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Updated Requirements and Resources for Structured Screening for Developmental Delays and Autism Spectrum Disorder for Medical Assistance Recipients

Keystone First would like to provide updated guidance to our Primary Care Practitioners regarding surveillance and screening for developmental delays and Autism Spectrum Disorders (ASDs). Use this document as a time-saving “one-stop shopping” resource for this complex topic.

- In January 2008, the American Academy of Pediatrics (AAP) published the *American Academy of Pediatrics, Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents* (2008 Bright Futures Guidelines) and issued its revised periodicity schedule for screening of children.
- In July 2008, the Department of Public Welfare (DPW) added screening for developmental delays and ASDs to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screening guidelines for Medical Assistance (MA) recipients under 21 years of age (MA Bulletin 99-08-10).
- In September 2008, DPW added structured screening for developmental delays and ASDs to Pennsylvania’s EPSDT Periodicity Schedule as **required** components to the specific periodic screens referenced in the AAP recommendations (MA Bulletin 99-08-13).
- MA providers have had questions regarding what constitutes a structured screening for developmental delays and ASDs, both as a separate service and as a component of a complete EPSDT screen. MA providers have also requested clarification of the differences between surveillance, screening and evaluation, as well as examples of validated screening tools and specific resources to assist them in screening for developmental delays and ASDs. This has been clarified by DPW in MA Bulletin 99-09-07, which is listed below for your reference.

The AAP recommends that providers conduct developmental surveillance on all children as an integral component of the general health assessment performed during every preventive care office visit or EPSDT screening visit. The AAP also recommends that the screens at nine months, 18 months, and 30 months include structured screening for developmental delays and that the screens at 18 months and 24 months include structured screening for ASDs. Structured assessments outside of the recommended screening periodicities should also be pursued if medically necessary.

Developmental Surveillance

According to the AAP, surveillance is the observation of a child to identify whether the child may be at risk of developmental delay. Keystone First requires that providers perform and document the following as part of surveillance:

- Elicit and attend to parent concerns about their child’s development;
- Update the child’s developmental progress;
- Make accurate and informed observations of the child in the areas of language and cognitive abilities, social and emotional health, and physical development which are appropriate to the child’s age and developmental stage;
- Identify the presence of risk and protective factors;
- Document all surveillance activities and findings in the child’s medical record.



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Any developmental issues identified through surveillance should be addressed by conducting a structured screening for developmental delays or ASDs, or both. Structured screening differs from surveillance in that a validated tool is used to conduct the structured screening.

Structured Screening for Developmental Delays and ASDs

According to the AAP, structured screening for developmental delays and ASDs is the use of standardized, scientifically validated tools to identify and refine a recognized risk. Structured screening focuses on the identification of additional risk factors by targeting specific developmental milestones in language and cognitive abilities, fine and gross motor skills, and social interactions as well as signs and symptoms of ASDs. The screening may require a separate visit, which should be held as soon as possible.

Many validated tools have been developed that are useful in screening for particular developmental delays and ASDs. These validated screening tools reflect a broad variety of age ranges, and differences in costs, length of time involved, and methods of administering the tool. As additional research and testing are conducted, current tools may become obsolete or new tools may become available after completion of the scientific validation process. At the time they conduct the structured screening, providers are responsible for ensuring that they continue to use tools that are validated. Providers may select a specific validated screening tool that is the most suitable tool for the provider's practice. One of the best resources we have identified describing the differences among the available tools can be found at <http://www.medicalhomeinfo.org/screening/DPIP/screeningtoolgrid.pdf>. There are other excellent resources also included later in this document.

When the structured screening indicates a need for diagnostic evaluation, a provider may refer the child for early intervention services (if the child is younger than 3 years of age), or for services provided by the local area intermediate unit (if the child is between 3 and 5 years of age), or to a health care specialist. After the initial structured screening or referral occurs, early intervention programs, local area intermediate units or health care specialists may choose to screen the child again by using a validated screening tool.

Diagnostic Evaluation

When the validated screening tool identifies a child as needing further evaluation, a diagnostic evaluation should be performed by the provider or through a referral to an appropriate specialist or the early intervention program. The diagnostic evaluation differs from structured screening in that it is designed to identify specific developmental disorders or biological reasons for delayed development.

According to the AAP, evaluation is a complex diagnostic procedure aimed at identifying the specific developmental delay or disorder that affects the child and allowing prompt and appropriate therapeutic interventions to be pursued.

Reporting

Providers should use procedure code 96110 and modifier U1 to report the completion of the structured autism screen. To report completion of the developmental surveillance and developmental delay screen, use procedure code 96110 and modifier EP to report completion of the developmental delay screen.

When submitting EPSDT claims, PCPs must append an EP modifier to the preventive EM code to



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signify that all EPSDT screens associated with that visit were completed. The complete EPSDT program description can be found online in the Provider Center at www.keystonefirstpa.com

Recordkeeping

In accordance with MA regulations at 55 Pa.Code § 1101.51(e) (relating to record keeping requirements and onsite access), providers must document the medical necessity for all screening services in the child's medical record. The child's medical record must contain documentation of all surveillance, screening, and referral activities and a copy of the completed validated developmental or autism screening tool that the provider used to conduct the screening.

Resources

Several resources are available to assist providers in educating themselves about surveillance and structured screening and in remaining up to date on validated screening tools. Providers may refer to the following resources for additional information:

The AAP Developmental Surveillance and Screening Policy Implementation Project (D-PIP) may be found online at: <http://www.medicalhomeinfo.org/screening/DPIP.html>.

The National AAP Policy Statement: *Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening* may be found online at: <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;118/1/405.pdf>

The 2008 Bright Futures Guidelines may be found on the AAP Bright Futures web site on-line at: <http://www.brightfutures.aap.org/> or providers may order a complete copy from the AAP Bookstore, online at www.aap.org/bookstore.

The Centers for Disease Control and Prevention Child Development Web site online at: <http://www.cdc.gov/ncbddd/child/> and <http://www.cdc.gov/ncbddd/autism/hcp-screening.html>.

The National AAP Policy Statement: *Identification and Evaluation of Children With Autism Spectrum Disorders*, may be found online at: <http://aappolicy.aappublications.org/cgi/reprint/pediatrics;120/5/1183.pdf>.

The Pennsylvania Medical Assistance Bulletin 99-09-07 *Structured Screening for Developmental Delays and Autism Spectrum Disorder* may be found online at: <http://www.dpw.state.pa.us/PubsFormsReports/NewslettersBulletins/003673169.aspx?BulletinId=4481>

Contact Information:

Providers may contact the following organizations for more information on surveillance, screening and evaluation:

The American Academy of Pediatrics, National Headquarters, 141 Northwest Point Boulevard, Elk Grove Village, IL 60007-1098, (847) 434-4000, (847) 434-8000 (Fax) www.aap.org



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The Pennsylvania Chapter of the American Academy of Pediatrics, Rose Tree Corporate Center II, 1400 North Providence Road, Ste. 3007, Media, PA 19063, (484) 446-3000 www.paaap.org

Bright Futures c/o American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove, IL 60007, (847) 434-4000 Brightfutures@aap.org

AAP Bookstore, 37925 Eagle Way, Chicago, IL 60678, (888) 227-1770 (847) 228-1281 (fax)
www.aap.org/bookstore

AAP Developmental Surveillance and Screening Policy Implementation Project (D-PIP), Holly Griffin, Manager, Medical Home Surveillance and Screening, (800) 433-9016, ext. 7863 hgriffin@aap.org

Centers for Disease Control and Prevention, 1600 Clifton Road Atlanta, GA 30333, U.S.A., Public Inquiries: 1-800-CDC-INFO (232-4636), 1-888-232-6348 (TTY) cdcinfo@cdc.gov

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