

# Developmental Screening in the First Three Years of Life

**Learn how to improve your HEDIS<sup>1</sup> rates. This tip sheet gives key details about the Developmental Screening in the First Three Years of Life (DEV) measure, best practices, codes, and more resources.**

<p><b>Measure description</b></p>	<p>The percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.</p> <p><b>Note:</b> DEV is an administrative measure and data can only be collected through claims and encounters. It is important that you ensure you have coded all your claims and encounters for your patients' visits to the highest level of specificity.</p>
<p><b>Eligible population</b></p>	<p>Children turning 1, 2, or 3 years of age between January 1 to December 31 of the measurement year who had a screening for risk of developmental, behavioral, and social delays using a standardized screening tool that was documented in the patient chart. Report three age stratifications and a total rate:</p> <ul style="list-style-type: none"> <li>• Children turning 1 year during the measurement year who had a screening documented by the child's first birthday (birth to 1 year).</li> <li>• Children turning 2 years during the measurement year who had a screening documented by the child's second birthday (&gt;1 to 2 years).</li> <li>• Children turning 3 years during the measurement year who had a screening documented by the child's third birthday (&gt;2 to 3 years).</li> <li>• Total rate: Children turning 1, 2 or 3 years during the measurement year who had a screening documented by their first, second or third birthday.</li> </ul>
<p><b>Clinical recommendations</b></p>	<p>The American Academy of Pediatrics (AAP) recommends developmental and behavioral screenings for all children during regular well-child visits at 9 months, 18 months, and 30 months.</p> <p>In addition, the AAP recommends that all children be screened specifically for the autism spectrum disorder (ASD) during regular well-child visits at 18 months and 24 months.</p> <p>Developmental surveillance should be a component of every preventive care visit. Educate staff to schedule member office visits within guideline time frames.</p> <p>Standardized developmental screening tools should be used when such surveillance identifies concerns about a child's development.</p>

## Acceptable standardized screening tools

Examples of standardized screening tools cited in Bright Futures/American Academy of Pediatrics for developmental, behavioral, and social delays that meet the measure criteria include:

- Ages and Stages Questionnaire (ASQ) – 2 months to 5 years.
- Ages and Stages Questionnaire – 3rd Edition (ASQ-3).
- Battelle Developmental Inventory Screening Tool (BDI-ST) – Birth to 95 months.
- Bayley Infant Neuro-developmental Screen (BINS) – 3 months to 2 years.
- Brigance Screens-II – Birth to 90 months.
- Child Development Inventory (CDI) – 18 months to 6 years.
- Infant Development Inventory – Birth to 18 months.
- Parents' Evaluation of Developmental Status (PEDS) – Birth to 8 years.
- Parent's Evaluation of Developmental Status – Developmental Milestones (PEDS-DM).

## Medical record documentation

Measure steward: Oregon Pediatric Improvement Partnership (OPIP) at Oregon Health & Sciences University.

Data source: Claims, encounters, electronic health records.

Denominator inclusion criteria: Documentation of a face-to-face visit between the provider and the member, predating the member's birthday by at least 12 months.

Note: Documentation of a standardized developmental screening tool is required, with evidence indicating the tool was completed and scored on the date of screening.

## CPT codes

### Developmental Screening CPT® II CODES\*

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Description	CPT Code
Developmental Screening	96110
Autism Spectrum Disorder Screening (modifier: KX)	96110-KX

<sup>1</sup> HEDIS – Healthcare Effectiveness Data and Information Set.

NCQA. HEDIS 2023 Technical Specifications for Health Plans, Volume 2, Washington, D.C., 2022.

## Resources

Oregon Pediatric Improvement Partnership (OPIP) at Oregon Health & Sciences University

- [https://qpp.cms.gov/docs/QPP\\_quality\\_measure\\_specifications/CQM-Measures/2019\\_Measure\\_467\\_MIPSCQM.pdf](https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2019_Measure_467_MIPSCQM.pdf)

U.S. Centers for Medicare & Medicaid Services: Quality Payment Program

- [https://qpp.cms.gov/docs/QPP\\_quality\\_measure\\_specifications/CQM-Measures/2019\\_Measure\\_467\\_MIPSCQM.pdf](https://qpp.cms.gov/docs/QPP_quality_measure_specifications/CQM-Measures/2019_Measure_467_MIPSCQM.pdf)

U.S. Department of Health & Human Services, Centers for Disease Control and Prevention

- Developmental Monitoring and Screening: <https://www.cdc.gov/ncbddd/childdevelopment/screening.html>
- Autism Spectrum Disorder: <https://www.cdc.gov/ncbddd/autism/index.html>
- CDC's Developmental Milestones: <https://www.cdc.gov/ncbddd/actearly/milestones/index.html>

American Academy of Pediatrics/Bright Futures: Preventive Care/Periodicity Schedule

- [https://downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf?\\_ga=2.163818109.3943066.1682527165-387731652.1681842715](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf?_ga=2.163818109.3943066.1682527165-387731652.1681842715)