

Developmental Screening Provider Tip Sheet



Improving Quality Outcomes

Line of Business: ● Medicaid ● Marketplace

Developmental Screening in the First 3 Years of Life (DEV-CH)

Measure Description

The percentage of persons ages 1–3 years old screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second or third birthday.

Screening Tools:

- Documentation must include a standardized development screening tool. **Developmental screenings are recommended at the 9, 18 and 30-month visits** following Bright Futures Periodicity Schedule.
- Indicate in the patient medical record the standardized tool that was used.
- The date of the screening, evidence of the completed tool and a score are required.
- Standardized tools focused on one domain such as **M-CHAT (autism) and ASQ-SE (social-emotional)** are **NOT ACCEPTABLE**.

Coding Requirements:

- Providers performing a developmental screening **must bill with CPT code 96110 with an EP modifier** and the appropriate preventive ICD-10 diagnosis code.

Acceptable Screening Tools:

- Ages and Stages Questionnaire (ASQ)*
- Ages and Stages Questionnaire (ASQ-3)*
- Bayley Infant Neurodevelopmental Screen (BINS)
- Parents' Evaluation of Developmental Status (PEDS)
- Battelle Developmental Inventory Screening Tool (BDI-ST)
- Survey of Well-being of Young Children (SWYC)
- Brigance Screens II
- Parents' Evaluation of Developmental Status – Developmental Milestones (PEDS-DM)
- Infant Development inventory
- Denver Developmental Screening
- Child Development Inventory (CDI)

* Access Ages and Stages Questionnaires at <https://agesandstages.com/> (fees may apply)

Best Practices:

- Incorporate screening procedures into the ongoing healthcare of the child. This increases the chances that previously undetected developmental delays can be identified at subsequent screenings (American Academy of Pediatrics — AAP).
- Conduct developmental surveillance at every well child visit and screen using a formal validated tool at ages 9, 18, and 30 months (AAP). When discussing developmental surveillance with families, use of the term “monitoring” may be a more helpful way of discussing surveillance.
- Screen more frequently if there are additional risk factors such as preterm birth, low birth weight and lead exposure, among others.
- Inquire and attend to parent concerns about their child’s development.
- Screen for maternal depression at 1-, 2-, 4- and 6-month visits. Postpartum depression is considered an adverse childhood experience and has a profound effect on infants and children.
- Survey parents/guardians for risk factors of social determinants (e.g., food, housing, etc.) of health at all patient visits.
- Social-emotional screening is recommended at regular intervals.

Data Collection

- Data for this measure is collected using claims submission.
- Peach State Health Plan accepts medical records for this measure through our secure portal.
- Upload the medical records with member information to ensure gap closure.

Sources Sited:

<https://publications.aap.org/pediatrics/article-abstract/108/1/192/66839/Developmental-Surveillance-and-Screening-of?redirectedFrom=fulltext>

<https://publications.aap.org/pediatrics/article/143/1/e20183259/37241/Incorporating-Recognition-and-Management-of>

<https://www.mmis.georgia.gov/portal/PubAccess.Provider%20Information/Provider%20Manuals/tabId/18/Default.aspx>

Provider Services

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