

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), Medicare-Medicaid Plan (MMP) Integrity
Excluded from Coverage:
Extended Family Planning (EFP)

Description

This policy is applicable only to screening and is not applicable to intensive developmental or neurodevelopmental evaluation.

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 CPT Code 96110 without a modifier 5 times before age 3 years without authorization for general developmental screening, and CPT Code.

Covered Procedures

The pertinent codes for these screenings are as follows:

1. 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).
2. 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).

Coverage Determination

Authorization NOT Required	<p>Members up to three (3) years of age</p> <ol style="list-style-type: none"> 1. Neighborhood will accept <ol style="list-style-type: none"> a. CPT code 96110 ,without a modifier, five (5) times and b. CPT Code 96110, with a modifier “U1”, five (5) times <p>from Pediatricians and Family Practice practitioners, 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.</p>
	<p>Members three (3) through twenty-one (21) years of age</p> <ol style="list-style-type: none"> 2. 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

Requires Authorization

1. Authorization is required when additional testing for specific concerns is indicated

If the additional screening is for a 96110 level of test, the authorization may be done retroactively, and there is no specific diagnosis required. (Please note that 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 a modifier or >5 visits utilizing the code 96110 with a 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:

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

Authorization Forms

Please access Prior Authorization forms by visiting Neighborhood's website at www.nhpri.org.

1. Go to the section for Providers
2. Click on "Resources & FAQ's"
3. Click on "Medical Management Request Forms"- forms are listed alphabetically by program.

[Prior Authorization Forms](#)

For assistance with prior authorizations please contact Clinical Administrative Support at 401-459-6060.
Fax authorization forms to 401-459-6023.

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

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

Created: August 29, 2008

Annual Review Month: January

Review Dates:	12/30/09, 12/29/10, 5/21/13, 1/6/2015, 12/15/2015, 2/18/2016, 12/15/2016, 1/9/18, 1/4/19
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CMC Review Date:	5/21/13, 1/6/2015, 1/5/2016, 3/1/2016, 1/10/2017, 1/9/18, 1/9/19
Medical Director Approval Dates:	9/09/08, 1/12/10, 2/14/11, 4/02/12, 6/4/13, 1/6/2015, 1/5/2016, 3/1/2016, 2/16/2017, 4/12/18, 1/9/19
Effective Dates:	1/6/2015, 1/5/2016, 3/1/2016, 7/1/2016, 2/16/2017, 4/12/18, 1/9/19

Neighborhood reviews clinical medical policies on an annual base.

Disclaimer:

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.

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.