

DEVELOPMENTAL TESTING

GOAL

Physicians should receive adequate payment for developmental testing.

CURRENT PRACTICE

Despite the health, financial, and societal benefits of developmental testing and the resulting interventions, few health insurance companies are paying physicians for these services.

PROPOSED SOLUTION

All health insurance companies in Pennsylvania should pay providers at no less than 100% of Medicare reimbursement for developmental testing at every well visit up to and including eight years of age. Second-level testing may be necessary based on the results of the initial testing. Therefore, insurance companies should pay for up to two units of CPT code 96110 (RVU 0.36) at well visits up to eight years old.

SUPPORTING EVIDENCE/RATIONALE

- Developmental testing using validated tools is the most sensitive and specific way of identifying children with developmental delay and has minimal expense for payers.
- Validated tools for developmental testing identify which children should be referred for early intervention services, avoiding unnecessary referrals.
- Early intervention services result in improved IQ, decreased lifelong disability, higher graduation rates, reduced teen pregnancy, higher employment rates, and decreased criminality and violent crime.
- Early intervention services result in a societal benefit of \$30,000 to over \$100,000 per child after the cost of the services (1992 dollars).
- Every dollar spent on early intervention services results in a societal savings of thirteen dollars.
- Bright Futures 3rd Edition and The American Academy of Pediatrics *Recommendations for Preventive Pediatric Health Care* schedule recommend developmental/behavioral assessment at each preventive medicine visit. The AAP *Developmental Surveillance and Screening of Infants and Young Children* policy statement recommends that physicians use validated developmental screening tools to improve detection of problems at the earliest possible age to allow further developmental assessment and appropriate early intervention services.
- According to the American Academy of Pediatrics, "Early identification of developmental disorders is critical to the well-being of children and their families. It is an integral function of the primary care medical home and an appropriate responsibility of all pediatric health care professionals."
- Autism detection is best achieved by using standardized tools for developmental testing. The public awareness of and demand for screening for autism continues to increase. Physicians and insurance companies must be responsive to these concerns of families.

References

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Early Childhood Interventions: Proven Results, Future Promise by Lynn A. Karoly, M. Rebecca Kilburn, and Jill S. Cannon, 2005



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Dear Medical Director:

On behalf of the over 60,000 pediatrician members of the American Academy of Pediatrics (AAP), I am writing to clarify the Academy's recommendations for developmental screening as included in the 2008 *Recommendations for Preventive Pediatric Health Care* (aka the periodicity schedule) published in PEDIATRICS, December 2007. As the pediatric medical specialty society dedicated to the optimal health of infants, children, adolescents, and young adults, there is concern regarding access to developmental screening services.

It has come to our attention that carrier health plan coverage is limiting the number of developmental screenings as reported by CPT code 96110 (*developmental testing; limited with interpretation and report*). The AAP periodicity schedule (attached) recommends autism screening at 18 and 24 months. Developmental screening is also recommended at the 9, 18 and 30 month visits. However, this does not imply that formal developmental screening be done only during these times. Developmental surveillance is encouraged at all preventive medicine service visits and if it reveals a concern about a child's development, formal screening or evaluation should be initiated during that visit and separately reported with CPT code 96110. This is consistent with recommendations in *The Bright Futures Guidelines, Third Edition* and the AAP statement *Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening*.

The early identification of developmental problems should lead to further developmental and medical evaluation, diagnosis, and treatment. Payers are urged to provide benefits coverage for all recommended preventive care as determined by the clinical judgment of the physician. As health plans base coverage decisions on the periodicity schedule recommendations, it is important to note that they are designed for children who are receiving competent parenting, have no significant health problems and are developing and growing in a satisfactory fashion. The recommendations do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual characteristics are essential to consider.

While it may appear that there are a minimum number of five preventive medicine service visits involving developmental and/or autism screening, it is possible, based on the child's development, the pediatrician's assessment of the child's status, and clinical decision making, that developmental screening may be medically necessary at times other than indicated on the periodicity schedule. When appropriately reported by the physician in conjunction with the preventive medicine services evaluation and management code or problem oriented evaluation and management code, payer claims systems should provide payment for all reported developmental screenings.

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In addition, some carriers continue to bundle payment for developmental screening with the accompanying evaluation and management code. Unfortunately, many carriers are unaware that they are violating CPT guidelines when they inappropriately bundle two services together when each of the involved services has a separate CPT code. Payers may mistakenly assume that because there are currently no physician work values published on the Medicare Resource-Based Relative Value Scale (RBRVS) for CPT code 96110, that it is incidental to the preventive medicine service (CPT codes 99381-99397) when a developmental test is interpreted and a report is developed from that interpretation during the course of a well child exam. However, as published in the 11/27/07 *Federal Register*, CPT code 96110 does have relative value units (RVUs) for both practice expense (0.18) and professional liability insurance (0.18) totaling 0.36 RVUs and therefore, should be paid as a separate service. Therefore, physicians are correct in reporting such services separately from any accompanying evaluation and management service and should expect to be appropriately paid for these services.

Health plans are encouraged to adhere to CPT guidelines and provide benefits coverage and adequate payment for CPT code 96110 when used to appropriately report developmental and/or autism screening.

I look forward to your response. Should you need any additional information regarding the clinical recommendations, please contact Amy Pirretti, Manager, Bright Futures Materials Development and Promotion at apirretti@aap.org or 847/434-7980. For information on AAP recommendations for health insurance plan coverage and payment to pediatricians, please contact Lou Terranova, Senior Policy Analyst at lterranova@aap.org or 847/434-7633.

Sincerely,



David T. Tayloe, Jr. MD, FAAP
President

DTT/lt

Enclosures: Recommendations for Preventive Pediatric Health Care
Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening