

MEDICAL ASSISTANCE BULLETIN

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SUBJECT

Structured Screening for Developmental Delays and Autism
Spectrum Disorders

BY



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PURPOSE:

The purpose of this bulletin is to provide clarification and resource information for developmental surveillance, screening and evaluation for developmental delays and Autism Spectrum Disorders (ASDs) and remind providers of required documentation for developmental and autism surveillance, screening and referral activities.

SCOPE:

This bulletin applies to all providers enrolled in the Medical Assistance (MA) Program who render services to MA recipients in the Fee-For-Service (including ACCESS Plus) and managed care delivery systems.

BACKGROUND:

Developmental surveillance and screening for developmental delays and ASDs should be conducted at intervals which meet the standards of medical practice as established by recognized medical organizations involved in child health care, primarily the American Academy of Pediatrics (AAP). In January 2008, the 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 the 2008 Bright Futures Guidelines, the AAP recommended 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 Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screening visit. The AAP also recommended that the screens at 9 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. Providers should also conduct structured screening outside of the recommended screening periodicities if medically necessary.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll free number for your provider type.

Visit the Office of Medical Assistance Programs Web site at www.dpw.state.pa.us/omap

After the AAP issued these guidelines, on July 1, 2008, the Department of Public Welfare (Department) added screening for developmental delays and ASDs to the MA Program Fee Schedule for MA recipients under 21 years of age. See MA Bulletin 99-08-10, "Screening for Developmental Delays and Autism Spectrum Disorders". Thereafter, on September 1, 2008, the Department 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. See MA Bulletin 99-08-13, "Updates to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule". The Department increased the MA fees for complete EPSDT screens to support the additional time needed to perform a complete EPSDT screen due to the new screening components as well as a provider's additional administrative costs associated with those new components.

Since the issuance of MA Bulletins 99-08-10 and 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.

DISCUSSION:

Early childhood presents the best opportunity to screen children for developmental delays and ASDs. Developmental surveillance and structured screening for developmental delays and ASDs are separate elements of a comprehensive health assessment performed during a preventive care office visit or EPSDT screening visit; either element may assist providers in determining whether a child should be referred for a diagnostic evaluation for developmental delay or ASD. Surveillance and screening are not diagnostic procedures; however, based upon the outcome of surveillance and screening activities, indicators of high risk for developmental delay or ASD should prompt providers to perform diagnostic evaluations, or refer the child to a specialist for the evaluation.

The following definitions and clarifications are intended to assist providers in performing appropriate surveillance and screening services.

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. The AAP recommends 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; and
- document all surveillance activities and findings.

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. Providers are responsible for ensuring that they continue to use tools that are validated at the time they conduct the structured screening. Providers may select a specific validated screening tool that is the most suitable tool for the provider's practice.

Examples of current validated screening tools used to identify children at risk of developmental delays include the Ages and Stages Questionnaire (ASQ) and the Parents' Evaluation of Developmental Status (PEDS). The ASQ is completed by the parent and scored by a medical professional to obtain age-specific screening information related to communication, gross motor, fine motor, problem-solving and personal adaptive skills and to identify the need for further evaluation. The PEDS is completed by the parent and is designed to screen for developmental and behavioral problems which may require further surveillance or evaluation, or both. The Modified Checklist for Autism in Toddlers (M-CHAT) is an example of a validated screening tool used to identify children at risk of ASDs. A list of additional current validated screening tools, "Validated Screening Tools for Developmental Delays and Autism Spectrum Disorders", is attached to this bulletin.

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 affect the child and allow prompt and appropriate therapeutic interventions to be pursued.

PROCEDURE:

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 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 on-line at:

<http://aappolicy.aappublications.org/cgi/reprint/pediatrics;118/1/405.pdf>

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

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, on-line at www.aap.org/bookstore.

The Centers for Disease Control and Prevention Child Development web site on-line at: <http://www.cdc.gov/ncbddd/child/>.

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>.

Billing

Providers should follow the billing procedures as defined in MA Bulletins 99-08-10, "Screening for Developmental Delays and Autism Spectrum Disorders", and 99-08-13, "Updates to the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule". Providers should follow the billing instructions as described in the "CMS-1500 Billing Guide for PROMISE™ Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services" when billing for EPSDT screens. This billing guide can be found online at: <http://www.dpw.state.pa.us/PartnersProviders/PROMISE/003675041.htm>. Providers

may also refer to MA Bulletins 99-08-10 and 99-08-13 for payment information. Providers rendering services in the MA managed care delivery system should direct any payment-related questions regarding screening for developmental delays and ASDs to the appropriate MA managed care organization.

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.

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

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 Blvd.
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

Attachment: Validated Screening Tools for Developmental Delays and Autism Spectrum Disorders