CHECK & CONNECT:
RECOMMENDATIONS TO PROMOTE HEALTHY CHILDHOOD DEVELOPMENT

To request more brochures for your practice, please call 215-686-5200 or email CheckAndConnect@phila.gov
Dear Pediatric Provider:

As part of A Running Start – Health, our city plan to improve the health of young children, I am reaching out to you to highlight the importance of conducting regular developmental and autism screenings, using standardized tools, and referring children for early intervention services.

While I am sure you assess the developmental status of your patients, using standardized screening tools such as the Survey of Well-Being of Young Children (SWYC) and the Modified Checklist for Autism in Toddlers (M-CHAT) increases your chances of identifying early the children most in need of attention.

Standardized screening is reimbursable under most health plans and can be conducted by support staff to save you time.

We put together this packet of materials to help you integrate standardized developmental screening into your practice:

- Description of two developmental screening tools we are recommending
- Overview of Philadelphia’s two Early Intervention agencies and referral forms
- FAQs about early childhood developmental screening
- Tips about billing for developmental screening
- Screening workflow recommendations

Sincerely,

Thomas A. Farley, MD, MPH
Health Commissioner
Screening infants and toddler for developmental delays

Q: Why should I use standardized screening tools? I can recognize when a child is delayed.

标准化筛查工具，如本手册中推荐的工具，由美国儿科学会推荐，比非正式的发育监测更有效于识别潜在的发育障碍。请注意访问 phila.gov/health/check-and-connect 以获取更多信息。此外，大多数健康计划在标准化筛查时提供额外的报销。

Q: Is it true that boys are late talkers so it’s normal if they show signs of being developmentally delayed?

不。任何孩子，不论男孩还是女孩，如果显示出发育延迟的迹象，都应该被转介至早期干预协调机构进行评估。

Q: If a child is hospitalized for a prolonged period of time, should he/she be exempt from developmental screenings since any delay is justified due to his/her medical condition?

不，任何显示发育延迟迹象的孩子，无论其他医疗状况如何，都应被转介进行评估。

Referring to Early Intervention agencies

Q: My patient passed the developmental screener but I am still concerned about his/her development. Can I still refer this child for Early Intervention services?

是的，没有一个筛查工具是完美的，可能还有一些其他非同步问题，筛查工具没有涵盖。任何一个提供者认为应该转介的孩子都应被转介。

Q: Is it a problem if I refer a child to Early Intervention who might have already been referred by another provider or agency?

不，早期干预机构会交叉核对转介的儿童，以确保他们不会重复获得服务。

Q: I don’t want to overburden Early Intervention agencies. Can they handle a lot of referrals?

是的，早期干预机构有能力评估可能会有发育延迟并为他们提供服务的孩子。

Coding

Q: Can I submit claims for Developmental Screening (96110) and Autism Screening (96110 U1) if performed during the same visit (e.g., 18 month well-child visit)?

是的，如果在同一次就诊中进行筛查，可以提交索赔。不同的偿付率因支付者而异，但通常的偿付率范围为$6 - $12。
KEY RECOMMENDATIONS

1. Use standardized tools for developmental & autism screenings at recommended periodicity schedule
   - SWYC: Survey of Well-being of Young Children
   - M-CHAT-R/F: Modified Checklist for Autism in Toddlers, Revised with Follow-Up

2. Refer children to Early Intervention services
   - Infant Toddler Early Intervention (Age 0-3)
   - Elwyn SEEDS (Age 3-5)
# RECOMMENDED SCREENING TOOLS

<table>
<thead>
<tr>
<th>Age (months)</th>
<th>Services</th>
<th>Recommended Tools*</th>
</tr>
</thead>
<tbody>
<tr>
<td>9-11</td>
<td>Developmental</td>
<td>SWYC</td>
</tr>
<tr>
<td></td>
<td>Screening</td>
<td>(Developmental Milestones portion)</td>
</tr>
<tr>
<td>18</td>
<td>Developmental</td>
<td>SWYC</td>
</tr>
<tr>
<td></td>
<td>Screening</td>
<td>(Developmental Milestones portion)</td>
</tr>
<tr>
<td></td>
<td>Autism Screening</td>
<td>M-CHAT-R/F -OR- SWYC (POSI portion)</td>
</tr>
<tr>
<td>24</td>
<td>Autism Screening</td>
<td>M-CHAT-R/F -OR- SWYC (POSI portion)</td>
</tr>
<tr>
<td>30</td>
<td>Developmental</td>
<td>SWYC</td>
</tr>
<tr>
<td></td>
<td>Screening</td>
<td>(Developmental Milestones portion)</td>
</tr>
</tbody>
</table>

*SWYC screening tools are also available for the following ages (months): 2, 4, 6, 12, 15, 36, 48, 60

**SWYC** - Survey of Well-Being of Young Children  
**M-CHAT-R/F** - Modified Checklist for Autism in Toddlers, Revised with Follow-Up  
**POSI** - Parent’s Observation of Social Interactions

To access the full set of SWYC & M-CHAT-R/F screening tools, please visit [phila.gov/health/check-and-connect](http://phila.gov/health/check-and-connect)
RECOMMENDED SCREENING TOOLS

**SWYC**
The *Survey of Well-being of Young Children (SWYC)* is a free and comprehensive screening instrument for children under 5 years of age. Parents can complete the form on paper or on a tablet in a few minutes while in the waiting room. Once these forms are scored, you can determine which children should be reviewed further or referred for a formal developmental evaluation. While the SWYC contains several sections, we are recommending two portions for developmental and autism screenings:

1. Developmental Milestones portion for Developmental Screening
2. Parent’s Observation of Social Interactions (POSI) portion for Autism Screening.

Sample attached on page 4: SWYC, Developmental Milestones, 18 months

**M-CHAT-R/F**
The *Modified Checklist for Autism in Toddlers, Revised with Follow-Up (M-CHAT-R/F)* is a 2-stage parent-report screening tool to identify children 16 to 30 months of age who should receive a more thorough assessment for possible early signs of autism spectrum disorder. The first-stage screening tool contains 20 questions that parents can complete in the waiting room. The items are scored one point each according to their autism risk, and based on total scores, children are considered low-risk (0-2), medium risk (3-7), or high-risk (8-20).

Sample attached on page 5: M-CHAT-R, First-stage Screening Tool

To access the full set of SWYC & M-CHAT-R/F screening tools, please visit phila.gov/health/check-and-connect
# Milestones: 18 months

18 months, 0 days to 22 months, 31 days

V1.07, 4/1/17

**DEVELOPMENTAL MILESTONES**

These questions are about your child’s development. Please tell us how much your child is doing each of these things. If your child doesn’t do something any more, choose the answer that describes how much he or she used to do it. Please be sure to answer ALL the questions.

<table>
<thead>
<tr>
<th>Item</th>
<th>Not Yet</th>
<th>Somewhat</th>
<th>Very Much</th>
</tr>
</thead>
<tbody>
<tr>
<td>Runs</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Walks up stairs with help</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Kicks a ball</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Names at least 5 familiar objects - like ball or milk</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Names at least 5 body parts - like nose, hand, or tummy</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Climbs up a ladder at a playground</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Uses words like &quot;me&quot; or &quot;mine&quot;</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Jumps off the ground with two feet</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Puts 2 or more words together - like &quot;more water&quot; or &quot;go outside&quot;</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Uses words to ask for help</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

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# M-CHAT-R™

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer no. Please circle **yes** or **no** for every question. Thank you very much.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you point at something across the room, does your child look at it? <strong>(FOR EXAMPLE, if you point at a toy or an animal, does your child look at the toy or animal?)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child play pretend or make-believe? <strong>(FOR EXAMPLE, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child like climbing on things? <strong>(FOR EXAMPLE, furniture, playground equipment, or stairs)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child make unusual finger movements near his or her eyes? <strong>(FOR EXAMPLE, does your child wiggle his or her fingers close to his or her eyes?)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child point with one finger to ask for something or to get help? <strong>(FOR EXAMPLE, pointing to a snack or toy that is out of reach)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child point with one finger to show you something interesting? <strong>(FOR EXAMPLE, pointing to an airplane in the sky or a big truck in the road)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is your child interested in other children? <strong>(FOR EXAMPLE, does your child watch other children, smile at them, or go to them?)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? <strong>(FOR EXAMPLE, showing you a flower, a stuffed animal, or a toy truck)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child respond when you call his or her name? <strong>(FOR EXAMPLE, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child walk?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child try to copy what you do? <strong>(FOR EXAMPLE, wave bye-bye, clap, or make a funny noise when you do)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you turn your head to look at something, does your child look around to see what you are looking at?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child try to get you to watch him or her? <strong>(FOR EXAMPLE, does your child look at you for praise, or say “look” or “watch me”?)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child understand when you tell him or her to do something? <strong>(FOR EXAMPLE, if you don’t point, can your child understand “put the book on the chair” or “bring me the blanket”?)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If something new happens, does your child look at your face to see how you feel about it? <strong>(FOR EXAMPLE, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your child like movement activities? <strong>(FOR EXAMPLE, being swung or bounced on your knee)</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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Age 0-3
Infant Toddler Early Intervention

OVERVIEW
Infant Toddler Early Intervention helps families with child development, learning, and behavior at no cost. If the child is eligible, the parents are part of the team that creates an Individualized Family Service Plan (IFSP) based on the child’s unique needs and reflects the family’s concerns and priorities. The team then decides the best service or support to help the child and family reach the IFSP goals.

WHO TO REFER
Birth to third birthday and ANY of the following...
- Evidence of developmental delays by use of standardized screening tools
- A health condition that comes with a high probability for development delay
- Developing differently from others their age
- Developmental issues that concern the pediatric provider or the parent or guardian
- Prenatal substance exposure, including alcohol*
- Cared for in a Neonatal Intensive Care Unit*
- Birth weight under 1500 grams*
- Homelessness or unstable housing*
- Lead level > 5 mcg dL*
- Involved with the Department of Human Services (DHS)*

* Will receive Regular Developmental Screening calls every 3 months to assess developmental status and eligibility to receive Early Intervention services

HOW TO REFER
Fax referral form: 215-685-4638
OR
Call: 215-685-4646

* Referrers will be notified by mail that ITEI has received the referral and if child will receive services (if family has successfully completed the process and consents)

Referral forms can be found in the back of this pamphlet.

To access the full set of SWYC & M-CHAT-R/F screening tools, please visit phila.gov/health/check-and-connect
Referring to Early Intervention Services

Age 3-5
Elwyn SEEDS

Overview
Elwyn SEEDS coordinates Preschool Early Intervention services, performs multi-disciplinary evaluations, and contracts with provider agencies for ongoing Preschool Early Intervention services. Services are provided at no cost to families and include special instruction, occupational therapy, speech therapy, physical therapy, and nursing.

Who to Refer
3 to 5 years old and...
• A significant delay in one or more areas of development compared to other children of the same age
  -OR-
• Any of the physical or mental disabilities defined under the Individuals with Disabilities Education Act
  -AND-
• In need of special education and related services

How to Refer
Fax referral form: 215-823-5083
OR
Call: 215-222-8054

Referral forms can be found in the back of this pamphlet.

For more information on Elwyn SEEDS, please visit phila.gov/health/check-and-connect
Physician Referral 10/2018

Philadelphia Infant Toddler Early Intervention (EI) REFERRAL

PLEASE FILL IN
Child (First, Last): ___________________________ Male ☐ Female ☐ Date of Birth: ___ / ___ / ___
Address: ____________________________________________ SSN (Last 4 Digits): XXX-XX- ________
Parent/Guardian (First, Last): ___________________________ Parent Report ☐ Screening Test ☐ ( ) Related Concerns:
Primary Language: ___________________________ Check if Interpreter is needed ☐ Alternate Phone #: (____) - ___ - ___
Send to: Philadelphia Infant Toddler Early Intervention
701 Market Street, Suite 5200, Philadelphia, PA, 19106
Birthto3EI@phila.gov Phone: (215) 685 - 4646 Fax: (215) 685 - 4638

Health Appraisal (Requesting Information Pertinent to Developmental Needs)
Was Developmental Screening (i.e. ASQ, SWYC) done? ☐ Yes ☐ No If yes, attach score summary sheet.
Related Concerns (birth/medical history, neurological findings/ton, nutrition/growth, obesity, recommended follow-up for concerns)
Precautions/Contra-indications/Emergencies (allergies, asthma, diabetes, seizure, equipment)
Immunizations complete for age? ☐ Yes ☐ No Was child premature? ☐ Yes ☐ No
Medications (impact on diet/activities)?

Medical Necessity Authorization for EI Services and Prescription for Physical Therapy
I authorize Early Intervention (EI) for this child which will include
▪ Evaluation services such as developmental screening, Multi Disciplinary Evaluation (MDE)
▪ Service Coordination, At-Risk Monitoring if eligible
▪ Developmental therapies/services identified on child’s Individualized Family Service Plan (IFSP), based on child’s EI eligibility as determined by MDE

Early Intervention services will be individually determined by the EI team (which includes the family) and written consent on the IFSP. The IFSP and the child’s continuing need for specific EI services will be re-evaluated as needed, at least quarterly and annually.

I prescribe Physical Therapy. If (✓) checked, provide as indicated by child’s MDE/IFSP.
Prescription effective from ___ / ___ / ___ until the child’s 3rd birthday or until EI team assessment determines these EI services are no longer needed.

Physician Check (✓) All concerns that apply
☐ Low Birth Weight (___ lb/gr________ hosp)
☐ NICU Care (Hosp: ________)
☐ Affected by prenatal substance exposure, including alcohol*
☐ Referred by Department of Human Services*
☐ Elevated blood lead level (___)
☐ Experiencing Homelessness
☐ Cognitive development/ Skill Acquisition
☐ Communication/language/speech
☐ General Development
☐ Medical diagnosis/condition Specify ___________________________
☐ Physical development
☐ Sensory Status/Neurological
☐ Social/Emotional/Behavioral

Check any areas that may need further evaluation:
Hearing ☐ Note: Did child pass PA Newborn Hearing Screening Test (Yes ☐ No ☐ Inconclusive ☐)
Feeding/Nutrition concerns ☐ Fine Motor ☐ Gross Motor ☐ Vision ☐

Today’s Date: ___ / ___ / ___
Most Recent Exam Date: ___ / ___ / ___
Date of Next Appointment: ___ / ___ / ___
Physician’s Name: ___________________________
Signature: ___________________________
Check if PCP ☐

(Stamp: Name, Address, Lic. #)

Physician Referral 10/2018
## Elwyn SEEDS Referral Form

***Please fax completed referral form to Elwyn SEEDS intake at 215-823-5083 or email to 3to5EJ@elwyn.org***

<table>
<thead>
<tr>
<th>Date of Referral :</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Child:</td>
</tr>
<tr>
<td>Name of Parent/Legal Guardian:</td>
</tr>
<tr>
<td>Telephone:</td>
</tr>
<tr>
<td>Name of Foster Parent (if applicable):</td>
</tr>
<tr>
<td>Address (street, city, state, zip):</td>
</tr>
<tr>
<td>Email:</td>
</tr>
<tr>
<td>Name of Person Completing Referral:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
</tbody>
</table>

### Area of Concern (please check all that apply)

- [ ] Communication
- [ ] Speech/Articulation
- [ ] Communication/Language
- [ ] Personal/Social
- [ ] Fine/Gross Motor
- [ ] Other (please explain)

**Check if referral being completed by parent/legal guardian:**

- [ ] I ________________________________ (name of parent/legal guardian) would like to be contacted to coordinate an early intervention evaluation for my child.

**Check if referral is being completed on behalf of parent/legal guardian:**

- [ ] I hereby give my permission to ________________________________ (name of referral source) to release the above information to Elwyn—Philadelphia SEEDS Early Intervention Program for evaluation. (**You will be asked to sign a Permission to Evaluate by Early Intervention before an evaluation is done on your child**)

Signature of Parent/Legal Guardian ____________________________ Date ____________________________

Signature of Referring Agency Representative ____________________________ Date ____________________________
Here are the steps to complete the SWYC and M-CHAT developmental screening tools:

**Give SWYC/M-CHAT to parent/guardian to complete (paper or tablet)**

Can be done by:
- Clerical staff in waiting room
- MA/RN during pre-exam conference
- Pediatric practitioner during exam

**Score SWYC/M-CHAT**

Can be done by:
- Clerical staff in waiting room
- MA/RN during pre-exam conference
- Pediatric practitioner during exam
- Automatic scoring through EHR

**Review score with parent/guardian, decide if early intervention is needed, refer child**

Can be done by:
- MA/RN during pre-exam conference
- Pediatric practitioner during exam

**Electronic Health Records (EHRs)**

- Many EHRs can record SWYC/M-CHAT results. Talk to your EHR vendor about enabling these features; if your EHR vendor needs specifications, please visit phila.gov/health/check-and-connect (EI section under development) to view relevant technical resources.
- Recording screening results electronically helps you track development for your individual patients and your entire panel.
SCREENINGS performed during the specified ages are reimbursable for children in the Medical Assistance (Medicaid) program as specified in Pennsylvania’s Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program Periodicity Schedule and Coding Matrix. Since developmental/autism screening is also recommended by the AAP as part of the Bright Futures periodicity schedule, most commercial insurers also reimburse for CPT 96110, but check with individual payers for their reimbursement rates and criteria. The typical reimbursement rate ranges from $6 - $12.

**Reporting & Procedural Codes**

- Developmental Screening: Use CPT code 96110 to report the completion of this screen.
- Autism Screening: Use procedure code 96110 with modifier U1 to report the completion of this screen.

Report each service on separate lines with the appropriate modifiers to ensure accurate reporting and prevent claim denials for duplication of services.