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November 11, 2014

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Dear Dr. Holt:

As the professional medical society representing over 62,000 primary care pediatricians, pediatric medical sub-specialists and pediatric surgical specialists the American Academy of Pediatrics (AAP) is dedicated to the health of all children and that includes access to quality care. Undue administrative burdens for benefits coverage and payment serve as barriers to access.

It has been brought to the Academy's attention that Humana is denying claims for developmental screening and requiring submission of documentation to determine whether developmental screening as reported by CPT code 96110 was done during the preventive care visit. We would like provide the following clarifications on the reporting of CPT code 96110 and call for Humana to cease its automatic denial and cease inappropriate demands for documentation and services beyond what is required to report these codes.

CPT code 96110 is often reported by pediatricians when performed in the context of preventive medicine services. This code also may be reported when screening is performed with other evaluation and management (E/M) services such as acute illness or follow-up office visits. When a screening test is performed along with any E/M service (eg, preventive medicine or office outpatient), both the 96110 and the and E/M service should be reported and modifier 25 (*significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service*) should be appended to the E/M code to show the E/M service was distinct and separate and medically necessary during the same visit. According to CPT guidelines under the preventive medicine service codes: "Vaccine/toxoid products, immunization administrations, ancillary studies involving laboratory, radiology, other procedures, or screening tests (e.g, vision, hearing, developmental) identified with a specific CPT code are reported separately" (i.e, from the preventive medicine service codes, 99381-99397).

Therefore, it is clear that standardized developmental screening is a separately reported service from the preventive care medicine services.

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The frequency of reporting CPT code 96110 is dependent both on the patient presentation as well as routine screening recommendations. The AAP Bright Futures “Recommendations for Preventive Pediatric Health Care” schedule recommends informal developmental/behavioral assessment at each preventive medicine visit except those where a formal standardized screen is administered, and the AAP “Developmental Surveillance and Screening of Infants and Young Children” policy statement recommends that physicians use validated/standardized developmental screening instruments to improve detection of problems at the earliest possible age to allow further developmental assessment and appropriate early intervention services. The AAP Bright Futures “Recommendations for Preventive Pediatric Health Care” schedule recommends that routine formal developmental screening take place at the 9-, 18- and 30-month visits, while routine formal standardized Autism screening take place at the 18- and 24-month visits. (Please see [http://www.aap.org/en-us/professional-resources/practice-support/financing-and-payment/Documents/Recommendations\\_Preventive\\_Pediatric\\_Health\\_Care.pdf#search=Recommendations%20for%20Preventive%20Pediatric%20Health%20Care](http://www.aap.org/en-us/professional-resources/practice-support/financing-and-payment/Documents/Recommendations_Preventive_Pediatric_Health_Care.pdf#search=Recommendations%20for%20Preventive%20Pediatric%20Health%20Care)) for the listing of recommended pediatric preventive care services.

Each of these, when performed, is reported with CPT code 96110. Thus, the use of screening tools is necessary for the developmental assessment typically done at the preventive medicine service. The exact frequency of screening may vary based on the clinical setting and the provider’s judgment as to when it is medically necessary. However, for those providers following the gold standard of pediatric preventive care, developmental/Autism screens will be reported with CPT code 96110 five times within the first 30 months of life at minimum for healthy normally developing children. When physicians ask questions about development as part of the general informal developmental survey or history (e.g., surveillance), this is not a formal “screen”, *and is not separately reportable*.

Concerning the need for documentation, *CPT* guidelines indicate that documentation is required to support the reporting of any given service. Documentation for each administered developmental screening is accompanied by an interpretation and report (e.g., a score or designation as normal or abnormal) by clinical staff. Documentation should support the service provided and is not meant to be onerous. To routinely deny claims for developmental screening and demand submission of documentation for every reported developmental screen only further escalates the administrative burden to physician practices, and overall health care costs with no real benefit in terms of access, cost or quality.

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Humana is urged to rescind its onerous policy of automatic denials and requiring submission of documentation for CPT code 96110 which is not in line with most other payer policies.

I look forward to your positive response to align documentation requirements with the intent of these codes. Should you have any questions please feel free to contact Lou Terranova, Senior Health Policy Analyst at [lterranova@aap.org](mailto:lterranova@aap.org)

Sincerely,

/S/

James M. Perrin, MD, FAAP  
President

JMP/lt