

**To:** IPAs, PCPs, BH, Specialists & Urgent Cares  
**From:** IEHP – Provider Relations  
**Date:** August 1, 2023  
**Subject:** **Directed Payment for Developmental Screening Services**

Assembly Bill (AB) 74, Section 2, Item 4620-101-3305 appropriates Proposition 56 funding to support clinically appropriate developmental screenings for children with full-scope Medi-Cal coverage. Per DHCS APL 19-016, beginning January 1<sup>st</sup>, 2020 dates of service, contracted (network) providers are eligible to receive a directed payment of \$59.90 for each qualifying developmental screening service. Effective July 1, 2022, the California Budget Act of 2021 has changed the funding source for developmental screenings services from Proposition 56 tobacco tax revenue to the state General Fund.

A qualifying developmental screening service is one that is provided by a network provider, in accordance with AAP/Bright Futures periodicity schedule and through use of a standardized tool that meets the developmental screening criteria set forth by DHCS (in APL 19-016).

In order to receive this directed payment, the contracted (network) provider must meet the following criteria:

- 1.) The provider must utilize a screening tool that meets all of the CMS criteria, in accordance with the AAP/Bright Futures periodicity schedule. The CMS Technical Specifications and Resource Manual includes a list of standardized tools that are cited by AAP/Bright Futures and meet the CMS criteria. Please see DHCS APL 19-016 for more detailed information on the CMS criteria.
- 2.) The provider is required to use the standardized developmental screening tools during the 9-month, 18-month, and 30-month health visit. However, for the purposes of this directed payment, a developmental routine screening is eligible for payment if performed:
  - on or before the first (1<sup>st</sup>) birthday,
  - after first (1<sup>st</sup>) birthday and before the second (2<sup>nd</sup>) birthday,
  - or after the second (2<sup>nd</sup>) birthday and on or before the third (3<sup>rd</sup>) birthday,
  - screenings done when medically necessary, in addition to the routine screening based on age criteria above, are also eligible for directed payment; so long as it is performed on or before the third (3<sup>rd</sup>) birthday.
- 3.) The provider must submit a claim or encounter with the qualifying CPT code below.

<b>HCPCS Code</b>	<b>Description</b>	<b>Directed Payment</b>
96110 without modifier KX	Developmental screening, with scoring and documentation, per standardized instrument	\$59.90

- 4.) The network provider must maintain documentation in the member's medical record of all of the following: the tool that was used; that the completed screen was reviewed; the results of the screening; the interpretation of the results; what was discussed with the Member and/or family; and any appropriate actions taken. This documentation must be available upon request from IEHP and/or DHCS.

Please refer to the "FAQs on Proposition 56" for general program requirements, payment rates, and payment schedule located on the Provider portal at: [www.iehp.org](http://www.iehp.org) > For Providers > Plan Updates > Proposition 56 & GEMT.

As a reminder, all communications sent by IEHP can also be found on our Provider portal at: [www.iehp.org](http://www.iehp.org) > For Providers > Plan Updates > Correspondence.

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054.