



# BlueCross BlueShield of Vermont

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## Pediatric Neurodevelopmental and Autism Screening

### Corporate Medical Policy

**File name:** Pediatric Neurodevelopmental and Autism Screening

**File Number:** UM.DIAG.03

**Origination:** New Policy (This policy replaces the section on Neurodevelopmental Assessment in the BCBSVT medical policy on Neurodevelopmental Assessment & Neuropsychological Testing which is now an archived policy)

**Last Review:** 09/2012

**Next Review:** 10/2013

**Effective Date:** 10/01/2012

#### Document Precedence

BCBSVT Medical Policies are developed to provide guidance for members and providers regarding coverage in accordance with all terms, conditions and limitations of the subscriber contract. Benefit determinations are based in all cases on the applicable contract language. To the extent that there may be any conflict between Medical Policy and contract language, the contract language takes precedence.

#### Description

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines recommend 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, the Plan will accept billing for “Developmental testing: limited (e.g. Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report”, CPT Code 96110, 5 times before age 3 years without prior authorization.

#### Policy

The Plan has developed this Corporate Medical Policy for screening for pediatric development and autism to reflect the 2008 EPSDT guidelines. Note that this policy is for screening only and not for intensive developmental or neurodevelopmental evaluation. It is also important to recognize that this level of "screening" requires standardized established testing (such as the Ages and Stages evaluation) and entails more than the developmental survey that has traditionally been done by pediatric providers in which a few questions are asked about the child's physical, social, and intellectual development.

## When service or procedure is covered

The Plan will accept the CPT code 96110 five (5) times from Pediatricians and Family Practice practitioners, for members up to age 3 years, without prior authorization.

When additional testing (outside of the age milestones listed above) for specific concerns is indicated, prior authorization will be required.

If this additional screening involves a CPT 96110 level of test, there is no specific diagnosis required. This additional screening, whether done when the child is older or younger than 3 years, also requires a standardized screening test that is documented in the visit note as described above.

If more intensive developmental or autism evaluation (with or without a referral to another practitioner) is required, then prior authorization for the additional testing is required. (Please refer to BCBSVT Policy on Neuropsychological testing and BCBSVT Policy on Coverage for Autism Spectrum Disorder, Coverage of Services and BCBSVT Policy on Early Childhood Developmental Disorders.)

Beyond age 3 years, authorization is always required for Pediatricians and Primary Care practitioners in order to bill CPT code 96110.

The following is a list of acceptable Developmental Screening Tools - submitted clinical notes from the practitioner's visits should include one or more of these tools:

- General Developmental Screening Tool - Ages and Stages Questionnaires (ASQ)
- Battelle Developmental Inventory Screening
- 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)
- Autism screening tools - checklist for Autism in Toddlers (CHAT)
- Modified Checklist for Autism in Toddlers (M-CHAT)
- 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

- Screening Tool for Autism in Two-Year Olds (STAT)
- Social Communication questionnaire (SCQ), (formerly Autism Screening Questionnaire-ASQ)

### Benefit Application

Benefits are subject to all terms, limitations and conditions of the subscriber contract.

Federal Employee Program (FEP) members may have different benefits that apply. For further information please refer to the FEP Service Brochure.

State mandates and contractual exclusions may apply to coverage eligibility.

For New England Health Plan (NEHP) members an approved referral authorization is required.

### When service or procedure may not be covered

This service may be denied when the number of screening tests performed prior to age 3 exceeds five or when screening members over age 3, if required documentation is not submitted and prior authorization is not obtained.

### Billing and Coding/Physician Documentation Information

When additional screening (> 5 visits utilizing the code 96110) is required for children under age 3 years old, or when screening 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

CPT 96110—Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report

This is the appropriate code for screening processes related to pediatric development and autism screening in conjunction with a standardized screening form (as referenced above).

### Related Policies

Neuropsychological Testing  
 Coverage for Autism Spectrum Disorders  
 Early Childhood Developmental Disorders

### Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

## Eligible Providers

Medical Doctor-MD  
Doctor of Osteopathy -DO  
Advanced Practice Nurse Practitioner-APNP

## Policy Implementation/Update information

New Policy 7/2011. This policy replaces the section on Neurodevelopmental Assessment in the BCBSVT medical policy on Neurodevelopmental Assessment & Neuropsychological Testing which is now an archived policy. Coding is appropriate per Medical/Clinical Coder SAR  
Revised 8/2012

## Scientific Background and Reference Resources

American Academy of Pediatrics - Developmental Screening/Testing coding Fact Sheet for Primary Care Pediatricians, 1/20/05

“Identifying Infants and Young Children with Developmental disorders in the Medical Home;” Pediatrics 2006; 118; 405-420.  
<http://www.pediatrics.org/cgi/content/full/118/1/405>

**Approved by BCBSVT and TVHP Medical Directors**      **Date Approved**

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