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March 2, 2007

Dear Medical Director:

I am pleased to share with you a copy of the AAP revised policy *Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening*. This revised statement outlines an algorithm to support health care professionals in addressing developmental concerns for children from birth through 3 years of age.

To provide access to optimal care, these services should be readily available and covered by Medicaid, the State Children's Health Insurance Program (SCHIP), and private health insurance plans. Uninsured children also should have access to developmental surveillance and screening.

It is recommended that developmental surveillance be incorporated at every well-child preventive care visit. In addition, screening tests should be administered regularly at the 9, 18 and 30 month visits. The addition of the 30-month visit is a new recommendation that is not yet included on the current edition of the AAP *Recommendations for Preventive Pediatric Health Care* (Periodicity Schedule). Because the frequency of regular pediatric visits decreases after 24 months of age, a pediatrician who expects that his or her patients will have difficulty attending a 30-month visit should conduct developmental screening during the 24-month visit.

The recommendations do not imply that formal development screening be done only at the 9, 18, and 24 or 30 month visits. If developmental surveillance at any age reveals a concern about a child's development, formal screening or evaluation should be initiated.

The early identification of developmental problems should lead to further developmental and medical evaluation, diagnosis, and treatment. Developmental screening is included in the AAP periodicity schedule and is further recommended by the two current AAP compilations of well-child care guidelines: *Bright Futures* and *Guidelines for Health Supervision III*. The Bright Futures and periodicity schedule are undergoing revision and are expected to be consistent with the recommendations of the *Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening*.

Payers are urged to provide benefits coverage for all recommended preventive care including the 30-month visit and developmental screening reported as CPT code 96110. Payers may mistakenly assume that because there are currently no physician work values published on the Medicare Resource-Based Relative Value Scale (RBRVS) for CPT code

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96110, that it is incidental to the preventive medicine service (CPT codes 99381-99397) when a developmental test is interpreted and a report is developed from that interpretation during the course of a well child exam. However, CPT code 96110 does have relative value units (RVUs) for both practice expense and professional liability insurance.

Attached is a copy of the [policy statement](#). Health plans are encouraged to adhere to CPT guidelines and provider coverage and payment for developmental screening and testing as well as for the 30-month visit.

For information on this policy, please contact Stephanie Skipper, Manager, Council on Children with Disabilities at sskipper@aap.org or 800/433-9016 ext. 4918.

Sincerely,

A handwritten signature in black ink that reads "Jay E. Berkelhamer". The signature is written in a cursive, flowing style.

Jay E. Berkelhamer, MD, FAAP
President

JEB/lt

Enclosure: Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening