



Deidre S. Gifford, MD, MPH, Commissioner

Effective Date: See below
Contact: dana.robinson-rush@ct.gov

TO: Physicians, Physician Assistants, Advanced Practice Registered Nurses (APRN), Medical Clinics, and Federally Qualified Health Centers (FQHC)

RE: Updated Guidance for Developmental and Behavioral Screens in Primary Care including the Addition of Procedure Codes for Depression Screens

The purpose of this transmittal is to update the information about recommended screening tools for developmental milestones, autism and behavioral health (BH) screens and add new codes for depression screens. Additionally, this PB reiterates the billing guidance in [PB 15-70](#) for developmental and BH screens that are administered as part of a primary care visit.

This provider bulletin (PB) will supersede any guidance found in [PB 15-70](#) Developmental and Behavioral Screens in Primary Care.

As was communicated in “[PB 14-43](#) Developmental and Behavioral Health Screens in Primary Care – Requirement of Modifiers”, it is the Department of Social Services’ (DSS) goal that **all** HUSKY Health members under the age of 18 receive a developmental and/or a BH screen, **at least** annually.

In support of this goal, DSS encourages providers to incorporate a **standardized and validated** developmental or BH screening tool into the annual Early and Periodic, Screening, Diagnostic and Treatment (EPSDT) visit. For more information regarding EPSDT please refer to Chapter 5 - Claims Submission on the CT Medical Assistance Program (CMAP) Website at www.ctdssmap.com.

Please note that DSS will also reimburse for medically necessary developmental and BH screens that are performed at intervals outside of the annual EPSDT visit.

Coding and Claims Submission

Developmental Screening

Providers must continue to bill developmental screens with procedure code 96110 (developmental screening, with interpretation and report, per standardized instrument form).

Behavioral Health Screens

Effective for dates of service July 1, 2022 and forward, providers are required to bill with the following procedure codes when billing for the administration of a depression screening:

Procedure Code	Description
G8431	Screening for depression is documented as positive, and a follow-up plan is documented
G8510	Screening for depression is documented as negative, a follow-up plan is not required

Providers must continue to submit all other types of BH screens with procedure code 96127 (brief emotional/behavioral assessment).

Modifier Requirement

The following modifiers continue to be required when procedure codes **96110** or **96127** are billed to identify when a screen scores positive or negative.

Modifier	State Definition
U3	Positive developmental / BH screen
U4	Negative developmental / BH screen

The modifiers listed above are required when a developmental (96110) or BH screen (billed with 96127 only) is billed by one of the following provider types for HUSKY Health members (HUSKY A, B, C, and D) under the age of eighteen (18). If the modifiers are not included, the detail on the claim will deny.

- physician or physician group (excluding psychiatrists)
- APRN or APRN group (excluding psychiatric APRNs)
- physician assistants
- medical clinics

Procedure codes for depression screenings (G8431 and G8510) do not require modifiers U3 or U4 since the code description specifies positive and negative results.

Although behavioral health clinicians, behavioral health clinics, psychiatrists, psychiatric APRNs, and Federally Qualified Health Centers, and family planning clinics are not required to utilize the U3 and U4 modifiers, DSS encourages them to do so. This data will enable DSS to more comprehensively track the number of HUSKY Health members who receive developmental and behavioral screens, monitor negative versus positive results and ensure that related Medicaid services and supports are readily available based on our HUSKY Health members' needs.

Results of each screen are defined based on the scoring criteria for the specific screening tool that is being used by the provider. These criteria will yield a positive or negative result. Providers are reminded that multiple units of procedure codes 96110, 96127, G8431, and

G8510 are permitted to be billed on the same date of service for each medically necessary screening tool administered.

If multiple developmental screens or multiple BH screens (excluding depression screens) are administered, and the screens all yield the same result (all are positive or all are negative), the units for procedure code 96110 or 96127 and the modifier results must be rolled up onto one detail line. Conversely, if the screens yield different results, the details must be billed on separate detail lines with the appropriate modifier.

For example, if a pediatrician administers 2 units of procedure code 96110 on the same date of service, one unit for a developmental screen which scores positive and one unit for an autism screen that scores negative, the results should be billed on separate detail lines with the applicable U3 and U4 modifier appended. However, if a pediatrician administers a developmental screen, that scores positive, and an autism screen that also scores positive, on the same date of service, the results should be billed on one detail line with the applicable U3 modifier appended.

Providers are reminded that procedure codes 96110, 96127, G8431, and G8510 can be billed on the same date of service with the procedure code for the EPSDT office visit (procedure codes 99381-99384; 99391-99394).

Screening Tools

DSS requires the use of an age-appropriate, validated developmental or BH (including depression) screening tool. The American Academy of Pediatrics (AAP) has posted a list of developmental and BH screening and assessment tools for primary care on its website. The list includes several options for screening tools that have been assessed for reliability, validity, sensitivity, and specificity. The list includes psychometric properties, cultural considerations, age groups and cost (if

any). Failure to use a screening tool to perform a developmental or BH screen, or failure to use a screening tool from one of the lists provided below, may result in financial adjustments based on post payment reviews.

Developmental Screening Tools

From the home page of www.aap.org: Under the Policy

- Select AAP Policy Collections under “Additional Policy Resources”
- Click on “View” under “Clinical Practice Guidelines”
- Select the article: “Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders”
- Scroll down to “Step 3: Administer Screening Test”, then click onto “Supplemental Table 1)

Autism Screening Tools

From the home page of www.aap.org: Under the Policy

- Select AAP Policy Collections under “Additional Policy Resources”
- Click on “View” under “Clinical Practice Guidelines”
- Select the article “Identification, Evaluation and Management of Children With Autism Spectrum Disorders”
- Scroll down to Table 5 for resources and guidance.

Behavioral Health (including depression) Screening and Assessment Tools for Primary Care

From the home page of www.aap.org/mentalhealth :

- Select “Practice Tools and Resources”
- Scroll down to “Mental Health Tools for Pediatrics” under “Practice Workflow

Positive Screens

Providers should utilize the specific scoring instructions provided for the screening tool that they utilized to assess whether there is a positive result. If a HUSKY Health member scores positive on a developmental or BH screen, the provider should perform one or both of the following during the EPSDT visit:

- provide age-appropriate anticipatory guidance and make appropriate developmental and/or behavioral health recommendations; and/or
- if indicated, refer the member for additional evaluation/assessment by a Medicaid-enrolled behavioral health provider or provider with a specialization in developmental pediatrics.

Please note that any HUSKY Health member who screens positive on a developmental or BH screen must continue to be screened at least annually in order to adequately assess the need for further referral, intervention and/or follow-up care.

Providers are encouraged to contact Community Health Network of Connecticut, Inc.® (CHNCT) at 1-800-440-5071, Monday through Friday, between the hours of 8:00 a.m. to 6:00 p.m. if they need assistance in referring HUSKY Health members to Medicaid enrolled providers with a specialty in developmental pediatrics.

Providers are encouraged to contact the Connecticut Behavioral Health Partnership (CTBHP) at 1-877-522-8247 for assistance in referring HUSKY Health members to Medicaid enrolled behavioral health providers.

Documentation

Please note that the screening tool used, the score obtained, and the actions taken as a result of the screen (guidance to parent, discussion with child, referral, etc.) should be documented in the HUSKY Health member’s medical record.

Accessing the Fee Schedule:

The updated fee schedule can be accessed and downloaded by going to the CMAP Web site: www.ctdssmap.com. From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”, scroll to the bottom of the page and click on “I Accept”, then select the applicable fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select “Open”.

Posting Instructions: Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Distribution: This policy transmittal is being distributed to providers of the CMAP by Gainwell Technologies.

Responsible Unit:

DSS, Division of Health Services, Medical Policy; Dana Robinson-Rush, Medical Policy Consultant at dana.robinson-rush@ct.gov.

Date Issued: July 2022