Clinical Practice Guideline: **Developmental Delay Screening and Testing**

Date of Implementation: **October 15, 2015**

Product: **Specialty**

Related Policies:
CPG 111: Patient Assessments: Medical Necessity Decision Assist Guideline for Evaluations and Re-evaluations
CPG 135: Physical Therapy Medical Policy/Guideline
CPG 155: Occupational Therapy Medical Policy/Guideline
CPG 166: Speech-Language Pathology/Speech Therapy Guidelines
CPG 165: Autism Spectrum Disorder (ASD) – Outpatient Rehabilitation Services (Speech, Physical, and Occupational Therapy)

GUIDELINES

Pediatric developmental delay screening is medically necessary at 6, 12, 18 or 24, 36, 48, and 60 months of age, or if concerns are raised by the parents during routine visits and the practitioner substantiates these additional developmental delay screening tests are necessary for treatment planning. Screening with the Modified Checklist for Autism in Toddlers (MCHAT) for autism is recommended to take place at 18 and 24 months.

Pediatric developmental delay screening **must include all of the following:**

1. A validated screening tool is utilized; and
2. The tool is used in its entirety; using a subset of items is considered invalid; and
3. Medical records document the screening tool is scored and a **separate** identifiable report is prepared (standard evaluation documentation is not sufficient); and
4. Practitioners are educated and competent in screening of developmental delays.

Pediatric developmental delay testing is indicated if screening demonstrates the possibility of disability and further assessment is required.

Pediatric developmental delay screening is NOT medically necessary if:

1. Pediatric developmental delay screening and/or testing does not meet the above criteria.
2. Preventative counseling is provided for developmental delay risk factor reduction.
3. The service is provided for the administration of health risk assessment tools, which are not considered applicable for developmental delay screening or testing.

CPT/HCPCS CODES AND DESCRIPTIONS

CPT®/HCPCS Code	CPT®/HCPCS Code Description
96110	Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument
96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour
96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report, each additional 30 minutes (List separately in addition to code for primary procedure)
96127	Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument
G0451	Development testing, with interpretation and report, per standardized instrument form

BACKGROUND

According to the Center for Disease Control and Prevention (CDC), approximately 13% of children aged 3 to 17 in the United States have a developmental or behavioral disability such as autism, intellectual disability and attention-deficit/hyperactivity disorder. In addition, many children have delays in language or other areas that can affect development of critical life skills and school readiness. However, fewer than half of children with developmental delays are identified before starting school, by which time significant problems have already occurred and opportunities for treatment might have been missed. Early identification is required by federal law.

The Individuals with Disabilities Education Act (IDEA) Amendments of 1997 mandate the "early identification of, and intervention for developmental disabilities through the development of community-based systems." This law requires physicians to refer children with suspected developmental delays to appropriate early intervention services in a timely

manner. All states receive federal funding to provide appropriate intervention through infant and child-find programs for children with developmental delays.

The American Association of Family Physicians (AAFP) and the American Academy of Pediatricians (AAP) agree that developmental delay screening is a necessary part of every child's medical evaluation. The American Academy of Pediatrics recommends surveillance at all well-child visits, combined with standardized screening for developmental delay at nine, 18, and 30 months of age, as well as at every well-child visit when developmental delay is suspected. Surveillance is the ongoing process of identifying children who may be at risk of developmental delays, and screening" is the use of standardized tools at specific intervals to support and refine the risk. Surveillance is considered integral to the regular well child Evaluation and Management (E/M) service would not be a separately billable service when performed. Screening may be billed separately from the regular E/M service. If more than one screening tool is completed in a single visit, it would be appropriate coding practice to use modifier -59 applied to each claim line; however, coverage policy regarding modifier codes will vary and does not guarantee coverage or payment. Many screening tools are now available online and are printed in a number of different languages. Screening tools should have established psychometric qualities, such as sensitivity, specificity, and positive/negative predictive power. There are a variety of available screening tools that meet these criteria. Children whose screening scores demonstrate possible disability should receive more intensive assessment for the diagnosis of potential developmental delays. This involves testing to measure cognitive, motor, social, language, adaptive, and/or cognitive abilities using provider standardized tests. The results of a developmental delay test may determine if the child is in need of early intervention services and/or a treatment plan. Research shows that early intervention treatment services can greatly improve a child's development. Early intervention services help children from birth through 3 years of age (36 months) learn important skills. Services include therapy to help the child talk, walk, and interact with others. Developmental delay testing is an in-depth assessment of a child's skills and should be administered by a trained and credentialed professional.

Preventative counseling for risk factor reduction and the administration of health risk assessment tools represent other clinical services and are not considered equivalent to developmental delay screening or testing.

The following tools are considered to be valid and reliable:

1. Parents' Evaluation of Developmental Status (PEDS)
2. The Age and Stages Questionnaire (ASQ) system (formerly known as the Infant Monitoring Questionnaires)
3. Children's Developmental Inventory (CDI)
4. The Battelle Developmental Inventory Screening Test (BDIST)

5. The Bayley Infant Neurodevelopmental Screener (BINS)
6. Modified Checklist for Autism in Toddlers (M-CHAT)

PRACTITIONER SCOPE AND TRAINING

Practitioners should practice only in the areas in which they are competent based on their education training and experience. Levels of education, experience, and proficiency may vary among individual practitioners. It is ethically and legally incumbent on a practitioner to determine where they have the knowledge and skills necessary to perform such services.

It is best practice for the practitioner to appropriately render services to a patient only if they are trained, equally skilled, and adequately competent to deliver a service compared to others trained to perform the same procedure. If the service would be most competently delivered by another health care practitioner who has more skill and expert training, it would be best practice to refer the patient to the more expert practitioner.

Best practice can be defined as a clinical, scientific, or professional technique, method, or process that is typically evidence-based and consensus driven and is recognized by a majority of professionals in a particular field as more effective at delivering a particular outcome than any other practice (Joint Commission International Accreditation Standards for Hospitals, 2020).

Depending on the practitioner's scope of practice, training, and experience, a patient's condition and/or symptoms during examination or the course of treatment may indicate the need for referral to another practitioner or even emergency care. In such cases it is essential for the practitioner to refer the patient for appropriate co-management (e.g., to their primary care physician) or if immediate emergency care is warranted, to contact 911 as appropriate. See the *Managing Medical Emergencies (CPG 159 – S)* clinical practice guideline for information.

References

American Medical Association. (current year). Current Procedural Terminology (CPT) current year (rev. ed.). Chicago: AMA

Center for Disease Control and Prevention (CDC). Autism Spectrum Disorders (ASDs). Screening and Diagnosis. Retrieved on August 4, 2023 from http://www.cdc.gov/ncbddd/autism/screening.html

Center for Disease Control and Prevention (CDC). Child Development/Developmental Monitoring and Screening. Retrieved August 4, 2023 from http://www.cdc.gov/ncbddd/childdevelopment/screening.html

Council on Children With Disabilities; Section on Developmental Behavioral Pediatrics; Bright Futures Steering Committee; Medical Home Initiatives for Children With Special Needs Project Advisory Committee. Identifying infants and young children with developmental disorders in the medical home: an algorithm for developmental surveillance and screening [published correction appears in Pediatrics. 2006 Oct;118(4):1808-9]. Pediatrics. 2006;118(1):405-420. doi:10.1542/peds.2006-1231

Johnson CP, Myers SM; American Academy of Pediatrics Council on Children With Disabilities. Identification and evaluation of children with autism spectrum disorders. Pediatrics. 2007;120(5):1183-1215. doi:10.1542/peds.2007-2361

Joint Commission International. (2020). Joint Commission International Accreditation Standards for Hospitals (7th ed.): Joint Commission Resources

Limbos MM, Joyce DP. Comparison of the ASQ and PEDS in screening for developmental delay in children presenting for primary care. J Dev Behav Pediatr. 2011;32(7):499-511. doi:10.1097/DBP.0b013e31822552e9

Preventive Care Benefits for Children. Retrieved on August 4, 2023 from https://www.healthcare.gov/preventive-care-children/

Robins DL. The Modified Checklist for Autism in Toddlers (M-CHAT™). M-CHAT™ Information. Retrieved on August 4, 2023 from https://mchatscreen.com/m-chat/

Rydz D, Srour M, Oskoui M, et al. Screening for developmental delay in the setting of a community pediatric clinic: a prospective assessment of parent-report questionnaires. Pediatrics. 2006;118(4):e1178-e1186. doi:10.1542/peds.2006-0466

Vitrikas K, Savard D, Bucaj M. Developmental Delay: When and How to Screen. Am Fam Physician. 2017;96(1):36-43