AUCD
ASSOCIATION OF UNIVERSITY CENTERS ON DISABILITIES
RESEARCH, EDUCATION, SERVICE

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Marilyn Tavenner, MHA, BSN, RN
Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re: Medicare Program; Payment Policies Under the Physician Fee Schedule, Five-Year Review of Work Relative Value Units, Clinical Laboratory Fee Schedule: Signature on Requisition, and Other Revisions to Part B for CY 2012; Final Rule; CMS-1524-FC

Dear Ms. Tavenner:

On November 28, 2011 the Centers for Medicare and Medicaid Services (CMS) published a final rule in the Federal Register regarding Medicare's 2012 Resource-based Relative Value Scale (RBRVS) , changing the status indicator on Current Procedural Terminology (CPT) code 96110 Developmental screening with interpretation and report, per standardized instrument from "A" (Active) to "X" (Statutory Exclusion). This action will remove the previously-published relative value units (RVUs) from inclusion on the 2012 Medicare RBRVS physician fee schedule effective January 2012. This means that Medicare will no longer reimburse this code. As Medicaid and private payers often utilize the Medicare RBRVS to guide their own reimbursement for services, this change is very concerning as it could have adverse impact on the degree to which infants and young children are screened for developmental disorders including autism.

CPT code 96110 is the procedure code that physicians use to document and receive payment for screening young children for autism and other developmental disorders. In 2003, CMS made 96110 an "A" (Active) code and assigned RVUs to it. Subsequently, Medicaid included standardized developmental screening as a part of the EPSDT (Early and Periodic Diagnosis and Treatment) schedule. These changes have supported the screening of millions of young American children for autism and other developmental disorders. Those with identified concerns have been referred for evaluation and for timely and appropriate early intervention.

CMS did not explain the rationale for the status indicator change from "A" (Active) to "X" (Statutory Exclusion) nor provide advance notice for the change so that earlier comments could be submitted. However, it is presumed that because 96110 has been recently revised by the CPT Editorial Panel to more accurately reflect a "screening" service, Medicare now considers 96110 excluded from its jurisdiction, because Medicare does not pay for screening unless this is required by statute.

CMS did allow a way for Medicare to pay for developmental screening by also proposing to add a temporary code, a supplemental HCPCS Level II "G" code G0451 Developmental testing intermediate with interpretation and report, per standardized instrument, which is valued on the previously-published values of CPT code 96110. Medicare is required to pay G codes. Medicaid and private payers often, but not always, follow suit, so there is no guarantee of continued reimbursement and also the real concern for confusion among providers that could significantly impact screening rates.

The change in CPT 96110 code could jeopardize the important work that has been done over the past several years to increase screening rates for young children and future efforts to maintain and expand these efforts. This work has been promoted and supported under the Combating Autism Act and by numerous public and private agencies and organizations including HRSA's Maternal Health Bureau, the Centers for Disease Control and Prevention's Learn the Signs. Act Early Campaign, the American Academy of Pediatrics, and also through many other activities that are underway at the national and state levels. The Association of University Centers on Disabilities (AUCD) is a non-profit organization that represents and supports 43 Leadership Education in Neurodevelopmental and Related Disabilities (LEND) training programs, 10 Developmental-Behavioral Pediatrics (DBP) training programs, and 67 University Centers for Excellence in Developmental Disabilities (UCEDDs) across the country. These programs have been intimately engaged with promoting standardized screening for the early identification of children with autism and other developmental disorders and in providing further evaluation and management for those children identified through screening.

Research clearly shows the importance of early identification and screening. AUCD's concern is that the change in status of CPT code 96110 will mitigate progress and cause us to lose ground in working toward the goal of universal developmental screening, thus delaying our country's capacity to identify and to provide supports for children with autism and other developmental disorders at the most opportune time.

AUCD therefore strongly advises CMS to preserve the "A" (Active) status of CPT code 96110. We see this as the best solution so that current practice and promotional efforts can continue without interruption or unnecessary confusion in the field. If this is not possible, we strongly urge CMS at the very minimum to change the status indicator to "N" (Noncovered Service). Regardless of which status indicator is used, it is imperative that CMS publish the RUC-recommended values for code 96110 on the Medicare RBRVS physician fee schedule. According to correspondence from the American Academy of Pediatrics, there is a long-standing precedent established by the preventive medicine services codes (99381-99397) and other screening tests such as hearing screening (92551), which are status indicator "N," yet have had their RUC-recommended values published on the Medicare RBRVS physician fee schedule since their inception. This would allow CMS to publish the RUC-recommended values on the Medicare RBRVS physician fee schedule while maintaining the Medicare payment policy that does not cover "screening." As with preventive medicine services, developmental screening is also critical to health care reform and the medical home in promoting improvement in health outcomes for children.

AUCD appreciates this opportunity to provide comments. We would be pleased to provide additional information if this would be helpful.

Sincerely,

George Jesien, Ph.D.
Executive Director