion of the screen to be considered valid or current. This timeframe does not vary by age.

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 currently 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).

Developmental screenings completed without provider review and interpretation, and for which the provider did not communicate with the parent about the score, are not valid for inclusion in the measure; additionally, developmental screenings occurring in community or early learning settings that are not part of a CCO's provider network and not encountered are not valid for inclusion in the measure.

Measures specifications are available online at: www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx.

Resources

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

Guidelines and Periodicity Schedule

- OHP Prioritized List of Health Services, Prevention Tables and Guidelines: http://cms.oregon.gov/oha/ohpr/pages/herc/current-prioritized-list.aspx

- OHP Tools for Providers: www.oregon.gov/oha/healthplan/Pages/providers.aspx

- Bright Futures Periodicity Schedule: http://brightfutures.aap.org/pdfs/Guidelines_PDF/20-Appendices_PeriodicitySchedule.pdf

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://pediatrics.aappublications.org/content/118/1/405.full

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

- 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

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

Workforce Training, Performance Improvement and Learning Collaborative Support

- Oregon Pediatric Improvement Partnership: http://oregon-pip.org/resources/track_qi.html and http://oregon-pip.org/focus/EC_development

- Screening Tools and Referral Training (START) for primary care providers, Oregon Pediatric Society: http://oregonstart.org/

For More Information

For general questions about developmental screening, please contact: Child.Development@dhsoha.or.us

For questions related to the CCO incentive measure, please contact: Metrics.Questions@state.or.us

For questions related to the Joint Oregon Health Policy and Early Learning Council Subcommittee, please contact: Steph Jarem at Stephanie.Jarem@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, nurses or community mental health providers cannot bill for this service. Nurse practitioners working in a public health department that is part of a CCOs contracted network for Medicaid would be allowed to bill and be reimbursed for this procedure if the requisite steps are taken.

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, the provider must complete their steps within one month of the screening being completed by another health care provider or parent for the results to be considered valid.

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 Questionnaires, Third Edition (ASQ-3)[11], or
- Parents Evaluation of Developmental Status (PEDS)[12], with or without the Developmental Milestones (DM)

Additional standardized, validated and reliable screening tools that can be used are listed above.

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

[11] Ages and Stages Questionnaires, Brookes Publishing Co.: http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/

[12]Parents Evaluation of Developmental Status: http://www.pedstest.com/default.aspx

No. These tools are recommended for identifying special concerns (e.g., socioeconomic development or autism), rather than a full, general assessment of developmental delay. They are NOT to be considered for general development.

Is the Denver II Developmental Screening Test an appropriate tool to use for the measure?
The Denver II Developmental Screening Test is not recommended for use as a general developmental screening tool and would not fulfill the requirements for the CCO incentive measure. To meet the CCO incentive measure, a screening tool should have strong psychometric properties, including sensitivity and specificity in the 70-80 percent range.

Screening tools that fit these criteria include the Ages and Stages Questionnaire – Third Edition (ASQ-3) and the Parent's Evaluation of Developmental Status (PDES) tools. See table above. The Denver II Developmental Screening Test, in contrast, has low-moderate sensitivity and specificity, making it a less desirable screening tool that can result in both false-negative and false-positive results.

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-3 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 prior to their birthday, it would be included in the numerator. If the child turned 1 in the measurement year and there was not a developmental screening prior to their birthday, it would not be included in the numerator.

If a child is screened two weeks after their first birthday and they turn 1 during the measurement year, that screening does not count toward the measure in that measurement year, but would count towards the numerator for the following measurement year, as it would be a screening in the 12 months prior to their second birthday.

The provider should ensure that the appropriate tool is used in relationship to the child's age (e.g., the ASQ has specific surveys based on the age (in months) of the child).

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 universal EI/ECSE referral form for health care providers is available online[13].

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). Developmental screening before the age of three has been adopted as a success metric for Oregon's 16 Early Learning Hubs. The Hubs must approach this activity through system building activities and/or service delivery activities in partnership with the CCO(s) within their coverage area. See Appendix B for several early case studies.

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 developed, including: 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.

[13] 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

Appendix B: Case Studies

Eastern Oregon CCO

Eastern Oregon CCO (EOCCO) is working with Early Learning Hub (ELH) boards throughout the 12 counties in Eastern Oregon to increase developmental screening rates in primary care settings. Several examples of these local collaborations include:

- Collaboration between the Sherman county early learning intervention specialist and EOCCO representatives to distribute Ages & Stages resources to local clinic providers. The early learning intervention specialist offered continuing training and support to the clinic staff to integrate ASQ into the clinic workflow.

- The Grant Local Community Advisory Council (LCAC) partnered with early learning, early intervention, local pre-school providers, Grant county public health, Strawberry Wilderness Community Clinic, and public schools to conduct an annual Community Developmental Screening Week.

  Developmental Screening week is promoted via media advertisements and flyers to encourage partners throughout the county to conduct the ASQ with their children, with the assistance of early learning providers.

  Participating families receive local gift card incentives to participate, at both the point of screening (incentive provided by early learning hub) and again at the appointment or well-child visit to review the screening results with their primary care provider (incentive provided by the LCAC).

  The LCAC also provided funds to cover the cost of mailing screening results from parents to the primary care provider. Due to ongoing LCAC support and activity, Grant county developmental screening rates have increased from 5.2 percent in 2014 to 32 percent currently (2015 year to date).

For more information, please contact Linda Watson at linda.watson@gobhi.net.

Willamette Valley Community Health

Willamette Valley Community Health (WVCH) is partnering with their local early learning hub, Marion & Polk Early Learning Hub, Inc. (ELH) to devise a system that enables early learning providers to share developmental screens with the medical system.

The project has engaged the 10 largest early learning providers in the WVCH service area to provide them with HIPAA training and grant them with limited access to WVCH's medical management software system for the purpose of uploading developmental screens. Since the project launched in spring 2015, over 600 screens have been uploaded to the system (as of Nov 2015).

All WVCH primary care providers have access to these completed screenings through the medical management software system. Clinic staff can login to the system to determine whether a child has already received a developmental screening and then take the appropriate next steps (e.g., give a screening if needed, address any developmental delays if identified in a previously completed screen).

To ensure appropriate care is provided to members identified as at risk for developmental delay, WVCH has assigned care coordinators to monitor information uploaded by early learning providers. This process enables WVCH to coordinate follow-up services between members and their primary care providers.

Ultimately, this partnership is viewed as the first step towards greater integration between the early learning and health care systems and represents a significant opportunity to enhance continuity of care and reduce duplication of services.

For more information, please contact Stuart Bradley at sbradley@mvipa.org.