



August 18, 2023

### All Plan Letter 23-016

#### Directed Payments for Developmental Screening Services

Dear Provider,

The Department of Healthcare Services (DHCS) released APL 23-016, Directed Payments for Developmental Screenings on June 9, 2023 which supersedes APL 19-016.

As a reminder, 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.

As a reminder, 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.

Providers excluded from participation in Medicare or Medi-Cal/Medicaid Programs are also not eligible to receive Developmental Screening Services add-on directed payment funds.

As a reminder, Kern Health Systems (KHS) will make two separate payments. The first payment will be for the original claim submission, paying per Medi-Cal fee schedule/or contracted rate. The second payment will occur the following month for the supplemental payment amount outlined in the APL. KHS utilizes PaySpan to provide remittance advice which will include sufficient information to uniquely

# PROVIDER Bulletin



## KERN HEALTH SYSTEMS

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identify the qualifying service for which payment was made. To obtain access to PaySpan, please contact 877-331-7154.

Payment will be made in accordance based on the timely payments standards outlined in the contract for a clean claim or accepted encounter which meets the criteria outlined above. General claim processing rules apply.

Additional information regarding APL 23-016, 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:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2023/APL23-016.pdf>

Providers wishing to file a grievance as a result of payment or process issues related to APL 23-016, or for any additional questions, please contact your Provider Relations Representative at 800-391-2000 or reference KHS Policy 4.03-P, Provider Disputes Regarding Issues other than Claims:

<https://www.kernfamilyhealthcare.com/providers/policies-and-procedures/>

KHS posts all bulletins on the KHS website, [www.kernfamilyhealthcare.com](http://www.kernfamilyhealthcare.com), choose Provider, then Bulletins.

For any questions, please contact your Provider Relations Representative at 1-800-391-2000.

Sincerely,

Melissa McGuire  
Deputy Director of Provider Network  
Kern Health Systems