

West Virginia Children's Health Insurance Program
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MEMORANDUM

TO: All WV Primary Care Providers Participating as CHIP Providers

FROM: Sharon L. Carte, Director, WVCHIP

DATE: January 22, 2014

SUBJECT: Reimbursement for Developmental Screenings in Pre-School Children, Effective March 1, 2014

West Virginia Children's Health Insurance Program (CHIP) believes that support for the Bright Futures guidelines, through its reimbursement and audit processes, is of fundamental importance to the well-being of pre-school children, particularly those in lower income households who are at high risk of undetected delays or disorders. The American Academy of Pediatrics (AAP) Bright Futures guidelines calls upon physicians to administer a developmental screening tool to all children at 9, 18 and 30 months. Under the Children's Health Insurance Reauthorization Act (CHIPRA) of 2009, the United States Health and Human Services (HHS) is to establish a core set of pediatric measures, including one measure for developmental screening. The co-stewards for this screening measure are the National Committee for Quality Assurance (NCQA), the certifying body for HEDIS measures and the Child and Adolescent Health Measurement Initiative (CAHMI). The measure specifications necessitate the use of a set of standardized screening tools which have been validated for use in pre-school children (see attached list).

WVCHIP Findings and Reimbursement Processes

Audit Findings

- In a combined audit of medical records of children of all ages with the Public Employees Insurance Agency (PEIA), CHIP found the rates of developmental screenings at the 9, 18, and 36 month intervals to be quite low (39%). These low rates have been corroborated in a separate audit by the HealthCheck program (although a more recent audit is showing some improvement in the area of utilization of developmental screening tools).

Reimbursement for Developmental Screenings

- Effective March 1, 2014 developmental screenings are reimbursed separately under CPT Code 96110, but in addition, this code can be billed and reimbursed on the same day as the comprehensive preventive well visit service under CPT codes 99381-25 (under 1 year), 99382-25 (age 1-4), and 99383-25 (ages 5-11) (modifier 25 is used to indicate the preventive well visit was a separate and distinct medically necessary service) and utilizing the ICD-9-CM Codes V20.2 (to indicate a health check service) The developmental screening code, 96110, requires that, for reimbursement, the tool must

be “with interpretation and report, per standardized instrument form”. The summary scoring sheet must be reviewed by the physician, discussed with the parent and a copy of the results *must be filed as a part of the medical record*. However, many physicians are still using the surveillance method to assess development through observation and experience but surveillance is NOT billable under CPT Code 96110.

NOTE: For those providers (FQHC and RHC) who are under the Prospective Payment System (PPS): Payment for Developmental Screenings is included in the encounter payment rate. However, you are required to submit the 96110 code, when appropriate, for quality measure reporting purposes.

- Through informational group discussions with pediatricians and family practice providers across the state, WVCHIP has learned one of the most commonly used tools is the Ages and Stages Questionnaire or ASQ-3. The ASQ-3 is a developmental screening and monitoring system designed for children from 2 months to age 5. The ASQ-3 is a parent completed, 30 question questionnaire, written in simple straight forward language. Each questionnaire comes with an ASQ-3 Information Summary sheet that is to be completed by the professional scoring the questionnaire. The summary sheet includes five areas of development: Communication, Gross Motor, Fine Motor, Problem Solving and Personal – Social. The provider reviews the scoring and findings with the family and maintains it within the medical record. The implementation system is available in the ASQ-3 User’s Guide. The Office of Maternal and Child Health (OMCH) of the WV Department of Health and Human Resources partners with CHIP and other stakeholders to support the use of the ASQ-3. For more than 3 years the OMCH’s HealthCheck Program has distributed (free of charge) more than 320 ASQ-3 tool kits to providers statewide. Primary care practices may request this tool kit by visiting the HealthCheck website at <http://www.dhhr.wv.gov/HealthCheck/Pages/contact.aspx> and completing a request form.

Recoupment for Inappropriate Tools

- Effective March 1, 2014 providers should be aware that if a medical records review indicates that a non-validated tool or surveillance method was used for developmental screens and billed to CHIP under CPT Code 96110, there will be recoupment for these services. Further, where review findings show that CPT Codes for Comprehensive Well Check visits were billed and a surveillance only method was used, these visits will be re-billed as intermediate visits under the appropriate Evaluation and Management codes.

Reduction in Billing for Non-Comprehensive Preventive Services

- While WVCHIP remains fee for service reimbursement only, changing regulations will require our agency to support external quality reviews, and we are preparing to seek a vendor for these services in the coming year. One of the reviews we would seek would be a review of developmental screenings to support the quality data we now report through our claims data.

Should you have any comments or questions please contact Kelly Cielensky of my office at 304-957-7869 or email her at Kelly.D.Cielensky@wv.gov.

Attachment I: Standardized Tools for One to Three Year Olds with Reliability, Validity, Sensitivity/Specificity Scores at or above a co-efficient (or rating of) .70

Attachment II: Pediatric Developmental Screening Flowchart

References:

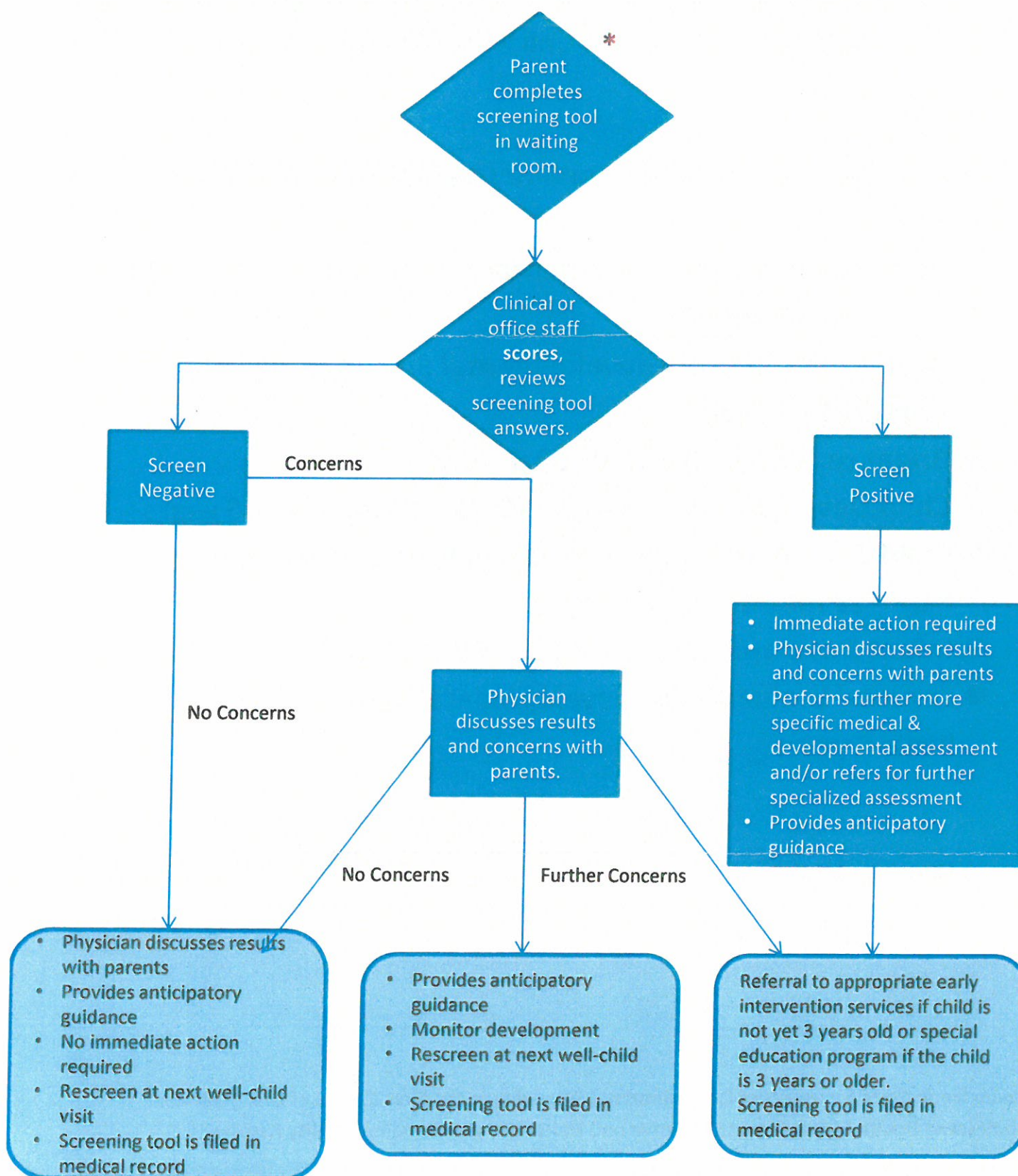
1. Policy Statement, Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening, Council on Disabilities, Section on Developmental Behavioral Pediatrics, Bright Futures Steering Committee, Medical Home Initiatives for Children with Special Needs Project Advisory Committee
2. Tichenor & Associates, LLP. (2012). *Report on the Compliance Reviews of Performing Well-Child Screens for Children Entering Kindergarten under West Virginia's Kids First Program*. Louisville, KY: Tichenor & Associates, LLP.
3. West Virginia Department of Health and Human Resources; Bureau for Public Health; Office of Maternal, Child, and Family Health; www.dhhr.wv.gov/HealthCheck
4. Achieving the Promise of a Bright Future; Developmental Screening of Infants and Toddlers, 2009 by ZERO TO THREE
5. Ages and Stages (Third Edition) User's Guide; Jane Squires, Elizabeth Twombly, Dian Bricker, and LaWanda Potter.
6. Ages and Stages: Social / Emotional: The ASQ-SE User's Guide: Jane Squires, Diane Bricker, and Elizabeth Twombly.
7. Hagan, JF, Shaw JS, Duncan PM, eds. 2008. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, Third Edition. Elk Grove Village, IL: American Academy of Pediatrics.
8. Coding for Pediatric Preventive Care 2012, Bright Futures, Prevention and Health Promotion for Infants, Children, Adolescents and their Families, American Academy of Pediatrics.
9. American Medical Association, 2012 Current Procedural Terminology (CPT), Professional Edition.
10. State Level Measure of Developmental Screening in the First 3 Years of Life; Co-Stewards for the Measure Submitted to the National Quality Forum, Child and Adolescent Health Measurement Initiative and National Committee for Quality Assurance, October 20, 2010.
11. American Academy of Pediatrics; Developmental Screening/Testing Coding Fact Sheet for Primary Care Pediatricians, 2005
12. American Academy of Pediatrics; Bright Futures, Coding for Pediatric Preventive Care, 7/1/13

NCQA/CAHMI Approved Tools Meeting Reliability, Validity, and Sensitivity Criteria for Children Birth to 36 months

- **Ages and Stages Questionnaire (ASQ-3) – 2 months to 5 years**
- **Battelle Developmental Inventory Screening Tool (BDI-ST)
- Birth to 95 months**
- **Bayley Infant Neuro-developmental Screen (BINS) – 3 months to 2 years**
- **Brigance Screens-II – Birth-90 months**
- **Child Development Inventory (CDI) – 18 months – 6 years**
- **Child Development Review-Parent Questionnaire (CDR-PQ) – 18 months to 5 years**
- **Infant Development Inventory – Birth to 18 months**
- **Parents' Evaluation of Developmental Status (PEDS) – Birth-8 years**

Taken from: State Measures of Developmental Screening in the First 3 years of Life: Child and Adolescent Health Measurement Initiative and National Committee for Quality Assurance

Pediatric Developmental Screening Flowchart



**Where parents have specific issues about their child's development they wish to assess, it is recommended the child be assessed at home in their natural environment.*