



March 14, 2012

141 Northwest Point Blvd
Elk Grove Village, IL 60007-1019
Phone: 847/434-4000
Fax: 847/434-8000
E-mail: kidsdocs@aap.org
www.aap.org

Executive Committee

President

Robert W. Block, MD, FAAP

President-Elect

Thomas K. McInerney, MD, FAAP

Immediate Past President

O. Marion Burton, MD, FAAP

Executive Director/CEO

Errol R. Alden, MD, FAAP

Board of Directors

District I

Carole E. Allen, MD, FAAP
Arlington, MA

District II

Danielle Laraque, MD, FAAP
Brooklyn, NY

District III

Sandra Gibson Hassink, MD, FAAP
Wilmington, DE

District IV

Francis E. Rushton, Jr, MD, FAAP
Beaufort, SC

District V

Marilyn J. Bull, MD, FAAP
Indianapolis, IN

District VI

Michael V. Severson, MD, FAAP
Shakopee, MN

District VII

Kenneth E. Matthews, MD, FAAP
College Station, TX

District VIII

Kyle Yasuda, MD, FAAP
Seattle, WA

District IX

Myles B. Abbott, MD, FAAP
Berkeley, CA

District X

Sara H. Goza, MD, FAAP
Fayetteville, GA

To Whom It May Concern:

The American Academy of Pediatrics (AAP) Committee on Coding and Nomenclature recommends that CPT code 96110 (*developmental screening; with interpretation and report, per standardized instrument form*) be reported separately from a preventive medicine service code (99381-99397) when a standardized developmental screening tool is interpreted and a report is developed from that interpretation during the course of a well-child exam. CPT does not define the depth of the report, but it should be reflective of the depth of the screening instrument. CPT code 96110 is to be reported "for *limited* (emphasis added) testing, is generally used as a screening tool to identify children who should receive a more intense diagnostic evaluation or assessment" (*CPT Assistant*, July 1996; pg 8). Examples of when it would be appropriate to report CPT code 96110 in addition to a preventive medicine service code include:

- Two-year-old well child care visit; physician administers Brigance screening tool (physician administers via face-to-face interview, 10 minutes)
- 30-month old well child care visit, review of Parents' Evaluations of Developmental Status (PEDS) questionnaire (parent completes for 10 minutes, physician reviews results with them for 3 minutes)
- Three-year old well child visit, physician administers Child Development Inventories checklist (physician administers via face-to-face interview, 2 minutes)

Bright Futures recommends that developmental *surveillance* be conducted as part of every routine infant or well child exam and, therefore, is not reported separately. However, CPT developed code 96110 as a way to separately report a standardized developmental screening tool that is completed, scored and interpreted. In addition to those noted above, other common examples of standardized developmental screening tools include the Modified Checklist for Autism in Toddlers (M-CHAT), the Ages and Stages Questionnaire (ASQ) and the Pediatric Symptom Checklist (PSC). Code 96110 is valued with 0.29 total relative value units (RVUs) on the Medicare Resource-Based Relative Value Scale (RBRVS), accounting for the practice expense (ie, clinical staff time and supplies) and professional liability insurance expense associated with providing this service.

Please contact Becky Dolan, Coding and Health Policy Specialist at 800/433-9016 ext 4325 or bdolan@aap.org with any questions.

Sincerely,

Margie Andrae, MD, FAAP

Chairperson

AAP Committee on Coding and Nomenclature

