

# How to do Developmental Screening using a Standardized Tool in the Primary Care Office

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## Pearls

- Developmental Screening with a standardized tool is necessary to detect children with significant developmental delays in the most timely way
- Early detection of these children leads to improved outcomes
- This screening can be done in the pediatric office in a time-efficient cost-efficient way



## Pearls (cont.'d)

- A variety of standardized tools are easily accessible to pediatricians
- **Screening** is screening and takes place at the preventive visit along with a host of other services.....**Diagnosis** takes more time and thoughtful stepwise evaluation, and deserves its own visit(s)
- There is a CPT code (96110) for screening with standardized tool, and many Medicaid programs and private payers pay for this code



## Why Use a Standardized Tool?

- Requirement as of Oct 1<sup>st</sup> 2006 for Medicaid and PeachCare patients
- Reduce missed cases of children with autism, mental retardation, hearing impairment, cerebral palsy, and other developmental problems
- Improve outcomes through early identification and appropriate referral for early intervention
- Demystification for parents
- It can be rewarding (even fun!) for the pediatrician to be able to offer this service for families



## Where does the PCP start?

- Select tools which will work well in your practice setting
- Screens of General Development
  - PEDS
  - Ages and Stages
  - Others
- Specific Screen for Autism Spectrum Disorders
  - M-CHAT



## Planning....

- Develop a “clinical pathway” that will work for your practice
- Obtain the materials for the tools you select
- Staff training
- Be patient...there is a learning curve to developmental screening, but your persistence will be rewarded!

## Considerations in Selecting Tools

- Administration Time
- Administration and Scoring Ease
- Staff Requirements
- Cost of Materials
- Availability in Languages Other than English

## Comparing the Tools

Tool	Admin Time	Questions	Cost	Ages	Languages
PEDS	10 min	10	.50/test	Birth - 8 yrs	Eng-Span-Viet-Hmong-Somali-Chi-Malaysian
ASQ	15 min	30	199.00/kit	Ages 4 months - 60 months	Eng-Span-Kor-Fre
M-CHAT	10 min	23	Free on line		Eng



## The Basics of PEDS Questions

- Category and Ages At Which a Concern in this Category Is Considered a Predictive Concern
  - Global/Cognitive: All Ages
  - Expressive Language: All Ages
  - Receptive language: 18 mos and up
  - Fine Motor: 4 years and up
  - Gross Motor: 3 years and up
  - Social-emotional: Birth to 18 months
  - School: 4 years and up
  - "Other": All Ages



## The Basics of PEDS Scoring

- One predictive Concern: If "Other" only, and no concerns on exam, can follow closely
- If the one concern is not "Other" – Further evaluation needed
- Two or more predictive concerns: Further evaluation needed

## The Basics of PEDS Scoring

Child's Age:	0-3 mos.	4-5 mos.	6-11 mos.	12-14 mos.	15-17 mos.	18-23 mos.	2 yrs.
Global/Cognitive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Expressive Language and Articulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Receptive Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fine-Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross Motor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social-emotional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Self-help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Count the number of checks in the small shaded boxes and place the total in the large shaded box							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0	0	0	0	0	0	4
If the number shown in the large shaded box is 2 or more, follow Path A on PEDS Interpretation. If the number shown is 0, count the number of small unshaded boxes and follow Path B.							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	1	1	1	1	1	2

## The Basics of ASQ Questions

- 30 very specific questions
- 6 Categories: Communication, Gross Motor, Fine Motor, Problem Solving, Personal-Social, Overall
- 5 questions each in Category
- Parent answers 'yes', 'sometimes' or 'not yet'

## The Basics of ASQ Scoring

YES	SOMETIMES	NOT YET	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>10</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>10</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>5</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>10</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>0</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>0</u>
COMMUNICATION TOTAL			<u>35</u>

■ Total the answers to each question in each category:

- 10 points for 'yes'
- 5 points for 'sometimes'
- 0 points for 'not yet'

## ASQ: Plotting Scores



Scoring chart shows clearly which areas are in normal range and which areas are abnormal

- If the child's total score falls within the unshaded area the child appears to be doing well in this area at this time
- If the child's total score falls within the shaded area, consider further evaluation



## The Basics of M-CHAT Questions

- 23 questions
- Parent answers 'yes' or 'no'



## The Basics of M-CHAT Scoring

- Scorer looks at critical questions
- #'s 2,7,9,13,14,15 are the critical questions
- Normal responses for these questions are "yes"



## M-CHAT - Further Evaluation

- Children who fail two or more critical items
- Children who fail any three items



## Developing an Office Screening Paradigm - Sample Strategy #1:

- PEDS AT 9 mos, 18 mos, 2 years and 3 years
- ASQ on all children whose PEDS result suggested predictive concerns
- M-CHAT on all children whose ASQ suggests significant communication and social delays
- Order hearing evaluation on all children with significant language delays



## Developing an Office Screening Paradigm - Sample Strategy #2:

- PEDS at 9 months, 2 years and 3 years
- M-CHAT at age 18 months
- ASQ on all children whose PEDS or M-CHAT results suggest significant concerns



## **Pearl: Serious developmental concerns deserve their own visit**

- Schedule a return visit to focus on screening results that suggest serious concerns
- If the PEDS was the screen, give parent ASQ to complete and return for follow-up visit. (use M-CHAT as an adjunctive screen if there are concerns that suggest possible ASD)
- Bill follow-up visit as an office E&M visit 99212-99215

## Some Intervention Options

- Demystification-education for the parent
- Hearing test referral for children with language delays
- BCW referral for children ages Birth through 3 years with developmental concerns
- Referral to Preschool Special Ed Dept. for children ages 3 and up until KG entry
- Consider referral to a Developmental Pediatrician, Child Psychologist, Pediatric Neurologist, Developmental Center, Geneticist, Child Psychiatrist

## Consider Further Evaluation For Selected Patients

- High Resolution Karyotype (HRK)  
Ex. patients with cognitive delays & dysmorphic features
- Consider Chromosomal Testing for children with Autistic Spectrum Disorders  
HRK, Fragile X, FISH 15qdup 22q tel. del.
- Fragile X Testing – Unexplained MR
- MRI - Developmental delay with microcephaly, macrocephaly or loss of milestones
- Urine organic acids, serum amino acids for selected children with cognitive delays or autism

For more insights: Contemporary Pediatrics Mar 1, 2004  
A rational approach to the medical evaluation of a child with developmental delay  
By: Gehan Roberts, MB, BS, Judith S Palirev, Carolyn Bridgemohan, MD



## Payment

- Primary care practices face high overhead, and developmental screening adds to overhead expense, especially in terms of staff salaries
- CPT Code 96110
- 2005 Medicare RBRVS is 0.36 RVU x \$37.8975 = \$13.64
- For more info see *www.gaaap.org*
- Medicaid pays for this code in some states
- Many private payers pay for this code



## Summary

- Developmental Screening with a standardized tool will help the PCP to
  - ✓ Correctly identify children with developmental delays in a timely way
  - ✓ Appropriately refer patients for further testing, evaluation and/or treatment
  - ✓ Promote better outcomes for children
  - ✓ Help parents to understand their child's development
  - ✓ Enjoy the satisfaction of providing important services to a population in need



## Preparing now....

- Pediatricians can be ready to comply with GA Medicaid requirements by October 2006
- Satisfy the new national AAP guidelines soon to be released under *"Identifying Infants and Young Children with Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening"* (anticipated publication June 2006).



## Links to Tools

- [www.pedstest.com](http://www.pedstest.com)
- [www.brookepublishing.com/store/books/brickersq/index.htm](http://www.brookepublishing.com/store/books/brickersq/index.htm)
- [www.firstsigns.org/downloads/m-chat.PDF](http://www.firstsigns.org/downloads/m-chat.PDF)