



Dear Pediatric Health Care Provider:

The Michigan Department of Community Health, in conjunction with the Michigan Chapter of the American Academy of Pediatrics is excited to tell you about the new guidelines for the Early Periodic Screening, Diagnosis and Treatment (EPSDT or well child) visits. Using the 2007 Bright Futures Periodicity Schedule as a guideline, Michigan Medicaid is recommending the use of standardized screening tools to perform developmental screening at specified intervals. The intent of using standardized screening tool at specified intervals is to offer consistent screening at regularly specified times.

Low income children are most at risk for poor developmental outcomes. Early identification and intervention can make a significant impact on the holistic health and academic success of these individuals, which in turn reduces more costly intervention later in life.

Michigan Medicaid will pay for standardized developmental screening in addition to the E/M code appropriate for children with Medicaid Coverage.

We hope that you will find the use of a standardized screening tool a valuable asset for early detection and intervention for developmental issues.

Enclosed is information about standardized screening tool options and billing for those services.

*Michigan Department
of Community Health*

MDCH

Jennifer M. Granholm, Governor
Janet Olszewski, Director

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Revised Standards of Care for Early, Periodic Screening, Diagnosis and Testing (EPSDT)

The Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program provides comprehensive health services for infants, children, and adolescents enrolled in Medicaid. Under federal regulations, states are given some flexibility in determining the periodicity or timing of the health visits and screenings, but the content of screening services is mandated by law to include the following:

- Comprehensive health and developmental history, including a developmental screening of physical and mental health
- Comprehensive physical examination
- Immunizations, based on the current approved Advisory Committee on Immunization Practices schedule
- Laboratory tests, including mandatory lead screening
- Vision, hearing, and dental screening
- Health education and anticipatory guidance

The Michigan Medicaid recommended schedule of EPSDT visits and services follows the American Academy of Pediatrics (AAP) "Recommendations for Pediatric Health Care" or periodicity schedule. In 2007, the AAP in collaboration with other child health care experts revised the periodicity schedule to be consistent with the *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. The recommendations represent comprehensive health supervision guidelines, including recommendations on immunizations, routine health screenings, and anticipatory guidance.

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The major changes from the previous schedules include:

- All newborns should be evaluated within 2 to 3 days after discharge.
- Three routine visits at ages 30 months, 7 years, and 9 years have been added.
- Calculation of BMI is now recommended to begin at age 2 years.
- **In addition to developmental surveillance, developmental screening has been added back to the schedule and is recommended at ages 9, 18, and 30 months.***
- **Autism screening is recommended at ages 18 and 24 months.***
- Urinalysis is no longer required.
- Dental referral (now listed under oral health) should start at age 12 months.
- Cholesterol screening is now listed as dyslipidemia screening and involves risk assessment (based on family history and physical examination) at ages 2, 4, 6, 8, and 10 years, and then annually through age 21, with dyslipidemia screening performed sometime between ages 18 and 21 years.
- Sexually transmitted diseases are now referred to as sexually transmitted infections (STIs). All sexually active patients should be screened for STIs.
- Every visit should be considered an opportunity to update and complete a child's immunizations.

The 2007 Bright Futures Periodicity Schedule at: <http://practice.aap.org/content.aspx?aid=1599>

The Medicaid Provider Manual can be found at: <http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

* Early identification of developmental disorders is essential to the well-being of children and their families. Low income children are at increased risk for poor developmental outcomes. Developmental surveillance should be incorporated at every well child visit. **In addition, standardized developmental screening tests should be administered regularly at the 9-, 18-, and 24/30 months visits.**

Billing for Developmental Screening

- The billing provider must use a standardized tool for developmental screening such as the Ages and Stages Questionnaires (ASQ), Ages and Stages Questionnaires: Social Emotional (ASQ:SE), Parents Evaluation of Developmental Status (PEDS) or Parents Evaluation of Developmental Status: Developmental Milestones (PEDS:DM).
- Michigan Medicaid will reimburse payment for up to 3 developmental screens, per beneficiary, per provider per day.
- **The CPT code 96110, Developmental testing, limited** is appropriate for billing the use of standardized developmental screening instruments (eg. PEDS, PEDS:DM, ASQ, ASQ:SE and M-CHAT), with interpretation and report.
The CPT code 96110 is often reported when performed in the context of preventive medicine services, but may also be reported when screening is performed with other evaluation and management (E/M) services such as acute illness or follow-up office visits. An office nurse or other trained non-physician personnel typically performs the service
- **The CPT code 96111, Developmental testing; extended**, includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments (eg. Bayley) with interpretation and report.

This service may be reported independently or in conjunction with another code describing a separate patient encounter provided on the same day as the testing (eg, an evaluation and management code for outpatient consultation). A physician or other trained professional typically performs this testing service.