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# MEDICAID MEMO

**TO:** Early and Periodic Screening, Diagnosis, and Treatment Providers, Infant and Toddler Connection Providers and DMAS-Enrolled Managed Care Organizations (MCOs) Participating in the Virginia Medical Assistance Program

**FROM:** Patrick W. Finnerty, Director  
Department of Medical Assistance Services

**MEMO:** Special

**DATE:** 2/10/2009

**SUBJECT:** Recommended Developmental Screening Tools for Well-child and Early Periodic Screening Diagnosis and Treatment (EPSDT) Visits

The purpose of this memo is to clarify information previously released in an August 23, 2007 memorandum about reimbursement for developmental screenings and to inform providers of the preferred developmental screening tools that can be reimbursed. This memorandum will also provide information for providers about the importance of referring children at developmental risk to the local Infant & Toddler Connection and EPSDT services.

The Department of Medical Assistance Services (DMAS) is committed to increasing the number of children who receive well-child visits and developmental screenings in accordance with the American Academy of Pediatrics/Bright Futures Recommendations for Preventive Pediatric Health Care. It is hoped that the information in this memorandum will be helpful to providers in assisting DMAS in supporting these recommendations by using standardized developmental screening tools.

Over the past year and a half, DMAS collaborated with the Virginia Chapter of the American Academy of Pediatrics (AAP); the Department of Health; the Department of Mental Health, Mental Retardation and Substance Abuse Services; and private sector stakeholders to increase the use of developmental screening tools. The developmental screening is a component of health supervision conducted during a well-child visit when provided by primary care providers serving as young children's medical homes. As a result of this collaboration, DMAS eliminated several operational barriers that were not conducive to the reimbursement of developmental screenings. For example, DMAS increased the number of allowed developmental screenings for children in the target age range and eliminated prior authorization requirements for developmental screenings. Both DMAS and its' contracted Managed Care Organizations (MCOs) also made changes that allow reimbursement of

developmental screenings on the same date as a well-child visit or problem focused office visit. Also through this collaborative effort, a list was compiled of recommended developmental screening tools for use in well-child visits. In addition, a referral form to facilitate communication between the Infant & Toddler Connection early intervention providers and the medical home was developed to allow a better transfer of information between the local early intervention providers and the local primary care providers. A copy of this form is attached to this memorandum.

## **DEVELOPMENTAL SURVEILLANCE**

Developmental surveillance should be conducted at each well-child visit. Developmental surveillance is the process of recognizing children who may be at risk of developmental delays. Surveillance is longitudinal, continuous, and cumulative and is comprised of the following components: parental concerns; developmental history; observation of the child; identification of risk and protective factors; and accurately documenting the process and findings. The following are examples of conducting surveillance:

- Parental concerns: Simple questions to parents such as “do you have any concerns about your child’s development? Behavior? Learning? Asking about *behavior* can help identify issues, as parents may not be able to differentiate between development and behavior.
- Developmental history: Ask parents about changes since the last visit, and questions about age-specific developmental milestones such as walking, pointing, etc.
- Observation: The health care provider can often see evidence of age-specific developmental milestones, and may be able to confirm parental concerns. It is also important to monitor the parent’s response to the infant, and vice versa.
- Risk and protective factors: Infants born prematurely, at low or very low birth weight, or with prenatal exposure to alcohol, drugs, or other toxins are at risk for developmental delay. Protective factors to support infants at risk, such as participation in home visitation program, or strong connections within a loving and supportive family, should also be considered in determining the overall degree of risk.

## **DEVELOPMENTAL ASSESSMENT AND SCREENING**

If at any time developmental surveillance demonstrates a risk for developmental delay, a standardized screening tool should be administered to further assess the child. As recommended by the AAP, developmental screening using a standardized screening tool should occur at 9, 18, 24 and 30 months of age or at any time when surveillance indicates a risk for developmental delay. An autism specific screening is recommended at the 18 and 24 month visit. Children should be screened for developmental concerns at least 5 times while they are younger than three years of age.

Developmental assessment and screening differs from surveillance because the activity of assessment and screening includes the use of a standardized developmental screening tool. The tools used may vary according to the type of screening or assessment that is provided. All of the examples listed below can be performed by a parent or other office staff and interpreted by the physician during the “face to face” portion of the child’s visit. These tools are designed to be used easily as part of the typical office work flow and the tools are very sensitive and specific with proven statistical validity.

**Recommended Developmental Screening Tools**

Parents' Evaluation of Developmental Status (PEDS),	Parent-report instrument used to identify general developmental delay in the general primary care population
Ages and Stages Questionnaire (ASQ),	Parent-report instrument used to identify general developmental delay in the general primary care population and/or broad high-risk population
Bayley Infant Neurodevelopmental Screen (BINS),	Practitioner-administered instrument used to identify general developmental delay in the high-risk population

**Recommended Tools for Focused Screening for suspected health conditions:**

Cognitive Adaptive Test/Clinical Linguistic Auditory Milestone Scale Expressive and Receptive Language Scale (CAT/CLAMS),	practitioner-administered instrument used to identify general developmental delay in the high-risk population
Language Development Survey (LDS),	a parent-report instrument used to identify language delay in the general primary care population
Clinical Linguistic Auditory Milestone Scale Expressive and Receptive Language Scale (CLAMS),	practitioner-administered instrument used to identify language delay in the high-risk population
Modified Checklist for Autism in Toddlers (M-CHAT)	parent-administered instrument used to screen for autism and developmental delay in the general primary care population

**BILLING FOR DEVELOPMENTAL SCREENINGS**

Assessment and screening is a reimbursable service when a standardized screening tool is used. Providers may bill for a developmental screening or assessment, using the Current Procedural Terminology (CPT) code 96110, (E&M) visit when Modifier 25 is used along with the appropriate E&M code (CPT codes 99201-215 and 99381-395) for that visit.

Providers may use the following modifiers, when appropriate as defined by the most recent (CPT). The recipient's medical record **must** contain documentation to support the use of the modifier by clearly identifying the significant, identifiable service, and tool used that allowed the use of the modifier.

- Modifier 22 – Unusual Procedural Service: When the service provided is greater than that usually required for the procedure code. Use of this modifier will cause the claim to pend for manual review and requires an attachment to explain the use of the modifier. Physicians should not apply this modifier unless there are unusual situations that warrant manual review.
- Modifier 24 – Unrelated E&M Service by the same Physician during the post-operative period.
- Modifier 25 – Significant, separately identifiable E&M Service on the same day by the same Physician on the same day of the procedure or other services.
- Modifier 59 – Distinct Procedural Service

## REFERRALS FOR TREATMENT

When a developmental screening indicates the need for diagnosis or treatment for a suspected condition or abnormality, the child may be referred for medically necessary specialty care or other health services if the screening provider is not able to provide the treatment. Two of the options for referrals for treatment are listed below.

### **Early Periodic Screening Diagnosis and Treatment (EPSDT)**

The EPSDT program is Medicaid's comprehensive preventive child health program for individuals under the age of 21. Federal law (42 CFR § 441.50 et seq) requires a broad range of outreach, coordination, and health services under EPSDT distinct from general state Medicaid program requirements. The goal of EPSDT is to identify and treat health problems as early as possible. EPSDT provides examination and treatment services when a problem is identified at no cost to the enrollee. Information about the EPSDT program can be found on the DMAS website at: <http://www.dmas.virginia.gov/ch-home.htm#EPSDT> or by calling the Maternal and Child Health division at 804-786-6134.

All FAMIS Plus (children's Medicaid) enrollees receive EPSDT benefits. Children enrolled in the FAMIS program in Fee-for-Service are also eligible for EPSDT services. Children enrolled in the FAMIS program who are in an MCO are not eligible for EPSDT treatment services although they do receive the comprehensive well-child visits and screenings referred to in this memo. They would also be eligible for Infant & Toddler Connection services.

### **Infant & Toddler Connection of Virginia**

The Infant & Toddler Connection of Virginia assists families of infants and toddlers with developmental delays and/or disabilities to help their children learn and develop through everyday activities and routines so that they can participate fully in family and community activities. Since there are no income limits for this program, all children who meet the early intervention eligibility criteria and who are under the age of three are eligible to receive early intervention services. In order to take advantage of the services and supports available, families need to know about the system and how to access these resources! More information can be found about the Infant & Toddler Connection of Virginia at: <http://www.infantva.org/>.

#### *Who is eligible for the Infant and & Toddler Connection of Virginia?*

- **Infants and toddlers with 25% or greater delay in one or more developmental area(s):** Cognitive, adaptive, receptive or expressive language, social/emotional, fine motor, gross motor vision, hearing development
- **Infants and toddlers with atypical development – as demonstrated by atypical/ questionable:** Sensory-motor responses, social-emotional development, or behaviors, or impairment in social interaction and communication skills along with restricted and repetitive behaviors
- **Infants and toddlers with a diagnosed physical or mental condition that has a high probability of resulting in developmental delay:** e.g., cerebral palsy, Down syndrome or other chromosomal abnormalities, central nervous system disorders, effects of toxic exposure, failure to thrive, etc.

Instructions about how to refer children to the Infant and & Toddler Connection may be found online at: <http://www.infantva.org/documents/pr-ReferralGuide.pdf>.

The referral form for the Infant & Toddler Connection is attached to this document and it can be found online at: <http://www.infantva.org/documents/forms/3094eEI.pdf>.

### **ELIGIBILITY AND CLAIMS STATUS INFORMATION**

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

### **COPIES OF MANUALS**

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov). Refer to the "DMAS Content Menu" column on the left-hand side of the DMAS web page for the "Provider Services" link, which takes you to the "Manuals, Memos and Communications" link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

### **"HELPLINE"**

The "HELPLINE" is available to answer questions Monday through Friday from 8:30 a.m. to 4:30 p.m., except on state holidays. The "HELPLINE" numbers are:

1-804-786-6273	Richmond area and out-of-state long distance
1-800-552-8627	All other areas (in-state, toll-free long distance)

Please remember that the "HELPLINE" is for provider use only. Please have your Medicaid Provider Identification Number available when you call.

### **PROVIDER E-NEWSLETTER SIGN-UP**

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at [www.dmas.virginia.gov/pr-enewsletter.asp](http://www.dmas.virginia.gov/pr-enewsletter.asp).

Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memos, Medicaid Provider Manuals, or any other official correspondence from DMAS.

## Infant & Toddler Connection of Virginia Referral Form

Physicians: Please complete this form for referring a child to early intervention if you prefer to do so in writing. Also please indicate the feedback that you want to receive from the early intervention program in response to your referral.

Child Contact Information	
Child Name: _____	Date of Birth: ____/____/____ Gender M F
Home Address: _____	City _____ Virginia Zip _____
Parent/Guardian _____	Relationship to Child: _____
Primary Language: _____	Home Phone: _____ Other Phone: _____
Reason for Referral and Referral Information	
<input type="checkbox"/> Developmental Evaluation, which may include evaluations by special instructor and/or physical and/or occupational therapist and/or speech language pathologist.	
<b>Medical Information</b> (Please check all that apply):	
<input type="checkbox"/> Identified condition or diagnosis (e.g., spina bifida, Down syndrome): _____	
<input type="checkbox"/> Suspected developmental delay or concern (Please circle areas of concern): Motor/Physical Cognitive Social/Emotional Speech/Language Behavior Vision Hearing Other _____	
<input type="checkbox"/> Assessment Method/Tool used to identify delay or concern: _____	
<input type="checkbox"/> Other (Please Describe): _____	
Feedback Requested by the Referral Source	
<input type="checkbox"/> Status of Initial Family Contact	
<input type="checkbox"/> Services Being Provided to Child/Family	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Developmental Evaluation Results	
<input type="checkbox"/> Child Progress Report/Summary	
Referral Source Contact Information	
Person Making Referral: _____ Date of Referral: ____/____/____	
Address: _____	
Office Phone ____/____-____ Office Fax: ____/____-____ E-mail _____	
Signature: _____	
Infant & Toddler Connection Information	
Program Name: _____	
Address: _____ City: _____ State: _____ Zip: _____	
Telephone Number: _____ Fax Number: _____	
E-mail _____	
Consent for Release of Protected Health Information	
<b>Extent or nature of use/disclosure is limited to: (Check or list all that apply)</b> History and Physical, including vision and hearing ____ discharge summaries ____ evaluation reports ____ IFSP ____ Progress notes ____ other _____	
<b>Specified purpose or need for use/disclosure is:</b> Intervention and Coordination of Care	
Permission is hereby given to: _____ (Referral Source Name) to disclose information to: _____, (Local Early Intervention System Name, Street Address, City, State, Zip Phone/Fax #). I also authorize the recipient to use the information received pursuant to this authorization.	
As the person signing this authorization, I acknowledge that I am giving my permission to the above-named person/class of persons to disclose and use protected health information.	
Permission is hereby given to: _____ (Local Early Intervention System Name) to disclose information to: _____, (Referral Source name, title and organization, Street Address, City, State, Zip Phone/Fax #). I also authorize the recipient to use the information received pursuant to this authorization. As the person signing this authorization, I acknowledge that I am giving my permission to the above-named person/class of persons to disclose and use protected health information. I further acknowledge that:	
This authorization ____does ____ does not extend to information placed in my record after the date I signed this form.	
I acknowledge that I have read and understand the following.	
<ul style="list-style-type: none"> <li>• I may refuse to sign this authorization.</li> <li>• The referral source and the early intervention system cannot condition the provision of treatment to me on my signing of this authorization.</li> <li>• The original or a copy of this authorization shall be included with my original records.</li> <li>• I have the right to revoke this authorization at any time, except to the extent that action has been taken in reliance on it, by delivering the revocation in writing to the provider who is in possession of my health care records.</li> <li>• There is a potential for any information disclosed pursuant to this authorization to be subject to re-disclosure by the recipient and, therefore, no longer protected by the provisions of the HIPAA Privacy Rule.</li> </ul>	
<b>Signature of Individual (adult) or Legally Authorized Representative</b> _____	
<b>Relationship</b> _____ <b>Date Signed</b> _____	
If not previously revoked, this authorization will expire in: ____90 Days ____ One Year ____ On (specify date or event) _____	
The information may be disclosed effective: ____Immediately ____ (specify date) _____	