

Developmental Screening

Performance Measure Set: CCO Incentive Medicare Star Rating

Quality Measurement Type: Structure Process Outcome Patient Experience

Data Type: Claims Chart Documentation eCQM Survey Other

State Benchmark: 80.0% Metrics and Scoring Committee consensus

Who: All patients born between January 1, 2017–December 31, 2019.

Why: Recommendations from “Bright Futures” call for all children to be screened, using a global developmental screening tool, at three different times during the first three years of life in the context of routine well-child visits or when a concern is raised through standardized developmental surveillance. The CCO incentive metric is intended to operationalize whether “Bright Futures” recommended care is provided for young children.

What: Percentage of children who were screened for risk of developmental, behavioral or social delays in the 12 months prior to eligible birthday.

How: The American Academy of Pediatrics recommends developmental surveillance be incorporated at every well-child preventative care visit. Screening tests are recommended at 9 months, 18 months, and 24 months, or 30 months depending upon frequency of pediatric visits.

OHA Recommended tools:

- Ages and Stages Questionnaire, Third Edition (ASQ-3)⁴, or
- Parents’ Evaluation of Developmental Status (PEDS)⁵, with or without the Developmental Milestones (DM).

For complete list of qualifying screening tools refer to OHA Guidance Document.

Exclusions: None.

Coding: CPT: 96110

The Oregon Health Authority reimburses for developmental screening under the CPT code 96110 for physicians, nurse practitioners (NPs) or physician assistants (PAs). The reimbursement for the code is based on the provider’s time reviewing the results and interpreting the findings with the family.

Developmental Screening FAQs

Q: What documentation do I need to have in the chart to support a developmental screening?

A: Results of screen, documented review with parent/guardian, and provider records of what action was taken (including “no action taken” for normal results).

Q: Can my medical assistant add developmental screening answers to the medical record after the visit?

A: It can be added in an addendum once the encounter has been closed; however, it **MUST** be added on the day of service.

Best practice: Have the MA enter results into the medical record after the parent fills it out but before the provider enters the room. The provider can auto-populate results into the chart note, review with parent, and document action taken.

Q: Does my organization have to use the Ages & Stages Questionnaire?

A: No, OHA also accepts the Parents Evaluation of Developmental Status (PEDS)5, with or without the Developmental Milestones (DM).

Q: Where can my organization purchase these screening tools?

A:

Ages & Stages Questionnaire:

<http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/>

Parents Evaluation of Developmental Status:

<http://www.pedstest.com/default.aspx>

Q: Can I screen a child during a sick visit, or only during a Well Child Check?

A: Yes, you can administer the screening at any time you see that the patient is due, even if they are not there for a well-child check.

Q: Who gives the screening tool to the parent/guardian?

A: It depends on what works best for your clinic. A lot of clinics have found it helpful to give the screening to the parent/guardian at check-in, giving them time to fill it out before being called back. The MA can then score the tool in the room and enter it into the EHR. The provider must review the results with the parent/guardian.

Q: Is the PCP required to complete the screen?

A: No, anyone can assist parents in completing the screen; the PCP is only required to interpret the results and discuss them with the family.

Q: Will the patient/parent/guardian be billed for the screening? What if it's done more than once in a year?

A: The screening is covered by insurance regardless of the frequency of screening.

Q: What happens if we get an abnormal result?

A: The provider should review the results first. If they determine the child is not developing typically a referral should be made. The uniform Oregon referral form for early intervention can be located online:

<http://www.oregon.gov/ode/students-and-family/SpecialEducation/earlyintervention/Pages/default.aspx>

Note: Parent/guardian signature is required.