Getting Paid for Prevention

Getting paid for preventive services depends on correct coding.

Pediatric physicians at a local family health clinic are thinking about bundling a few screens in each well child visit, using computers that deliver a set of health screens, including caries risk, the PSC, and then possibly the M-CHAT. We would like to justify the costs associated with managing each one of those screens. Can that be done under the 96110? Or, should they be using another code for the oral health screen, and yet another for the autism risk scale?

“For each separate developmental screening completed, you can separately report code 96110, even if several occur during the same patient encounter. For example, if you perform both the MCHAT and the PSC, you can report 96110 twice, in addition to your E/M code.

If you perform another type of screening (eg, screening for dental caries using a health risk assessment tool), report that with code 99420 (administration and interpretation of health risk assessment instrument. Again, this can be reported in addition to any developmental screening(s) and your E/M code.

As indicated on the attached document, the autism risk scale is appropriately reported with code 96110. Please feel free to send all future coding questions to this e-mail address (aapcodinghotline@aap.org). The AAP Coding Hotline is a free service for our members and their office staff.”

Additional Information for Physicians Regarding Developmental Testing

Developmental testing code now includes physician work

The Centers for Medicare & Medicaid Services (CMS) published the Medicare Resource-Based Relative Value Scale (RBRVS) final rule on Nov. 7, outlining the relative value units (RVUs) assigned to almost 8,000 CPT codes. Among the codes included was code 96111 (developmental testing; extended), which had physician work RVUs assigned for the first time. Code 96111 also is the only code in the Central Nervous Assessments/Tests section of the CPT nomenclature to be recognized as including physician work.

Earlier this year, Lynn Mowbray Wegner, M.D., FAAP, chair of the AAP Section on Developmental and Behavioral Pediatrics, and Steven E. Krug, M.D., FAAP, member of the AAP Committee on Coding and Nomenclature and AAP RUC advisor, presented physician work and practice expense recommendations to the American Medical Association/Specialty Society Relative Value Scale Update Committee (RUC) for CPT code 96111 (developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments) with interpretation and report, per hour). The RUC accepted the AAP recommendations with the caveat that "per hour" be removed from the code descriptor during the next CPT cycle. These recommendations then were forwarded to CMS for consideration in the publication of the 2004 Medicare RBRVS physician fee schedule.

Until now, code 96111 has not been valued for physician work. The code did, however, include practice expense and a malpractice factor. As of Jan. 1, 96111 was assigned 2.59 physician work
RVUs, and this will be factored in with the pre-existing practice expense and malpractice factors, for total RVUs of 3.84.

Using the 2004 Medicare conversion factor of $35.1339, the new reimbursement for this service will be $134.91. This is a considerable improvement given that the total value of 96111 in 2003 was 1.90 (1.90 x $35.1339 = $66.75).

Payers that utilize RBRVS in establishing their fee schedules will be able to use these RVUs to reimburse appropriately for this service, which typically is performed by pediatric developmental and behavioral subspecialists as part of a comprehensive evaluation. The developmental testing code may be combined with an evaluation and management code (i.e., E/M code) on the same day, provided those services also were offered on that date.


Although it won’t garner as much publicity as the Mad Cow scare, there has been a small earthquake in the reimbursement world. The year 2003 saw two codes specifically relating to ‘developmental and behavioral’ pediatrics approved by CMS and thereby setting the path for reimbursement for the services these codes cover.

These CPT codes were
• 96110: Developmental Screening
• 96111: Developmental Testing

As background information, all CPT codes have three components contributing to the amount of reimbursement they allow:
• Practice Expense
• Physician Work
• Malpractice

Practice expenses can include the non-renewable physical instruments/implements. Physician work is the time and complexity of the physician cognitive and physical work and the malpractice component is the ‘relative risk’ of creating a situation in which ‘harm could be done’ to the patient.

In the realm of developmental and behavioral topic, the Malpractice factor is quite small. The practice expense is dictated by the cost(s) of the instruments CPT 96110 “Developmental Screening” was an existing code that did not have ‘practice expense’ factored in and therefore was not a ‘big ticket’ item for most physicians providing services to children.