



DEVELOPMENTAL, DEPRESSION, AND AUTISM SCREENINGS

Brief Coverage Statement

DEVELOPMENTAL SCREENING

The American Academy of Pediatrics (AAP) defines developmental screening as the administration of a brief standardized tool that aids in the identification of children at risk of a developmental disorder. Developmental screening does not result in either a diagnosis or treatment plan, but identifies areas in which a child's development differs from same-age norms. When a developmental screen identifies a child as being at risk of a developmental disorder, a diagnostic developmental evaluation should follow. The AAP recommends repeated and regular screening at each well child visit.

DEPRESSION SCREENING

Adolescent depression is a common illness and is a leading cause of child and youth disability. Depression frequently begins in adolescence, is recognized as a serious psychiatric illness, and is under-identified and under-treated. As the primary care setting remains a child's main connection to the health care system, it is appropriate to encourage the screening of adolescent depression by primary care providers and facilitate referrals from the primary care setting to the mental health system. The AAP recommends depression screening in adolescents to help identify, manage, and treat adolescent depression. Beginning January 1, 2014 depression screening became a covered benefit for Medicaid eligible adults in addition to adolescents. This policy aims to:

- Improve access to treatment for children with mental illness,
- Support the inclusion of child psychiatry within the scope of practice of primary care, and
- Promote referrals to the mental health system.

AUTISM SCREENING

Early identification of and intervention for developmental problems improves developmental outcomes; and is particularly critical for children with autism spectrum disorders (ASDs), who may demonstrate significant developmental gains with early intervention. Although the average age of diagnosis of ASDs has decreased, many children still do not receive a definitive diagnosis of autism until aged 3½ or older. The AAP recommends screening for autism with an autism specific tool at the age of 18- and 24-months, at the well-child visit.

Note: In order to promote a medical home approach, it is best practice for these screenings to be done in conjunction with the primary care provider and that the frequency and results of the screens must be communicated with the primary care provider.

This policy applies to outpatient providers and services only and is not intended to address coverage for inpatient hospital stays or emergency department care.



Services Addressed in Other Policies

- None

Note: Children enrolled in Colorado Medicaid can receive mental health services through the Colorado Medicaid Community Mental Health Services Program, a statewide managed care mental health program, for diagnoses that are covered by the Behavioral Health Organizations (BHO). Children whose diagnoses are not covered by the BHO or are otherwise exempt from the BHO, receive mental health services through the Mental Health Fee-for-Service benefit.

Eligible Providers

The following providers must be enrolled in Colorado Medicaid:

DEVELOPMENTAL SCREENING	DEPRESSION SCREENING
<p>PRESCRIBING PROVIDER</p> <ul style="list-style-type: none"> Physician Physician Assistant Psychologist, Psy.D/Ph.D Nurse Advanced Practice Nurse 	<p>PRESCRIBING PROVIDER</p> <ul style="list-style-type: none"> Physician Physician Assistant Psychologist, Psy.D/Ph.D Nurse Advanced Practice Nurse
<p>RENDERING PROVIDER</p> <ul style="list-style-type: none"> Physician Physician Assistant Psychologist, Psy.D/Ph.D Nurse Advanced Practice Nurse Early Childhood Special Educator Licensed Clinical Social Worker (LCSW) Licensed Marriage and Family Therapist Licensed Professional Counselor (LPC) 	<p>RENDERING PROVIDER</p> <ul style="list-style-type: none"> Physician Physician Assistant Psychologist, Psy.D/Ph.D Nurse Advanced Practice Nurse Licensed Clinical Social Worker (LCSW) Licensed Marriage and Family Therapist Licensed Professional Counselor (LPC)

Note: The prescribing provider is the practitioner who can order the service. The rendering provider is the practitioner who can render the service within the scope of their practice, certifications, and licensure. The rendering provider may or may not be the rendering provider on the claim form, as not all provider types are able to enroll as a Colorado Medicaid provider.



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Eligible Places of Services

- Office
- Outpatient Hospital
- Clinic
- School-Based Health Center
- Federally Qualified Health Center
- Public Health Clinic
- Rural Health Clinic
- Home
 - For children receiving services through the Health Care Program for Children with Special Needs

Eligible Clients

DEVELOPMENTAL SCREENING

- Colorado Medicaid enrolled children aged 0 – 4 (up to 59 months)

DEPRESSION SCREENING

- Colorado Medicaid enrolled individuals aged 11 and over

AUTISM SCREENING

- Colorado Medicaid enrolled children aged 18- and 24-months

Covered Services and Limitations

DEVELOPMENTAL SCREENING

Colorado Medicaid covers developmental screening for children ages 0 – 4 (up to 59 months), using a standardized, validated developmental screening tool (i.e., PEDS, Ages and Stages, etc.) at the child’s periodic visits. In the absence of established risk factors or parental or provider concerns, the AAP recommends developmental screens at the 9-, 18-, and 30-month, and 3 and 4 year well-child visit. The exact frequency of validated, standardized screening depends on both the concerns of the parents and provider as to whether routine surveillance suggests the child may be at risk for developmental delays. Please refer to the Special Provision: Exception to Policy Limitations for Clients Aged 20 and Younger Section for documentation required for screening at a frequency in excess of the limitations.

LIMITATIONS:

- Three (3) screens per year for children aged 0 – 24 months
- Two (2) screens per year for children aged 25 – 59 months

Note: Colorado Medicaid does not require the use of a specific developmental screening tool, but providers must use a validated, standardized developmental screening tool. Please refer to the



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AAPs developmental screening policy statement, [“Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening,”](#) for a complete list of developmental screening tools.

DEPRESSION SCREENING

Colorado Medicaid covers depression screening for individuals aged 11 and older, using a standardized, validated depression screening tool (i.e., PHQ-9, Edinburgh Postnatal Depression Scale, Columbia Depression Scale, Beck Depression Inventory, Kutcher Adolescent Depression Scale, etc.) at the client’s periodic visits. The exact frequency of validated, standardized screening depends on both the concerns of the child’s parents or adult client and also the provider as to whether routine surveillance suggests the client may be at risk for depression. Please refer to the Special Provision: Exception to Policy Limitations for Clients Aged 20 and Younger Section for documentation required for screening at a frequency in excess of the limitations.

LIMITATIONS:

- One (1) screen per year for clients aged 11 and older.
- Postpartum Depression Screening: providers may choose to screen postpartum clients for postpartum depression as part of the client’s annual depression screen. When a provider is primarily seeing an infant for a well-child check, the provider may include postpartum screening of the Medicaid mother for depression as a separate service.

Note: Colorado Medicaid recommends the use of PHQ-9, but other validated, standardized depression screening tools are also acceptable.

REFERRALS TO CARE:

If a behavioral health need is identified, the primary care clinician must offer to either:

- Provide the necessary services or
- Refer the patient to a specialist.

Primary care providers who choose to refer a client to a specialist must assist with the referral process. For more information on which BHO to refer pediatric clients, visit the [BHO](#) Web site: Colorado.gov/hcpf, click “Clients & Applicants,” click “Medicaid Managed Care,” and click “Behavioral Health Organizations.”

AUTISM SCREENING

Colorado Medicaid covers autism screening for children aged 18- and 24-months, using a standardized, validated autism screening tool (i.e., M-CHAT, etc.) at the child’s periodic visits. When an autism screen identifies a child as being at risk for an Autism Spectrum Disorder, an ASD Diagnostic Evaluation should follow



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LIMITATIONS:

- Two (2) screens between the child's 18- and 24-month visit.

SPECIAL PROVISION: EXCEPTION TO POLICY LIMITATIONS FOR CLIENTS AGED 20 AND YOUNGER

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid program that requires the state Medicaid agency to cover services, products, or procedures for Medicaid clients ages 20 and younger if the service is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition (health problem) identified through a screening examination (includes any evaluation by a physician or other licensed clinician). EPSDT covers most of the medical or remedial care a child needs to improve or maintain his/her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT does not require the state Medicaid agency to provide any service, product, or procedure that is

- Unsafe, ineffective, or experimental/investigational.
- Not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, and/or other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

Non-Covered Services and General Limitations

DEVELOPMENTAL SCREENING NON COVERED SERVICES

- Developmental Surveillance: Asking questions about development as part of the general informal developmental survey or history is part of standard practice and should occur at each periodic visit, and **is not considered a validated, standardized screening and is not separately reportable.**

DEPRESSION SCREENING NON COVERED SERVICES

- Depression Surveillance: Asking questions about emotional issues/psychosocial functioning as part of the general informal developmental survey or history is part of standard practice and should occur at each periodic visit, and **is not considered a validated, standardized screening and is not separately reportable.**
- Postpartum depression screening is not currently reimbursable *in addition* to a client's annual depression screening; a postpartum screening counts toward the client's one (1) screen per year.



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Prior Authorization Requirements

EPSDT AND PRIOR APPROVAL REQUIREMENTS

If the service, product, or procedure requires prior approval, the fact that the client is under 21 years of age does **not** eliminate the requirement for prior approval.

DEVELOPMENTAL SCREENING

- Prior authorization is not required for developmental screens

DEPRESSION SCREENING

- Prior authorization is not required for depression screens

AUTISM SCREENING

- Prior authorization is not required for autism screens

Note: Providers may be subject to post payment review to assure the use of a validated, standardized screening tool and medical justification for screens in excess of the limitations found within the covered services section.

Billing Guidelines

DEVELOPMENTAL SCREENING

- The use of developmental screening tools of a limited nature is reported using CPT code 96110, “Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report.”
 - To report a positive screen:
 - Use a valid diagnosis code within category 315, “Specific Delays in Development,” category 313, “Disturbance of Emotions Specific to Childhood and Adolescence,” category 314, “Hyperkinetic Syndrome of Childhood,” for specific delays in mental development.
 - Use a valid diagnosis code within category 783, “Symptoms Concerning Nutrition, Metabolism, and Development,” for physiological delays.
 - To report a negative screen:
 - Use code V20.2, “Routine Infant or Child Health Check.”
- When developmental screening suggests an abnormality in a particular area of development, more extensive formal testing is needed to evaluate the concern. Providers should use 96111, “Developmental testing; extended (includes assessment of motor,



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language, social, adaptive, and/or cognitive functioning by standardized developmental instrument) with interpretation and report.”

- When a limited or extended screening test is performed along with any evaluation and management (E/M) service (i.e. preventative medicine or outpatient office visit), both the developmental testing and E/M codes should be reported.
- CPT Codes 96110 and 96111 **can not** be billed together for the same date of service.

DEPRESSION SCREENING

- Providers should report CPT code 99420, “Administration and interpretation of health risk assessment instrument (e.g., health hazard appraisal),” when providing depression screens.
 - To report a positive screen:
 - Use code V40.9, “Unspecified Mental or behavioral problem.”
 - To report a negative screen:
 - Use code V79.8, “Special Screening for Mental Disorder and Other Handicaps, Other Specified Mental Disorders and developmental handicaps.”

ADOLESCENT POST-PARTUM DEPRESSION SCREENING

- Providers should report CPT code 99420 with modifier HD.
 - To report a positive screen:
 - Use a valid diagnosis code within category 648, “Other Current Conditions in the Mother Classifiable Elsewhere, but Complicating Pregnancy, Childbirth, or the Puerperium.”
 - To report a negative screen:
 - Use code V79.8, “Special Screening for Mental Disorder and Other Handicaps, Other Specified Mental Disorders and developmental handicaps.”

AUTISM SCREENING

Providers should report CPT code 96110, “Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report,” with modifier EP, when providing autism screens.

- To report a positive screen:
 - Use code V40.3, “Other Behavioral Problems.”
- To report a negative screen:
 - Use code V79.3, “Developmental Handicaps in Early Childhood.”



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References

American Academy of Pediatrics. "Developmental Screening, Testing Coding Fact Sheet for Primary Care Pediatricians." 2009

American Academy of Pediatrics. "Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening," *Pediatrics*. Vol. 118, 1, July 2006.

American Academy of Pediatrics. "Identifying Children with Autism Early?" *Pediatrics*. Vol. 119, 1, January 2007.

Zuckerbrot et al. "Guidelines for Adolescent Depression in Primary Care (GLAD-PC): I. Identification, Assessment, and Initial Management," *Pediatrics*. Vol. 120, 5, November 2007.

A handwritten signature in black ink, appearing to be 'J.M.', written over a horizontal line.

Medicaid Director Signature

A handwritten date in black ink, '7/21/2011', written over a horizontal line.

Date