

CODING CLUES



Coding for Developmental/Behavioral Screening

Developmental/behavioral screening is usually provided in conjunction with an EPSDT/preventive visit but can also be reported with other E/M services such as an acute illness or follow-up visits. In order to report 96110, a validated screening tool must be used, and the physician must document the interpretation and report in the medical record. If there is a plan for a referral and/or further evaluation and treatment, this should also be documented in the record. If this service is provided in addition to an E/M or preventive visit, modifier -25 should be appended to the E/M or preventive code.

It is important to remember that developmental/behavioral assessment and surveillance is required as part of the history taken by the physician in the context of an EPSDT/preventive visit, and that without the use of a validated tool, this service is not separately reportable. The following are examples of some of the validated screening tools that can be used and reported using 96110: *Ages and Stages Questionnaire*, *Pediatric Symptom Checklist*, *M-CHAT*, and *Peds*.

It is appropriate to use more than one tool to assess for developmental/behavioral problems and bill for both screenings on the same date of service. If more than one tool is used, i.e., *Peds* and *MCHAT*, report 96110 twice with modifier -76 appended to the second code.