Pediatric Neurodevelopmental and Autism Spectrum Disorder (ASD) Screening
Corporate Medical Policy

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

Coding Information
Click the links below for attachments, coding tables & instructions.
Attachment I

The Plan has developed this Corporate Medical Policy for screening for pediatric development and autism spectrum disorders (ASD) to reflect the 2017 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 may be considered medically necessary

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 ASD evaluation (with or without a referral to another practitioner) is needed, then prior authorization for the additional testing may be required. (Please refer to BCBSVT Policy on Neuropsychological and Psychological testing and BCBSVT Policy on Evaluation and Management of Autism Spectrum Disorder and/or Moderate or Severe Intellectual Disability).

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

The following is a list of acceptable Developmental Screening Tools. Practitioners must submit clinical notes for this service to include one or more of these tools:

- General Developmental Screening Tool - Ages and Stages Questionnaires (ASQ-3)
- 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)

When service is considered not medically necessary
Pediatric Neurodevelopmental and ASD Screening is not medically necessary when:

- The number of screening tests performed prior to age 3 exceeds five or screening members over age 3, if required documentation is not submitted and prior authorization is not obtained.

**Documentation Required**

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, the requesting provider must submit documentation, to include:

- screening tests already completed, and
- rationale for additional testing

**Reference Resources**

1. American Academy of Pediatrics – Developmental Screening/Testing coding Fact Sheet for Primary Care Pediatricians, 01/20/2016
   http://www.pediatrics.org/cgi/content/full/118/1/405

**Related Policies**

Neuropsychological and Psychological Testing  
Evaluation and Management of Autism Spectrum Disorder and/or Moderate or Severe Intellectual Disability

**Document Precedence**

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer’s benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member’s contract/employer benefit plan language takes precedence.

**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.

Administrative and Contractual Guidance

Benefit Determination Guidance

Prior approval is required and benefits are subject to all terms, limitations and conditions of the subscriber contract.

Incomplete authorization requests may result in a delay of decision pending submission of missing information. To be considered compete, see policy guidelines above.

An approved referral authorization for members of the New England Health Plan (NEHP) is required. A prior approval for Access Blue New England (ABNE) members is required. NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member’s health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member’s benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member’s benefit.

Coverage varies according to the member’s group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member’s employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

Policy Implementation/Update information

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
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<tbody>
<tr>
<td>07/2011</td>
<td>New Policy. This policy replaces the section on Neurodevelopmental Assessment in the BCBSVT medical policy on Neurodevelopmental Assessment &amp; Neuropsychological Testing which is now an archived policy. Coding is appropriate per Medical/Clinical Coder SAR</td>
</tr>
<tr>
<td>08/2012</td>
<td>Revised</td>
</tr>
<tr>
<td>04/2017</td>
<td>Voted at HPC 04/17/2017 with the following: Change to policy name from “Autism Screening” to “Autism Spectrum Disorder (ASD) Screening” to reflect change in DSM 5/ICD 10 diagnosis. Throughout the policy, wherever autism or pervasive developmental disorder is noted, it is changed to autism spectrum disorder or ASD (see #1).</td>
</tr>
</tbody>
</table>
1st paragraph under Policy heading; “2008 EPSDT Guidelines” changed to “2017 EPSDT Guidelines” to reflect most recent update.

Heading title “When service or procedure is covered” changed to “when service or procedure is considered medically necessary and covered under the plan.”

Page 2, 4th paragraph, some of the wording changed (required changed to needed; is required changed to may be required). Same paragraph, please refer to BCBSVT policy...Policy names changed to reflect updates to these policies.

Page 2, last paragraph: “submitted clinical note...” changed to “Practitioners must submit clinical notes...”

Page 3, Heading title: “When service or procedure may not be covered” changed to “When service or procedure may be considered NOT medically necessary and therefore, not covered under the plan.”

Under heading Billing and Coding / Physician Documentation…: changed from “documentation from practitioner” to “the requesting provider must submit documentation, to include”

Related Policies: Changed to reflect updates to policy titles
Updated description of CPT Code 96110 effective 01/01/2015.

Eligible providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by BCBSVT Medical Directors          Date Approved

Gabrielle Bercy-Roberson, MD, MPH, MBA
Senior Medical Director
Chair, Health Policy Committee

Joshua Plavin, MD, MPH, MBA
Chief Medical Officer

Attachment 1
| CPT  |   | Developmental screening (eg. Developmental milestone survey, speech, and language delay screen), with scoring and documentation, per standardized instrument | Does not require Prior Authorization UNLESS the number of screening tests performed prior to age 3 exceeds five or when screening members over age 3, is required. |