



TO: Physicians, Physician Assistants, Advanced Practice Registered Nurses (APRN), Medical Clinics, Outpatient General Hospitals and Federally Qualified Health Centers (FQHC)

RE: Developmental and Behavioral Screens in Primary Care

The purpose of this bulletin is to clarify how to bill for developmental and behavioral screens that are administered as part of a primary care visit. As was communicated in Provider Bulletin 2014-43, it is the Department's goal that **all** HUSKY Health clients under the age of 18 receive a developmental and/or a BH screen, **at least** annually.

In support of this goal, the Department encourages providers to incorporate a **standardized and validated** developmental or behavioral screening tool into the annual Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) visit. For more information regarding EPSDT, please refer to Chapter 5 - Claim Submission Information on the Connecticut Medical Assistance Program Web site at [www.ctdssmap.com](http://www.ctdssmap.com).

Please note that the Department will also reimburse for medically necessary developmental and behavioral screens that are performed at intervals outside of the annual EPSDT visit.

**Coding and Claims Submission**

Providers are required to submit developmental screens with procedure code 96110 (developmental screening, with interpretation and report, per standardized instrument form).

Providers are required to submit behavioral screens with procedure code 96127 (brief emotional/behavioral assessment).

The following modifiers are required when procedure codes 96110 or 96127 are billed.

Modifier	State Definition
U3	<b>Positive</b> developmental / BH screen
U4	<b>Negative</b> developmental / BH screen

The modifiers listed above are required when a developmental or behavioral screen is billed by one of the following provider types for HUSKY Health clients (HUSKY A, B, C, and D) under the age of eighteen (18). If the modifiers are not included, the detail on the claim will deny.

- physician or physician group (excluding psychiatrists)

- APRN or APRN group (excluding psychiatric APRNs)
- physician assistants
- medical clinics

Although behavioral health clinicians, behavioral health clinics, psychiatrists, psychiatric APRNs, and Federally Qualified Health Centers are not required to utilize the U3 and U4 modifiers, the Department encourages them to do so. This data will enable the Department to more comprehensively track the number of HUSKY Health clients who receive developmental and behavioral screens, monitor negative versus positive results and ensure that related Medicaid services and supports are readily available based on our HUSKY Health clients' needs.

Results of each screen are defined based on the scoring criteria for the specific screening tool that is being used by the provider. This criteria will yield a positive or negative result. Providers are reminded that multiple units of procedure codes 96110 and 96127 are permitted to be billed on the same date of service for each medically necessary screening tool administered. If multiple developmental screens or multiple behavioral screens are administered, and the screens all yield the same result (all are positive or all are negative), the units for procedure code 96110 or 96127 and the modifier results must be rolled up onto one detail line. Conversely, if the screens yield different results, the details must be billed on separate detail lines with the appropriate modifier.

For example, if a pediatrician administers 2 units of procedure code 96110 on the same date of service, one unit for a developmental screen which scores positive and one unit for an autism screen that scores negative, the results should be billed on separate detail lines with the applicable U3 and U4 modifier appended. However, if a pediatrician administers a developmental screen that scores positive and an autism screen that also scores positive on the same date of service, the results should be billed on one detail line with the applicable U3 modifier appended.

Providers are reminded that procedure codes 96110 and 96127 can be billed on the same date of service with the



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procedure code for the EPSDT office visit (procedure codes 99381-99384; 99391-99394).

### **Screening Tools**

The Department requires the use of an age-appropriate, validated developmental or behavioral health screening tool. The American Academy of Pediatrics (AAP) has posted a list of developmental and mental health screening and assessment tools for primary care on its Web site. The list includes several options for screening tools that have been assessed for reliability, validity, sensitivity, and specificity. The list includes psychometric properties, cultural considerations, age groups and cost (if any). Failure to use a screening tool to perform a developmental or behavioral screen, or failure to use a screening tool from one of the lists provided below, may result in financial adjustments based on post payment reviews.

#### **Developmental Screening Tools**

<http://pediatrics.aappublications.org/content/118/1/405.full.pdf+html>

From the Home page of [www.aap.org](http://www.aap.org), under the Professional Resources:

- Select AAP Policy Collections
- Scroll to AAP Collections by Authoring Entities
- Select Section on Developmental Behavioral Pediatrics
- Select the article: “Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening”

#### **Autism Screening Tools**

<http://pediatrics.aappublications.org/content/120/5/1183.full.pdf+html>

From the Home page of [www.aap.org](http://www.aap.org), under the Professional Resources:

- Select AAP Policy
- Select AAP Policy Collections
- Scroll to AAP Collections by Authoring Entities
- Select Council on Children with Disabilities
- Select the article “Identification and Evaluation of Children With Autism Spectrum Disorders”

#### **Mental Health Screening and Assessment Tools for Primary Care**

[http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH\\_ScreeningChart.pdf](http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf)

From the Home page of [www.aap.org](http://www.aap.org), under the Advocacy & Policy link:

- Highlight AAP Health Initiatives with your cursor
- Select Clinical Resources
- Select Mental Health to access the Mental Health Initiatives page
- Highlight Key Resources
- Select Primary Care Tools
- Select Mental Health Screening and Assessment Tools for Primary Care

### **Positive Screens**

Providers should utilize the specific scoring instructions provided for the screening tool that they utilized to assess whether there is a positive result. If a client scores positive on a developmental or behavioral health screen, the provider should perform one or both of the following during the EPSDT visit:

- provide age-appropriate anticipatory guidance and make appropriate developmental and/or behavioral health recommendations; and/or
- if indicated, refer the client for additional evaluation/assessment by a Medicaid-enrolled behavioral health provider or provider with a specialization in developmental pediatrics.

Please note that any client who screens positive on a developmental or behavioral screen must continue to be screened at least annually in order to adequately assess the need for further referral, intervention and/or follow-up care.

Providers are encouraged to contact Community Health Network (CHNCT) at 1-800-859-9889 if they need assistance in referring clients to Medicaid enrolled providers with a specialty in developmental pediatrics.

Providers are encouraged to contact the Connecticut Behavioral Health Partnership (CTBHP) at 1-877-522-8247 for assistance in referring clients to Medicaid enrolled behavioral health providers.

### **Documentation**

Please note that the screening tool used, the score obtained and the actions taken as a result of the screen (guidance to parent, discussion with child, referral etc.) should be documented in the HUSKY Health client’s medical record.

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