

# 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 members 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:

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

\* 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/Portals/0/StaticContent/Public/ALL/HANDBOOKS/EPSTD%20Services%20Health%20Check%20Program%20Manual%20revised%2020240626133453.pdf>

**Provider Services**

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