



Alabama Child Health Improvement Alliance

Documenting and Coding Developmental, Autism and Behavior Screens

*2017 Early Screening Learning Collaborative
E. Cason Benton, MD, FAAP*

Objectives

- Demonstrate the proper chart documentation for using standardized developmental and behavioral screening tools in your practice
- Apply the appropriate CPT codes for developmental screening and autism depression screening
- Apply the appropriate CPT codes for behavioral screening



Commercial Interests Disclosure

E. Cason Benton, MD, FAAP

- Does not intend to discuss any commercial products or services
- Does not intend to discuss any non-FDA approved uses of products/providers of service
- No relevant financial relationship



Please Print out.....

Please follow along with the 2017 Early Screening Coding chart as we go through this brief presentation



Documentation

- Two patient identifiers on screening tool, and if separate, the summary sheet
- Date screen completed by family
- Date screen scored
- Provider interpretation and plan
- Evidence of screen in the medical record



ASQ-3

ASQ-3 Ages & Stages Questionnaires®
16 Month Questionnaire
 15 months 0 days through 16 months 30 days

Please provide the following information. Use black ink. Do not ink only and print legibly when completing the form.

Date of completion: 9/20/2008

Child's information
 Child's name: Robert Roberts
 Date of birth: 5/5/2007

Parent(s) name(s) and questionnaire
 First name: Jennifer Roberts
 Last name: Roberts
 Street address: 33 Main Street
 City: Jonesfown IN State: IN Zip: 61924
 Country: USA Phone: 219-889-0021 Fax: 219-912-2100
 E-mail address: jennifer_roberts@email.com

Program information
 Clinic ID #: 36759111023412358 Age at administration in months and days: 16 months 15 days
 Program ID #: 6222001439183664
 Program name: Jonesfown Child Care Center

ASQ-3 16 Month Questionnaire
 15 months 0 days through 16 months 30 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:
 ✓ Try each activity with your baby before marking a response.
 ✓ Make completing this questionnaire a game that is fun for you and your child.
 ✓ Make sure your child is seated and fed.
 ✓ Please return this questionnaire by _____.

Notes:

At this age, many toddlers may not be cooperative when asked to do things. You may need to try the following activities with your child more than one time. If possible, try the activities when your child is cooperative. If your child can do the activity but refuses, mark "yes" for the item.

COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Does your child point to, eat, or try to pick up pictures in a book?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
2. Does your child say four or more words in addition to "Mama" and "Dada"?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
3. When your child wants something, does she tell you by pointing to it?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
4. When you ask your child to, does he go into another room to find a similar toy or object? (You might ask, "Where is your stuffed toy?")	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
5. Does your child imitate a two-word sentence? For example, when you say a two-word phrase, such as "Bring me the blocks," "Go home," or "What's that?" should your child say such words back to you? (Mark "yes" even if her words are difficult to understand.)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
6. Does your child say eight or more words in addition to "Mama" and "Dada"?	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	5
COMMUNICATION TOTAL				55

GROSS MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your child stand up in the middle of the floor by himself and take several steps forward?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	10
2. Does your child climb onto furniture or other large objects, such as large climbing blocks?	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	5
3. Does your child hand over or squat to pick up an object from the floor and then stand up again without any support?	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	10



ASQ-3

- Two patient identifiers on screening tool, and if separate, the summary sheet
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ASQ-3 16 Month ASQ-3 Information Summary 15 months 2 days through 16 months 30 days

Child's name: **Annie M. Roberts** Date ASQ completed: **9/20/2008**
 Child's ID #: **3675911023472358** Date of birth: **5/5/2007**
 Administering program/provider: **Jonathan Child Care Center** Was age adjusted for prematurity when selecting questionnaire? Yes No

1. SCORE AND TRANSFER TOTALS TO CHART BELOW: See ASQ-3 User's Guide for details, including how to adjust scores if item responses are missing. Score each item (YES = 10, SOMETIMES = 5, NOT YET = 0). Add item scores, and record each area total in the chart below, transfer the total scores, and fill in the circles corresponding with the total scores.

Area	Cutoff	Total Score	0	5	10	15	20	25	30	35	40	45	50	55	60
Communication	16/81	55													
Gross Motor	37/91	40													
Fine Motor	31/98	40													
Problem Solving	30/31	45													
Personal Social	28/43	50													

2. TRANSFER OVERALL RESPONSES: Bolded appearance responses require follow-up. See ASQ-3 User's Guide, Chapter 6.

1. Hears well? YES NO **6. Concerns about vision?** YES NO
 Comments: _____

2. Talks like other toddlers his age? YES NO **7. Any medical problems?** YES NO
 Comments: _____

3. Understand most of what your child says? YES NO **8. Concerns about behavior?** YES NO
 Comments: _____

4. Walks, runs, and climbs like other toddlers? YES NO **9. Other concerns?** YES NO
 Comments: _____

5. Family history of hearing impairment? YES NO
 Comments: _____

3. ASQ SCORE INTERPRETATION AND RECOMMENDATION FOR FOLLOW-UP: You must consider total area scores, overall responses, and other considerations, such as opportunities to practice skills, to determine appropriate follow-up.
 If the child's total score is in the **0-10** area, it is above the cutoff, and the child's development appears to be on schedule.
 If the child's total score is in the **11-20** area, it is close to the cutoff. Provide learning activities and monitor.
 If the child's total score is in the **21-30** area, it is below the cutoff. Further assessment with a professional may be needed.

4. FOLLOW-UP ACTION TAKEN: Check all that apply.
 Provide activities and recess in _____ months.
 Share results with primary health care provider.
 Refer for (circle all that apply) hearing, vision, and/or behavioral screening.
 Refer to primary health care provider or other community agency (specify reason): _____
 Refer to early intervention/early childhood special education.
 No further action taken at this time.
 Other (specify): _____

5. OPTIONAL: Transfer item responses (Y = YES, S = SOMETIMES, N = NOT YET, X = response missing).

	1	2	3	4	5	6
Communication	Y	Y	Y	Y	Y	S
Gross Motor	Y	S	Y	Y	Y	S
Fine Motor	S	Y	Y	Y	Y	S
Problem Solving	S	Y	Y	Y	Y	S
Personal Social	Y	Y	Y	Y	Y	Y

Alabama Child Health Improvement Alliance

ASQ-SE

- Similar to ASQ-3, but the summary sheet has a better configuration for documenting the interpretation

ASQ-SE 25 months, 7 days

Child's name: **Luke K. Jones** Date ASQ-SE completed: **3/30/15**
 Child's ID #: **13235457679891384** Date of birth: **2/23/13**
 Person who completed ASQ-SE: **Mother** Child's age in months and days: **25 months, 7 days**
 Administering program/provider: **Charm City Child Care** Child's gender: Male Female

1. ASQ-SE-2 SCORING CHART:
 • Score items (Z = 0, V = 5, X = 10, Concern = 3).
 • Transfer the page totals and add them for the total score.
 • Record the child's total score next to the cutoff.

Area	Cutoff	Total Score
Communication	15	15
Gross Motor	5	5
Fine Motor	5	5
Problem Solving	15	15
Personal Social	15	15
Total score		40

2. ASQ-SE-2 SCORE INTERPRETATION: Review the approximate location of the child's total score on the scoring graphic. Then, check off the area for the score results below.

0-10 months 10 20 30 40 50 60 70 80 90 100 percent

The child's total score is in the **0-10** area. It is below the cutoff. Social-emotional development concerns to be on schedule.
 The child's total score is in the **11-20** area. It is close to the cutoff. Review behaviors of concern and monitor.
 The child's total score is in the **21-30** area. It is significantly below cutoff. Further assessment with a professional may be needed.

3. OVERALL RESPONSES AND CONCERNS: Record responses and transfer to caregiver comments. YES responses require follow-up.

1-31. Any Concerns marked on ASQ-SE-2? YES NO
 Comments: _____

32. Eating/feeding concerns? YES NO
 Comments: _____

33. Other concerns? YES NO
 Comments: **Adapting to new situations**

4. FOLLOW-UP REFERRAL CONSIDERATIONS: Mark all Yes, No, or Unsure (Y, N, U). See pages 000-000 in the ASQ-SE-2 User's Guide.
Yes: Significant delays in child's behavior. The same at home as at school? Have there been any stressful events in the child's life recently?
No: Developmental delays. Is the child's behavior related to a developmental stage or delay?
No: Significant delays. Is the child's behavior related to health or biological factors?
No: Family/cultural beliefs. Is the child's behavior acceptable given the child's cultural or family context?
Yes: Parent concerns. Did the parent/caregiver express any concerns about the child's behavior?

5. FOLLOW-UP ACTION: Check all that apply.
 Provide activities and recess in _____ months.
 Share results with primary health care provider.
 Provide parent education materials.
 Provide information about available parenting classes or support groups.
 Have another caregiver complete ASQ-SE-2. List caregiver here (e.g., grandparent, teacher): _____
 Administer developmental screening.
 Refer to early intervention/early childhood special education.
 Refer for social-emotional, behavioral, or mental health evaluation.
 Other: _____

P2012-06000 Page 8 (Supplemental) Social Emotional, Second Edition (ASQ-SE-2) by Spitzer, Bolter, and Tomblin Copyright © 2013 by Paul H. Brookes Publishing Co., Inc. All rights reserved.



MCHAT-R/F Stage 1

- Two patient identifiers on screening tool, and if separate, the summary sheet
- Date screen completed by family
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MCHAT-R/F (Revised) Checklist for Autism in Toddlers - Revised

Please answer these questions about your child. Circle **Yes** or **No** for each question. If you are not sure, circle **U**. Then check **Parent** or **Teacher**. Please circle **U** if you are not sure. Thank you very much.

1. If you point at something across the room, does your child look at it? **Yes No**
(FOR EXAMPLE, if you point at a toy or an animal, does your child look at the toy or animal?)

2. Have you ever wondered if your child might be deaf? **Yes No**
(FOR EXAMPLE, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)

3. Does your child play pretend or make-believe? **Yes No**
(FOR EXAMPLE, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)

4. Does your child like climbing on things? (FOR EXAMPLE, furniture, playground equipment, or stairs) **Yes No**

5. Does your child make (stuttery) finger movements near his or her eyes? (FOR EXAMPLE, does your child wiggle his or her fingers close to his or her eyes?) **Yes No**

6. Does your child point with one finger to ask for something or to get help? (FOR EXAMPLE, pointing to a snack or toy that is out of reach) **Yes No**

7. Does your child point with one finger to show you something interesting? (FOR EXAMPLE, pointing to an airplane in the sky or a big truck in the road) **Yes No**

8. Is your child interested in other children? (FOR EXAMPLE, does your child watch other children, smile at them, or go to them?) **Yes No**

9. Does your child show you things by bringing them to you or holding them up for you to see - not to get help, but just to share? (FOR EXAMPLE, showing you a flower, a stuffed animal, or a toy truck) **Yes No**

10. Does your child respond when you call his or her name? (FOR EXAMPLE, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?) **Yes No**

11. When you smile at your child, does he or she smile back at you? **Yes No**

12. Does your child get upset by everyday noises? (FOR EXAMPLE, does your child scream or cry in response to a vacuum cleaner or loud music?) **Yes No**

13. Does your child walk? **Yes No**

14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her? **Yes No**

15. Does your child try to copy what you do? (FOR EXAMPLE, wave bye-bye, clap, or make a funny noise when you do) **Yes No**

16. If you turn your head to look at something, does your child look around to see what you are looking at? **Yes No**

17. Does your child try to get you to watch him or her? (FOR EXAMPLE, does your child look at you for praise, or say "look" or "watch me") **Yes No**

18. Does your child understand when you tell him or her to do something? (FOR EXAMPLE, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket")? **Yes No**

19. If something new happens, does your child look at your face to see how you feel about it? (FOR EXAMPLE, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?) **Yes No**

20. Does your child like movement activities? (FOR EXAMPLE, being swung or bounced on your knee) **Yes No**

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MCHAT-R/F: Stage 2

- Two patient identifiers on screening tool, and if separate, the summary sheet
- Date screen completed by family
- Date screen scored
- Provider Interpretation and Plan
- Evidence of Screen in the medical record

M-CHAT-R Follow-Up™ Scoring Sheet

Please note: Yes/No has been replaced with Pass/Fail

1. If you point at something across the room, does your child look at it? **Pass Fail**
(FOR EXAMPLE, if you point at a toy or an animal, does your child look at the toy or animal?)

2. Have you ever wondered if your child might be deaf? **Pass Fail**
(FOR EXAMPLE, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal)

3. Does your child play pretend or make-believe? **Pass Fail**
(FOR EXAMPLE, pretend to talk on a phone, or pretend to feed a doll or stuffed animal)

4. Does your child like climbing on things? (FOR EXAMPLE, furniture, playground equipment, or stairs) **Pass Fail**

5. Does your child make (stuttery) finger movements near his or her eyes? (FOR EXAMPLE, does your child wiggle his or her fingers close to his or her eyes?) **Pass Fail**

6. Does your child point with one finger to ask for something or to get help? (FOR EXAMPLE, pointing to a snack or toy that is out of reach) **Pass Fail**

7. Does your child point with one finger to show you something interesting? (FOR EXAMPLE, pointing to an airplane in the sky or a big truck in the road) **Pass Fail**

8. Is your child interested in other children? (FOR EXAMPLE, does your child watch other children, smile at them, or go to them?) **Pass Fail**

9. Does your child show you things by bringing them to you or holding them up for you to see - not to get help, but just to share? (FOR EXAMPLE, showing you a flower, a stuffed animal, or a toy truck) **Pass Fail**

10. Does your child respond when you call his or her name? (FOR EXAMPLE, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?) **Pass Fail**

11. When you smile at your child, does he or she smile back at you? **Pass Fail**

12. Does your child get upset by everyday noises? (FOR EXAMPLE, a vacuum cleaner or loud music) **Pass Fail**

13. Does your child walk? **Pass Fail**

14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her? **Pass Fail**

15. Does your child try to copy what you do? (FOR EXAMPLE, wave bye-bye, clap, or make a funny noise when you do) **Pass Fail**

16. If you turn your head to look at something, does your child look around to see what you are looking at? **Pass Fail**

17. Does your child try to get you to watch him or her? (FOR EXAMPLE, does your child look at you for praise, or say "look" or "watch me") **Pass Fail**

18. Does your child understand when you tell him or her to do something? (FOR EXAMPLE, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket")? **Pass Fail**

19. If something new happens, does your child look at your face to see how you feel about it? (FOR EXAMPLE, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?) **Pass Fail**

20. Does your child like movement activities? (FOR EXAMPLE, being swung or bounced on your knee) **Pass Fail**

Total Score: _____



Evidence of Screen in Record

- Payor specific
 - some allow for just the completed summary sheet
 - others require entire screen – parent completed portion and the summary sheet
 - some do not provide guidance



Documentation Summary

- Two patient identifiers on screening tool, and if separate, the summary sheet
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CPT: 96110 and 96127

- Developmental screens
 - (ASQ-3 and MCHAT-R/F) = 96110
- Behavioral screens
 - (ASQ-SE) = 96127



ICD10

- Development and Autism
 - Z13.4 Encounter for screening for certain developmental disorders in childhood
- Behavioral
 - Z13.89 Encounter for screening for behavioral and mental disorders



Modifier

- No Modifier Required
 - Medicaid, BCBS AL-HCR/ACA, AllKids
- Could Require Modifier 25 on E/M code
 - AL BCBS – non-HCR/ACA contracts
 - United
 - Other payors



of units (tools) per date of service

- Medicaid: 96110 up to 5 per date of screen and for 96127 up to 2 per date of screen
- BCBS-AL HCR/ACA and AllKids - # of units scored
- BCBS-AL non HCR/ACA ,United and other payors– for multiple units on date of service - 96110 first line, then 96110-59 each subsequent line



Ages and Total # of screens allowed over time

- Medicaid: 9, 18, 24 and 48 months with EPSDT screen and other times when surveillance indicates
- BCBS-AL HCR/ACA
 - Z13.4: Ages 9-30 months. Five services during this age range
 - Z13.89 newborn-21 years. 31 services in age range



Ages and Total # of screens allowed over time

- ALLKids-
 - Z13.4 Age range 8-36 months, up to four total screens
 - Z13.89 Age newborn -21 years, up to 31 services
- AL BCBS – non HCR/ACA contracts, United, other – no specific policy known



Coding Wrap Up

- Document
 - 2 patient identifiers
 - Date completed
 - Date Scored
 - Provider interpretation and plan
 - Maintain tool in medical record as required by payer
- Coding
 - CPT
 - ICD10
 - Modifier and # of unit rules
 - Ages when tools are allowed and maximum # allowed



To complete the process for CME
please return to:
“POST-TEST” and “EVALUATION”
on the ACHIA website for this module
**4 – Documenting and Coding
Developmental, Autism and
Behavior Screens**

