



# PROVIDER *bulletin*

March 9, 2020

Re: Proposition 56 Directed Payments for Developmental Screening Services (DSS), APL 19-016

Dear Provider:

Assembly Bill (AB) 74 allocates Proposition 56 funding for developmental screenings for children. Effective January 1, 2020, Network Providers may bill the appropriate CPT code to be eligible for directed payments for conducting a developmental screening, when medically necessary based on developmental surveillance, at patient's age 9 months, 18 months, and 30 months (30 month screening can be conducted at the 24 month visit).

Developmental screening compares a child's development to same-age children and identifies differences. A standardized tool which satisfies the AAP/Bright Future periodicity schedule must be used. Screenings will be eligible for directed payments if conducted on or before the child's first birthday, after the first birthday and before or on the second birthday, or after the second birthday and on or before the third birthday. If medically necessary, additional screenings will be eligible for directed payments.

The developmental screening service must meet CMS criteria:

- ❖ Screening of developmental domains including; motor, language, cognitive, and social-emotional
- ❖ Reliability, sensitivity/specificity, and validity scores of .70 or above

Please visit: <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html> for a list of CMS approved tools.

To be eligible for the identified reimbursement provider must:

- ❖ Maintain documentation and make readily available upon request the following:
  - Screening tool used
  - Screening was reviewed and documentation of the results
  - Discussion with member or member's family regarding appropriate medical action
- ❖ Bill with the appropriate CPT code 96110 (without KX modifier): Developmental screening, with scoring and documentation, per standardized instrument

Modifier KX **may not** be billed with CPT code 96110 as modifier KX is used to document screening for Autism Spectrum Disorder (ASD). ASD screening is different than general developmental screening.

Payment will be made 90 calendar days from the date of receipt of the clean claim or accepted encounter which meets the criteria outlined above. General claim processing rules apply.

Additional information regarding APL 19-016, Proposition 56 Directed Payments for Developmental Screening Services (DSS), is available on the State of California – Health and Human Services Agency, Department of Health Care Services website.

Providers wishing to file a grievance as a result of payment or process issues related to APL 19-016, or for any additional questions, please contact your Provider Relations Representative at 661-664-5000.

Melissa Lopez  
Provider Relations Manager