Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening

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Learning Objectives

• Summarize the recommended steps for effective developmental surveillance and screening, including screening tools, diagnosis, and referral.

• Identify components of developmental surveillance, including communication with other professionals.

• Identify AAP partner initiatives and resources available to assist with implementation of developmental screening, referral, and follow-up.
Trends in Standardized Developmental Screening:
Results from National Surveys of Pediatricians, 2002-2016

Fig. 1: Rates of Developmental Screening Tool Use among Pediatricians, 2002-2016

Fig. 2: Who Administers Formal Screening in Pediatricians’ Practices? Changes from 2002-2016*

<table>
<thead>
<tr>
<th>Role</th>
<th>2002</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pediatrician (alone or with other staff)</td>
<td>4%</td>
<td>86%</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>3%</td>
<td>4%</td>
</tr>
<tr>
<td>Nurse</td>
<td>6%</td>
<td>23%</td>
</tr>
<tr>
<td>Medical Assistant</td>
<td>1%</td>
<td>23%</td>
</tr>
<tr>
<td>Other</td>
<td>13%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Trends: Screening and Referral

Screening Barriers

• Time limitations
• Inadequate reimbursement
• Lack of office staff to perform screenings

Referrals

• Increase from 41% in 2002 to 59% of at-risk patients to Early Intervention (EI)

Screening and Identification of Developmental Disabilities and Behavioral and Emotional Problems

- Newborn Care
  - Metabolic Disorders
  - Intellectual and Learning Disabilities
- Health Supervision Visit
  - Hearing
  - Specific Language Disorders
  - Autism Spectrum Disorder*
  - Motor Disorders*
  - Vision*
  - High-Risk Conditions*

Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening

Paul H. Lipkin, MD, FAAP; Michelle M. Macias, MD, FAAP; COUNCIL ON CHILDREN WITH DISABILITIES, SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS

Algorithm for Screening a Patient Without Identified Risks for Developmental Problems at a Health Supervision Visit

1. Patient without identified risks or developmental problems arrives for health supervision visit
2. Visit designed for:
   - 9, 30 mo: Administer developmental screen
   - 18 mo: Administer developmental screen and ASD screen
   - 24 mo: Administer ASD screen
   - Other ages: Additional screening with developmental concerns
3. Perform physical examination & routine developmental surveillance (incl. risk factor assessment)
4. Motor concern?
   - N
     - Screening result concerning?
       - N
         - Unaddressed concern from surveillance?
           - N
             - Perform remainder of Bright Futures visit
           - Y
             - Developmental diagnosis established?
               - N
                 - Motor Disorder Evaluation (Indicated CK and thyroid testing, possibly neuroimaging; see text)
               - Y
                 - Initiate Chronic Condition Management
5. Y
   - Motor Disorder Evaluation (Indicated CK and thyroid testing, possibly neuroimaging; see text)
6. Medical Evaluation (Indicated genetic testing, chronic condition evaluation; see text, Figure 3)
7. Developmental Evaluation (Indicated early intervention & therapy referrals; see text)
8. Identify concern in record system**
9. Set early return flag**
10. Y
11. Y
12. Y
13. Y
14. Y
15. Y
16. End

*Screening instruments may be administered through a pre-visit process initiated by the practice or by the family.
**Providers should create methods in their record system (paper or electronic) to ensure that these facts are visible to clinicians in future visits and in the appointment scheduling process.

Uniting Developmental Screening

General and Autism Paths

1. Patient without identified risks or developmental problems arrives for Bright Futures visit
2. Visit designed for:
   - 9, 30 mo: Administer* developmental screen
   - 18 mo: Administer* developmental screen and ASD screen
   - 24 mo: Administer* ASD screen
   - Other ages: Additional screening with developmental concerns

Motor Path

3. Motor concern?
4. Screening result concerning?
   - N
   - Y: Motor Disorder Evaluation (Indicated CK and thyroid testing, possibly neuroimaging; see text)
5. Y: Motor concern?
6. Screening result concerning?
   - N
   - Y: Medical Evaluation (Indicated genetic testing, chronic condition evaluation; see text, Figure 3)

Surveillance and Screening: Modifications

• Screening
  ▪ Integration of general developmental screening with autism screening, motor screening, other
  ▪ Ages of screening unchanged (9, 18, 24 [ASD], 30 months)

• Surveillance: refined definition
  ▪ Screening by childcare and early childhood professionals: Incorporation by the pediatrician into surveillance at every health supervision visit
    – Review with family
    – Associated actions?
    – Discussion with screening professional
    – Repeat screening?

• Heightened attention to surveillance at the 4- to 5-year visit
Implementation: Surveillance 2020

Parent-Clinician Discussion at Every Health Supervision Visit

1. Eliciting and attending to the parents’ concerns about their child’s development;
2. Obtaining, documenting, and maintaining a developmental history;
3. Making accurate and informed observations of the child;
4. Identifying risk and strengths and protective factors;
5. Maintaining an accurate record of documenting the process and findings;
6. *Sharing and obtaining opinions and findings with other professionals (childcare providers, home visitors, preschool teachers, and developmental therapists), especially when concerns arise*
Implementation: Surveillance 2020

• Developmental surveillance at every health supervision visit
  ▪ Includes sharing and obtaining opinions and findings

• Establish relationships with local childcare professionals, therapists, and educators for ongoing developmental surveillance and discussion of screening results.

• Consider direct referral to EI/early childhood education, for developmental and medical evaluations without screening, when the child is determined to be at increased risk.
Implementation: Screening 2020

• Standardized screening test for all children at 9, 18, and 30 months, and for those whose surveillance yields concerns about delayed or disordered development.
  ▪ Heightened attention through surveillance at the 4- and 5-year visits

• Standardized ASD screening test at the 18- and 24-month visits and at any time for those whose surveillance yields concerns about delayed or disordered social development.
<table>
<thead>
<tr>
<th>Supplemental Table 1</th>
<th>Developmental Screening Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>Age Range</td>
</tr>
<tr>
<td>Ages and Stages Questionnaires – 3</td>
<td>Parent-completed questionnaire, Series of 21 questions screening communication, gross motor, fine motor, problem-solving, and personal adaptive skills. Results in pass, monitor, or fail score for domains</td>
</tr>
<tr>
<td>PEDS</td>
<td>Parent interview form. Designed to screen for developmental and behavioral problems needing further evaluation. Single response form used for all ages. May be useful as a surveillance tool</td>
</tr>
<tr>
<td>PEDS: Developmental Milestones Screening Version</td>
<td>Parent interview form. Designed to screen for developmental and social-emotional problems</td>
</tr>
<tr>
<td>SWYC: milestones</td>
<td>12 age-specific forms, keyed to pediatric periodicity schedule. Includes cognitive, language, and motor skills</td>
</tr>
</tbody>
</table>

Screening Results

**Low risk**: Awesome!
Review result with family, highlighting strengths.
Let the family know when the next screening will occur.

**High risk**: Use the opportunity to review responses to items, provide clinical interpretation, and then follow up with next steps.
Implementation: Screening and Continued Care

• Early return visits for continued close surveillance with ongoing concerns

• Refer when results are concerning:
  ▪ EI and early childhood programs
  ▪ Medical workup as indicated (PCP vs. Consultant)
  ▪ Developmental evaluation to identify a specific developmental disorder

• Initiate a program of chronic condition management for the child identified with a developmental or behavioral disorder.

• Family support services (eg, Family Voices, Parent to Parent USA, and state-based Family-to-Family Health Information Centers)
Documentation

Must have documentation in EHR or it didn’t happen!

- Consider dot phrases or template to cut and paste in note.
- Scan in paper form if not available electronically.
- If electronic, copy and paste summary.

Documentation *must* include language about scoring and administration of standardized instrument **PLUS** discussion of results with the family *at the time of the visit* to support BILLING for screener

- 96110 Developmental screening
- 96127 Behavioral/emotional assessment
- 96161 Caregiver health risk assessment
Implementation: Screening and Medical Testing

Medical diagnostic evaluation to identify an underlying etiology and to provide related counseling and treatment.

- Hearing and vision screening
- Motor delay: detailed neurologic examination
  - ↑ tone → consider brain imaging
  - normal or ↓ tone → creatine kinase (CK) and TSH should be obtained
- Global delay, intellectual disability, or autism, consider chromosome microarray, Fragile X testing
  - Consider metabolic testing depending on H&P
Follow-through is ESSENTIAL!
Ongoing Challenges to Referral

• High rates of non-referral (~40%)

• High rates of incomplete referrals and evaluations
  ▪ Consider parental health literacy.
  ▪ Rates improved by strategies that closely connect the medical home with EI such as electronic transmission of referrals.

• Barriers
  ▪ Lack of feedback from EI program about the child’s progress and outcomes.
  ▪ Increased concern with quality of services.

Developmental Screening: Coding

**96110:** “Developmental Screening”

- Developmental screening, with interpretation and report.
- Expectation is that the standardized screening tool will be completed by a clinical staff member and reviewed by the physician.
- No physician work is included in the RVU—meant to cover the practice expense and malpractice costs only.
- Reported in addition to E/M services provided on same date with modifier 25 appended to E/M code.
- Medicaid may not pay separately for developmental screening when provided as part of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services. However, if they do, they may require modifier EP.
- Code one unit of 96110 for each screen, even if performed on the same date of service. Please note that CMS edits place a limit of 3 units of 96110 for a single encounter.
96110 and E/M coding

- Append modifier 25 to E/M to show the E/M is a separate and identifiable service by the same physician (on the same day of the procedure) from the procedure performed.

Alternatively, if the payer does not permit modifier 25

- Append modifier 59 (distinct procedural service) to 96110 to show the services were separate and necessary at the same visit.
Developmental Surveillance and Screening in 2020: Next Steps

• Work toward early universal developmental screening of all children for earliest identification of developmental disorders, with identification of barriers limiting this practice.

• Additional efforts needed to enhance referral systems, improve EI programs, and provide better tracking of child outcomes.

• Improved access to evaluation and treatment options for children with concerning screen results needed.

• Continue advocating for effective and evidence-based interventions across EI and treatment programs.

• Need for improved communication between pediatricians and local EI professionals.
Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening

Paul H. Lipkin, MD, FAAP; Michelle M. Macias, MD, FAAP; Council on Children With Disabilities, Section on Developmental and Behavioral Pediatrics
The STAR Center offers information and resources, including screening recommendations, practice tools, and individualized assistance, to help pediatric health care providers implement effective screening, referral, and follow-up for developmental milestones, maternal depression, and social determinants of health.

<table>
<thead>
<tr>
<th>Screening Recommendations</th>
<th>Screening Tools</th>
<th>Interactive Training</th>
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<tbody>
<tr>
<td><img src="image1.png" alt="Screening Process Resources" /></td>
<td><img src="image2.png" alt="Practice Success Stories" /></td>
<td><img src="image3.png" alt="Questions? We Can Help." /></td>
</tr>
</tbody>
</table>

www.aap.org/screening

BrightFutures.aap.org
Learn the Signs. Act Early.

CDC’s Developmental Milestones

CDC’s Milestone Tracker App

Espanol (Spanish)

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Milestones Matter: Don’t Underestimate Developmental Surveillance

MOC

AVAILABLE:

01/07/2020 - 01/06/2023

DESCRIPTION & LEARNING OBJECTIVES | CREDIT INFORMATION | REGISTRATION FEES
COURSE DETAILS | TECHNICAL REQUIREMENTS

ONLINE COURSE

PediaLink

The AAP Online Learning Center

Price $0.00

Member Price $0.00
Birth to 5: Watch Me Thrive!

• Coordinated federal effort to encourage healthy child development, universal developmental and behavioral screening for children, and support for the families and providers who care for them.

  www.acf.hhs.gov/programs/ecd/watch-me-thrive

• *Birth to 5: Watch Me Thrive!* seeks to:
  - Celebrate milestones.
  - Promote universal screening.
  - Identify possible delays and concerns early.
  - Enhance developmental supports.

• Provides:
  - Compendium of research-based screening tools
  - “User’s Guides” for multiple audiences
  - Electronic package of resources for follow-up and support
  - Screening passport available!
Developmental Surveillance and Screening During the Pandemic

• Continue to follow recommendations from the AAP developmental surveillance and screening clinical report.

• Consistent with AAP guidance on well-care during the COVID-19 pandemic, continue in-person well-care whenever possible.
  - Incorporate strategies such as scheduling well-care at different times of day than sick visits.

• Continue to utilize available resources and communicate with community partners and EI, discussing any changes during this time.
Developmental Screening Resources

• Early Childhood Technical Assistance Center (ECTA) [www.ectacenter.org](http://www.ectacenter.org)
  Provides practice improvement tools, contact information for state Part C coordinators, and other early childhood resources.

• Center for Parent Information & Resources
  [www.parentcenterhub.org/resourcelibrary](http://www.parentcenterhub.org/resourcelibrary)
  Provides information on disabilities, IDEA, and effective educational practices (English and Spanish).

• Learn the Signs. Act Early. [www.cdc.gov/ncbddd/autism/actearly](http://www.cdc.gov/ncbddd/autism/actearly)
  Provides parent, provider, and childcare educational resources on developmental milestones and developmental disabilities. Milestones Matter - Encourage Parents to Track Their Child's Development.
Developmental Screening Resources cont.

- **CDC's free Milestone Tracker App** helps parents monitor their children's development from age 2 months–5 years. Interactive checklists with photos and videos make tracking milestones easy and fun. Generates a personalized summary to help you perform developmental surveillance as recommended by the AAP and offers parents tips for developmental promotion and information about what to do if there is a developmental concern. Visit [www.cdc.gov/MilestoneTracker](http://www.cdc.gov/MilestoneTracker) to print a free poster about the app to hang in your exam room.

- **Birth to 5: Watch Me Thrive! Website and Screening Passport**
  - [www.acf.hhs.gov/programs/ecd/watch-me-thrive](http://www.acf.hhs.gov/programs/ecd/watch-me-thrive)
  - [www.acf.hhs.gov/sites/default/files/ecd/birth_to_5_watch_me_thrive_screening_passport_desktop_printing.pdf](http://www.acf.hhs.gov/sites/default/files/ecd/birth_to_5_watch_me_thrive_screening_passport_desktop_printing.pdf)

- **National Academy for State Health Policy (NASHP) Healthy Child Development State Resource Center**: [healthychild.nashp.org](http://healthychild.nashp.org)
  One stop shop for state and national tools related to healthy child development policies and practices.
AAP Coding Resources

• One stop shop for all coding related resources from the AAP.
• Includes ICD-10-CM information and all topic-specific coding fact sheets.

AAP Coding Hotline aapcodinghotline@aap.org – For all your coding and payer questions and issues.
References


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