CPT 1/1/2019: Changes to Developmental Behavioral Pediatrics Coding

The purpose of this document is to summarize the 2019 changes to the developmental/behavioral screening and testing codes. While developmental/behavioral screening codes are used by Developmental Behavioral Pediatrics (DBP), primary care, and other specialty practitioners, developmental testing codes are used primarily by DBP and Psychology. This document is primarily focused on DBP care (Pediatric Psychologists and Neuropsychologists should refer to their professional organizations for guidance).

Developmental Testing Code Changes

The most notable changes for DBP care in 2019 are to the developmental testing codes, which are now time-based codes that allow for report creation. RVU's have also been adjusted. These changes provide DBPs with codes that better reflect their clinical practice, including test administration, scoring, interpretation, and report creation. Thus, codes previously used by DBPs for certain types of testing (e.g., 96116) may be less appropriate with these changes now in effect.

Developmental testing codes 96112/96113 should be used when a developmental test(s) is/are performed to assess a child's developmental status or developmental skill acquisition. This type of evaluation and testing is extremely common in DBP care and comprises most of the formalized testing performed by DBPs.

The following table provides a summary of developmental testing codes deleted and added or revised as of January 1, 2019:

Deleted	New Codes/Revision		
(Old) Code number	(New) Code number	What it covers	Time
96111- *Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report* **(wRVU 2.6)**	**96112** Developmental testing (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed) **(wRVU 2.56)**	Administration by physician or other qualified health care professional, with interpretation of results and creating a report	First hour (> 31 minutes)
	96113- representing each additional 30-minute increment required to complete the service. **(wRVU 1.16)**		Each additional 30-minute increment (> 16 minutes)

This new coding structure will allow physicians/other qualified health care professionals to report these services based on total time, rather than being limited to reporting a single unit of code 96111, regardless of time spent providing the service. This reporting may consider multiple days of review and interpretation of data. Note that the mid-point rule requires 76 minutes to pass before adding on the first **96113.**

Time Spent	Developmental Testing Code(s)
< 31 mins	N/A (report an E/M service if appropriate)
31-76 mins (1 hr and 16 mins)	96112
77-106 mins (1 hr and 46 mins)	96112 and 96113
107 mins – 136 mins (2 hr and 16 mins)	96112 and 96113 x 2 units
137 mins – 166mins (2hr and 46 mins)	96112 and 96113 x 3 units

Developmental Test Administration Clinical Example
A 9 yr old patient presents for a new patient visit due to a progressive pattern of academic and social struggles since preschool. The school is concerned about autism and requests an evaluation. In addition to obtaining a detailed history (including past medical, family, and social history) and performing a complete ROS, the clinician administers a KBIT2, WIAT and the ADOS2. The evaluation indicates that a diagnosis of autism is warranted, and counseling is provided at the time of service (45 minutes total for HPI, ROS, PE, dx, and counseling with 25 minutes of the visit spent in counseling and coordination of care). In addition, tests are administered in 90 minutes; scoring, interpretation, and report creating takes an additional 60 minutes, with a concise report also generated for school.
Based on documentation report the following CPT codes (w/ modifiers)
- 99204-25 (This code considers 45 mins of E/M time when counseling/coordination of care dominates the service)
- Modifier 25 (*significant, separately identifiable E/M service*) is appended to the evaluation and management (E/M) code (eg, 99204) to signify that it is a significant and separately identifiable service.
- 96112 (This code takes into account the first 76 mins of the total time of 150 mins for developmental testing/interpretation)
- 96113 w/ 3 units (The addition of 3 units considers the remaining 74 mins of developmental testing/interpretation)

In summary, CPT codes/modifiers reported:
99204-25
96112
96113 with 3 units

ICD-10-CM code(s):
F84.0 Autistic disorder (primary diagnosis)
NOTE: ICD-10-CM instructs to use additional codes to identify medical problems and intellectual disabilities, such as:
F94.9 Childhood disorder of social functioning, unspecified
F81.0 Specific reading disorder
F81.2 Mathematics disorder
F80.1 Expressive language disorder

Psychological/Neuropsychological Testing Codes
Changes have also been made to the Psychological/Neuropsychogical testing codes, including test evaluation services **(96130-96133)** and test administration and scoring **(96134-96139).** In most cases, developmental testing codes will be the most appropriate codes for DBPs to use in order to create a report of their evaluation. However, Psychological/Neuropsychological testing codes may be appropriate if DBPs are performing testing when previously attained skills have been lost (e.g., after traumatic brain injury or CNS infection). Please refer to guidance from the American Psychological Association for use of these codes (https://www.apa.org/monitor/2019/01/testing-codes.aspx). Note that if you are reporting the psychological/neuropsychological testing codes, two codes will be required: one to reflect how or by whom the test was administered, and one to reflect who evaluated the service.

Neurobehavioral Status Exam
There have been revisions to code **96116**, Neurobehavioral status exam. Code **96116** is still valid; however, it is only reported once per day with a new add-on code **96121** available for additional time past the first hour. Note that mid-point rule requires 76 minutes to pass before adding on the first unit of **96121.**

The following table provides a summary of the Neurobehavioral Status Exam code revisions and additions as of January 1, 2019:

Code number	What it covers	Time
96116 Neurobehavioral status examination (clinical assessment of thinking, reasoning and judgment, e.g. acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities) **(wRVU 1.86)**	Administration by physician or other qualified health care professional, time interpretation of test results and creating a report	First hour (> 31 minutes)
96121 representing each additional hour required to complete the service **(wRVU 1.71)**		Each additional hour (>31 minutes)

Historically, this code has been used by some DBPs to create a report of the Autism Diagnostic Observation Scale (ADOS). With the refinements to **96112/96113**, it is now recommended that DBPs use the developmental testing codes to administer, score, and create a report of the ADOS; use of 96116 does not fully reflect the service provided if you are completing a standardized ADOS and reporting a score.

To summarize: If there is a standardized instrument such as the ADOS being incorporated into the testing   96112/96113 should be used. If performing *elements* of the ADOS that may not incorporate the standardized and scorable instrument but satisfies the code description, then report the 96116/96121. (Please note that recent, published coding examples have recommended use of 96116 when creating a report of the ADOS. This guidance is being revised with the 2019 revisions).

Developmental Screening & Emotional/Behavioral Assessment Code Valuation Updates
Practice Expense Refinement: Codes 96110 & 96127

Codes **96110** (*Developmental screening (eg, developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument*) and **96127** (*Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument*) are part of the code family, but their descriptors were not revised as part of this process. Furthermore, since they are both practice expense (PE) only codes, they were not surveyed for physician work. Therefore, codes 96110 and 96127 were refined for PE only. This resulted in a slight adjustment to their proposed PE relative value units (RVUs) for 2019. It is important to notes that **these two codes cannot be used when billing 96112/3.**

2019 Valuation

As noted in the table below, the RVUs for 2019 for the developmental testing and screening as well as emotional and behavioral assessment are listed. Please note that the values for many pediatric services can be found in the RBRVS brochure.

Relative Value Units and Related Information Used in CY 2019

CPT/ HCPCS	Work RVUs	Non-Facility PE RVUs	Facility PE RVUs	Mal-Practice RVUs	Total Non-Facility RVUs	Total Facility RVUs	Global
96110	0.00	0.27	NA	0.01	**0.28**	**NA**	XXX
96127	0.00	0.14	NA	0.01	**0.15**	**NA**	XXX
96112	2.56	1.13	0.91	0.14	**3.83**	**3.61**	XXX
96113	1.16	0.51	0.45	0.05	**1.71**	**1.65**	ZZZ

In 2018, code 96110 has 0.29 total NF RVUs, while code 96127 has 0.28 total RVUs.

Implementation
These changes became effective January 1, 2019 and HIPAA requires that covered entities recognize the code set that is valid at the time of service.

AAP coding staff will be educating members via a range of coding products: *Coding for Pediatrics* manual, the monthly *AAP Pediatric Coding Newsletter*, and *AAP News Coding Corner*.
The Academy's Payer Advocacy Advisory Committee (PAAC) will contact national payers to ensure they understand the new codes and implement them starting January 1, 2019. The AAP is also working closely with the American Psychological Association in order to appropriately interpret the 2019 code changes and advocate effectively for payment.
Please contact the AAP Coding Hotline with any questions at aapcodinghotline@aap.org.

Managing Denials

We encourage members to submit reimbursement difficulties to the AAP using the hassle factor form https://www.aap.org/en-us/my-aap/Pages/Hassle-Factor-Form-for-Private-Payer.aspx?.
This allows AAP staff to appropriately advocate for appropriate payment of services rendered.