

MEDICAL POLICY



SUBJECT: DEVELOPMENTAL EVALUATION AND TESTING	EFFECTIVE DATE: 08/28/03 REVISED DATE: 12/02/04, 12/01/05, 12/07/06, 12/13/07, 02/26/09, 02/25/10, 02/24/11, 02/27/12, 02/28/13, 02/27/14, 02/26/15, 02/25/16, 04/27/17, 02/22/18
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<ul style="list-style-type: none">• <i>If a product excludes coverage for a service, it is not covered, and medical policy criteria do not apply.</i>• <i>If a commercial product, including an Essential Plan product, covers a specific service, medical policy criteria apply to the benefit.</i>• <i>If a Medicare product covers a specific service, and there is no national or local Medicare coverage decision for the service, medical policy criteria apply to the benefit.</i>	

POLICY STATEMENT:

- I. Developmental evaluation and testing for educational purposes (e.g., part of an initial or subsequent evaluation process of identifying, screening, testing, evaluating, and referring an individual with suspected special educational needs) is considered **not medically necessary**.
- II. A portion of developmental evaluations and testing (e.g., neurological or medical components or evaluations by speech therapy, occupational therapy, or physical therapy) are **medically necessary** in situations:
 - A. where the child has multiple medical conditions (e.g., ADHD, autism, Asperger’s syndrome) in addition to the underlying developmental issues that might be too complex for a school evaluation to address, or
 - B. when there is a suspicion that the symptoms of developmental delay may be secondary to the established medical conditions; and
 - C. when rendered or ordered by a pediatric neurologist, a developmental pediatrician, orthopedic surgeon or a child psychiatrist.
- III. Developmental surveillance is an integral component of every well child examination. Any developmental concerns raised during surveillance should be promptly addressed with standardized developmental screening tests. Targeted developmental screening tests are not indicated at all well visits, however, developmental screening tests is **eligible for coverage**, under those contracts regulated by the New York State mandate for Preventive and Primary Care when:
 - A. performed in accordance with the American Academy of Pediatrics (AAP) guidelines, or
 - B. performed due to concerns raised as to the child’s developmental progress from the routine surveillance.

When such testing is performed, separate, identifiable documentation is required in the medical record showing that distinct developmental testing with standardized developmental tool(s) was performed (e.g., completed screening tool, checklist).

Refer to Corporate Medical Policy #8.01.12 regarding Physical Therapy.

Refer to Corporate Medical Policy #8.01.13 regarding Speech Therapy.

Refer to Corporate Medical Policy #8.01.17 regarding Occupational Therapy.

Refer to Corporate Medical Policy #8.01.19 regarding Cognitive Rehabilitation.

Refer to Corporate Medical Policy #10.01.09 regarding Early Intervention Program Services.

Refer to Corporate Medical Policy #2.02.42 regarding Chromosomal Microarray (CMA) Analysis for Prenatal Evaluation and Evaluation of Patients with Developmental Delay, Intellectual Disability, or Autism Spectrum Disorder

DESCRIPTION:

Developmental evaluation and/or testing is the process of determining the age at which a child is functioning; which may impact learning and achievement of standardized developmental milestones. Developmental disability testing compares the skills and/or behaviors of the individual being tested with what is considered the typical functional or developmental status for a particular age.

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Developmental skills can be divided into 5 major areas:

- I. physical development (growth, gross and fine motor abilities),
- II. cognitive development (learning and thinking),
- III. communication (understanding and using words),
- IV. social-emotional development (relating to others), and
- V. adaptive development (self-help skills, such as self-feeding).

The New York State Education Department and individual school districts are responsible for the evaluation of suspected or established developmental issues that may affect the learning or functional abilities of a child age 5 to 21 years through the district's Committee on Special Education. For children 3-5 years of age the school district's Committee on Preschool Special Education is responsible for evaluating concerns of developmental delays. Evaluations of children less than 3 years of age and suspected of having a developmental delay may be performed by the Early Intervention Programs administered by the County Health Departments.

In New York State, every policy that provides medical, major medical or similar comprehensive type coverage must provide preventive and primary care services for dependent children to age 19. Preventive and primary care services include well child visits in accordance with the recommendations of the American Academy of Pediatrics. The AAP Recommendations for Preventive Pediatric Health Care are available at: https://www.aap.org/en-us/Documents/periodicity_schedule.pdf.

According to the AAP:

- I. Developmental *surveillance* is defined as the process of recognizing children who may be at risk of developing developmental delays. It is a flexible, longitudinal, continuous, and cumulative process whereby knowledgeable health care professionals identify children who may have developmental problems. There are five components of developmental surveillance: eliciting and attending to the parents' concerns about their child's development; documenting and maintaining a developmental history; making accurate observations of the child; identifying risk and protective factors; and maintaining an accurate record of documenting the process and findings.
- II. Developmental *screening* is defined as the administration of a brief standardized tool that aids in the identification of children at risk of a developmental disorder. The physician/provider interprets the screening results.
- III. Evaluation is defined as the complex process aimed at identifying specific developmental disorders that are affecting a child.

Pursuant to New York State law, effective November 1, 2012, each contract providing physician services, medical, major medical, or similar comprehensive-type coverage must provide coverage for the screening, diagnosis, and treatment of Autism Spectrum Disorders when prescribed or ordered by a licensed physician or a licensed psychologist for medically necessary services. Treatment includes services provided by a licensed or certified speech therapist, occupational therapist, physical therapist, and social worker when the policy generally provides such coverage. Therapeutic treatment must include care that is deemed habilitative or non-restorative. The law prohibits the imposition of limitations that are solely applied to the treatment of Autism Spectrum Disorder. However, as long as the visit limit is not imposed solely on services required to treat Autism Spectrum Disorder, a visit limit continues to be permissible.

The Patient Protection and Affordable Care Act requires all non-grandfathered health plans to provide coverage for developmental screening for children under age three and surveillance throughout childhood in accordance with the recommendations of the American Academy of Pediatrics.

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CODES: Number Description

Eligibility for reimbursement is based upon the benefits set forth in the member's subscriber contract.

CODES MAY NOT BE COVERED UNDER ALL CIRCUMSTANCES. PLEASE READ THE POLICY AND GUIDELINES STATEMENTS CAREFULLY.

Codes may not be all inclusive as the AMA and CMS code updates may occur more frequently than policy updates.

<u>CPT:</u>	96105	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour
	96110	Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument <i>Note: Refer to policy statement III for specific coverage criteria.</i>
	96111	Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report
	96127	Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument
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<u>HCPCS:</u>	G0451	Developmental testing, with interpretation and report, per standardized instrument form
<u>ICD10:</u>	F80.0-F80.9	Developmental disorder of speech and language (code range)
	F81.9	Developmental disorder of scholastic skills, unspecified
	F82	Specific developmental disorder of motor function
	F84	Pervasive developmental disorders
	F88-F89	Disorders of psychological development (code range)
	H93.25	Central auditory processing disorder
	R62.0	Delayed milestone in childhood
	R62.50-R62.59	Other and unspecified lack of expected normal physiological development in childhood (code range)

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*key article

KEY WORDS:

Developmental delay/disability, Educational delay/disability, Learning delay/disability.

CMS COVERAGE FOR MEDICARE PRODUCT MEMBERS

Based upon our review, neither a National nor a Local CMS medical policy or determination addressing developmental evaluation and testing has been identified.