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GAVIN NEWSOM  
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**Proposition 56**  
**Developmental Screenings Policy**  
**October 2019**

Developmental screening is the use of a standardized set of questions to see if a child’s motor, language, cognitive, social, and emotional development are on track for their age. National guidelines recommend developmental screening for all children at 9 months, 18 months, and 30 months of age, and as medically necessary when risk is identified on developmental surveillance. All children enrolled in Medicaid are entitled to receive developmental screening as it is a required service for children under the Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.

Policy

- Effective Date: January 1, 2020
- Target Population: Children up to age 30 months (excludes those dually eligible for Medicare and Medi-Cal)
- Provider Types: All
- CPT Code: 96110<sup>1</sup>
- Rate: \$59.90

For Fiscal Year (FY) 19-20 the Governor’s Budget included \$60 Million (50% Proposition 56 Funds/50% Federal Funds) to support developmental screenings on an ongoing basis for all children with full-scope coverage in Medi-Cal. These screenings will be billed and reimbursed in both the managed care and fee-for-service delivery systems. In fee-for-service Medi-Cal these payments will be paid for by the provider submitting the claim with the CPT code. In Medi-Cal managed care the payment will be a directed payment from the Medi-Cal managed care health plan (MCP) that will be in addition to whatever the provider is paid by the MCP for the accompanying office visit. Developmental screening performed in Federally Qualified Health Centers, Rural Health Clinics, and Indian Health Services – Memorandum of Understanding clinics will also be reimbursed at the FFS rate of \$59.90.

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<sup>1</sup> Please note the KX modifier denotes screening for autism. Claims with the KX modifier will not be valid for supplemental Prop 56 directed payment.

## Tools

- A standardized screening tool that meets the criteria set forth by the American Academy of Pediatrics (AAP)<sup>2</sup> and the Centers for Medicare and Medicaid Services<sup>3</sup> will be used. The following tools currently meet the aforementioned criteria:
  - Ages and Stages Questionnaire (ASQ) - 4 months to age 5
  - Ages and Stages Questionnaire - 3rd Edition (ASQ-3)
  - Battelle Developmental Inventory Screening Tool (BDI-ST) - Birth to 95 months
  - Bayley Infant Neuro-developmental Screen (BINS) - 3 months to age 2
  - Brigance Screens-II - Birth to 90 months
  - Child Development Inventory (CDI) - 18 months to age 6
  - Infant Development Inventory - Birth to 18 months
  - Parents' Evaluation of Developmental Status (PEDS) - Birth to age 8
  - Parent's Evaluation of Developmental Status - Developmental Milestones (PEDS-DM)

Please note that this list is set forth in the CMS Core Set Measure requirements document and is subject to change.

## Frequency

- Developmental screenings are recommended at three specific times in early childhood (9 months, 18 months, and 30 months); and when medically necessary as determined by developmental surveillance. Screenings can occur at least 2 times per year, as well as when medically necessary. Screenings can occur between ages 0 to 5 years without a TAR, and with a TAR override if a screen needs to occur for a child ages 6 to 20 years.

## Monitoring & Oversight

Monitoring and oversight will be conducted by both MCPs and DHCS. MCPs will include oversight in their utilization management processes as appropriate; and during Facility Site Reviews when MCP nurses go onsite to provider offices and review medical records to determine if appropriate services such as screenings have occurred. DHCS will utilize its Audits & Investigations Division to monitor over-utilization through desk and onsite provider reviews and review of MCP encounter data.

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<sup>2</sup> <https://pediatrics.aappublications.org/content/118/1/405.full> - Broad screening tools should address developmental domains including fine and gross motor skills, language and communication, problem solving/adaptive behavior, and personal-social skills. Screening tools also must be culturally and linguistically sensitive. Screening tests should be both reliable and valid, with good sensitivity and specificity.

<sup>3</sup> <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html> - Tools meet the following criteria: 1. Developmental domains: The following domains must be included in the standardized developmental screening tool: motor, language, cognitive, and social-emotional. 2. Established Reliability: Reliability scores of approximately 0.70 or above. 3. Established Findings Regarding the Validity: Validity scores for the tool must be approximately 0.70 or above. Measures of validity must be conducted on a significant number of children and using an appropriate standardized developmental or social-emotional assessment instrument(s). 4. Established Sensitivity/Specificity: Sensitivity and specificity scores of approximately 0.70 or above.