Early Childhood Developmental Health Systems | EVIDENCE TO IMPACT CENTER

Early Childhood Social-Emotional Development Billing and Coding

Routine well-child visits are critical to early child healthy development. In these visits, pediatric providers should spend time assessing family strengths and supports that impact the child's social-emotional development. When screening for social-emotional concerns, it is important providers use billing and diagnosis codes to ensure proper documentation of concerns and alignment of next steps.

This resource provides guidance on how to conduct social-emotional development screening in an early childhood well-child visit. It provides information on when and how to screen for perinatal depression, development, autism, and social-emotional and social driver concerns. The document also details the billing and diagnosis codes recommended for use by pediatric providers, followed by case vignettes to provide examples of social-emotional development coding in practice. This document is designed for all pediatric providers, including pediatricians, integrated mental health professionals, and other specialists who work with children ages 0-5.

Well-Child Visit

Well-child visits are classified as preventative medical services and should be coded through one of the following codes, based on age and whether it is a first-time visit:

- 99381–99383 new patient
- 99391–99393 established patient

Refer to the Coding for Pediatric Preventive Care Resource for a comprehensive list of codes.

Screening

Early Childhood Well-Child Care Screening
Well-child care clinical guidance recommends perinatal depression screening of the caregiver, developmental screening, autism screening, social drivers of health (SDOH), and social-emotional development screening at specific well-visits. Screen using data collection forms and validated screening tools (electronic or paper and pencil) to systematically assess the functioning of the patient and family and to identify both their strengths and concerns. The provider can expedite this by using pre-visit data collection and review. Elicit SDOH using validated questions around well-being: household, family-social (includes community/environmental, structural racism), parent personal, and parent-child relationship.

Screening is always followed by discussion and engagement of the family and collaboration on plan of care if a concern is identified. Elicit and reinforce strengths and protective factors throughout. If a screen demonstrates a concern, a secondary/targeted screen may be indicated. Screen completion and review by a provider should be documented using CPT codes. Below is a diagram that describes by age which visits screening should take place and which code should be used at that time. For further technical assistance on completing these screens refer to the AAP Getting Started Guide and Cycle of Engagement Whole Child Approach Toolkit.

Table 1. Early Childhood Well-Child Care Screening and Coding

Visit	By 1-mth	2-mths	4-mths	6-mths	9-mths	1-yr	1.25-yrs	1.5-yrs	2-yrs	2.5-yrs	3-yrs	4-yrs	5-yrs
Perinatal Depression	96161	96161	96161	96161									
Development					96110			96110		96110			
Autism								96110	96110				
Social-Emotional	96127	96127	96127	96127	96127	96127	96127	96127	96127	96127	96127	96127	96127
Social Drivers	96160	96160	96160	96160	96160	96160	96160	96160	96160	96160	96160	96160	96160

Development Validated Screening Tools – Developmental screening should be done with age-appropriate instruments that are used in the 9-month, 1.5-year, and 2.5-year visits. Screening should also be conducted when a concern is raised by a caregiver or is suspected by the provider through surveillance; this should be coded to 96110 but coverage may vary by payer.

- Ages & Stages Questionnaires® (ASQ)-3
  - 2-months to 5-years
  - Domains: communication, gross motor, fine motor, problem-solving, and personal adaptive skills
- Developmental milestones included in Survey of Well-being of Young Children (SWYC)
  - 1-month to 5-years and 5-months
  - Domains: cognitive, language, and motor skills
- Parents' Evaluation of Developmental Status (PEDS)
  - 0-months to 8-years
  - Screens for developmental and behavioral concerns needing further evaluation

Autism Validated Screening Tools – Screening for autism spectrum disorder should be conducted at the 1.5- and 2-year visits.

- Modified Checklist for Autism in Toddlers (MCHAT)
- Parent's Observation of Social Interaction (POSI). Included in SWYC at 1.5- and 2-years.

Development and Autism Screening Coding – Use code **96110** when using a standardized developmental screening instrument.

- Some payers only cover 96110 at 9-month, 1.5-year, and 2.5-year visits and do not cover 96110 when a developmental concern is raised by a parent/caregiver or provider. Yet, AAP recommends the screen should be completed and coded.
- If multiple standardized screens are performed on a patient, such as in the case of a developmental screening with an autism screening, report 96110 with 2 units (or on separate line items). Modifier 59 may be required to indicate that the services are distinct.

Social-Emotional Development Coding and Validated Screening Tools – Use code **96127** when using a screen for social-emotional health and functioning. Below are the validated social-emotional development screening tools and a description of what they screen for:

- Baby/Preschool Pediatric Symptom Checklists (B/PPSC) part of the SWYC
  - BPSC 2-months to 1.5-years; PPSC, 1.5-years to 5-years
  - Domains:
    - BPSC: inflexibility, irritability, routines
    - PPSC: 18 items regarding behaviors, social interaction, self-control
- Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ:SE 2)
  - 3-months to 5-years and 5-months
  - Domains: affect, self-regulation, adaptive functioning, autonomy, compliance, communication, interaction with people
- Brief Infant Toddler Social Emotional Assessment (BITSEA)
  - 1-year to 3-years
  - Domains: relationships, attachment
- Early Childhood Screening Assessment (ECSA)
  - 1.5-year to 5-years
  - Domains: emotional and behavioral development, maternal distress

Caregiver Perinatal Depression Coding and Validated Screening Tools – Use code **96161** whenever a caregiver-focused screening tool is used. The caregiver's emotional well-being should be screened at the prenatal-, 1-, 2-, 4-, and 6-month visits. Many states reimburse caregiver mental health screenings as they serve a direct benefit for the child. Examples of caregiver screening tools include:

- Edinburgh Postnatal Depression Scale (EPDS)
- Patient Health Questionnaire-2 (PHQ-2)
- Patient Health Questionnaire-9 (PHQ-9)

Caregiver Perinatal Depression Support

When engaging with the family, clinicians should primarily focus on the infant and the infant-parent/caregiver dyad. For example, a parent depression screening should be paired with an infant social-emotional screening tool. If the caregiver's depression screening is positive, a

recommendation to follow up with the caregiver's primary care provider or a mental health professional should be made. The pediatrician should also follow up with the caregiver to ensure they are receiving support in future visits.

An excellent resource for the caregiver that the provider can recommend is Postpartum Support International. If there are concerns about attachment and bonding, the dyad should be referred to an infant and early childhood mental health clinician. Dyadic therapy that actively involves the child can be billed on the child's Medicaid for the benefit of the child and varied private-payer coverage.

Below is a list of recommendations for an infant and early childhood mental health clinician where the caregiver and child may receive evidence-based dyadic therapy:

- Child Parent Psychotherapy (CPP), 0-5 years
- Child First, O-6 years
- Circle of Security (COS), 0-5 years
- Attachment Biobehavioral Catch-up (ABC), 0-5 years
- Parent-child Interaction Therapy (PCIT), 3-7 years
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), 3-18 years
- Parenting programs (e.g., Incredible Years, Strengthening Families, Triple P, Chicago Parent, Mother and Baby)
- Home visiting programs (e.g., Nurse Family Partnership, Healthy Families America)

Social Drivers of Health Coding and Screening Tools – Use code **96160** when a patient-focused health risk assessment is used. Social drivers of health screening should be done at every visit. Some practices may elect to focus on specific questions from a list of validated questions while others may use a screening tool that touches on a variety of areas. Below is a list of common screening tools:

- Health Leads (includes validated questions)
- Hunger Vital Sign (includes validated questions)
- Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)
- Safe Environment for Every Kid (SEEK)
- Well Child Care, Evaluation, Community Resources, Advocacy, Referral, Education Survey Instrument (WE CARE)
- Survey of Well-being of Young Children (SWYC)

If a social driver concern is uncovered, use a z-code to categorize the concern. In many cases there will be multiple codes that work for a social driver; we recommend that practices align the z-codes to each question asked by a practice's screening tool. This uniformity allows the practice to track commonly used z-codes, develop patient panels to coordinate care across the practice team, and uncover common social driver concerns among the community to better inform common resources practice care teams should connect patients and families to.

Diagnosis and Referral

Patient Diagnostic Codes for Primary Care
If a concern is uncovered with the patient and/or family, engage in a brief intervention using the Common Factors approach, make a plan in partnership with the family to address the concern which may include connection to supports and/or a referral during the visit, and make a plan to follow up with the family. Concerns should be coded appropriately using the ICD-10-CM Codes below.

When working with children under 5, it is common not to have a specific diagnosis that meets the criteria in the DSM-5. In this scenario, use a non-specific code like the ones listed below. These codes are intended for mental health professionals but can also be used by primary care providers. No additional codes need to be used when providing a brief intervention.

Non-Specific Early Childhood Development and Mental Health Diagnostic Codes
Codes for Primary Care Well-Child Visit:

- Z00.121 encounter for routine child health exam with abnormal findings
- For concerns on a general developmental screening tool:
    - R62.50 developmental concern
    - R62.0 delayed milestones
- For concerns on a social-emotional development screening tool, choose from the non-specific codes as a diagnosis for the child:
    - F98.9 unspecified behaviors and emotional disorders with onset occurring in childhood or adolescence
    - F93.9 childhood emotional disorder, unspecified
    - F43.9 reaction to severe stress, unspecified
    - Z62.820 parent-child relational problem

Follow Up
A pediatric provider may choose to use a secondary screening tool to obtain more information to inform a diagnostic assessment. If a practice has an integrated mental health professional, the pediatrician may do a warm hand off, during the visit, for them to use a secondary screening tool. If that is not the case and the pediatrician plans to do the secondary screening, it will most likely be at a follow-up visit.

Below are some common social-emotional codes a provider may use at that time. For additional codes that providers may use (particularly specialists, developmental pediatricians, and mental health professionals), refer to the Crosswalk from DC:0-5™ to DSM-5 and ICD-10 resource which accurately connects DC:0-5 codes to ICD-10.

Common Early Childhood Social-Emotional Development Diagnostic Codes

Neurodevelopmental Disorders – codes used when evaluation by physical therapist (PT)/occupational therapist (OT)/speech language pathologist (SLP) have been done

- F80.1 expressive language disorder
- F80.2 mixed receptive and expressive language disorder
- F82 specific developmental disorder of motor function; gross motor or fine motor
- R62.0 delayed milestones

Trauma, Stress, and Deprivation Disorders

- F43.0 acute stress reaction
- F43.21 adjustment disorder with depressed mood/grief reaction
- F43.8 adjustment disorder with physical symptoms
- F69 behavior problems
- R41.840 inattention
- R45.87 impulsiveness

Sleep

- Z73.81 behavioral insomnia of child, sleep onset or night waking type, sleep association type
- Z73.811 behavioral insomnia of childhood, limit-setting type
- Z73.812 behavioral insomnia of childhood, combined type
- Z73.819 behavioral insomnia of childhood
- F51.3 phase shift disruption of sleep-wake cycle
- F51.4 night terrors

Crying

- R68.11 excessive crying, infant
- R68.12 fussy infant, baby

Z Codes

- Z73.810 behavioral insomnia of childhood, sleep onset type
- Z73.811 behavioral insomnia of childhood, limit-setting type
- Z73.812 behavioral insomnia of childhood, combined type
- Z73.819 behavioral insomnia of childhood

If a concern is uncovered after the secondary screening, the provider and family can decide on next steps, which could include more frequent follow-ups, a referral into the community, or a referral to an infant and early childhood mental health (IECMH) professional.

Referral to IECMH Professional

In an assessment and intervention following an at-risk screen, the IECMH clinician may use nonspecific diagnosis codes for a number of visits (varies by payer) before designating an ICD-10 code from the DC:0-5. However, although the Centers for Medicare & Medicaid Services

(CMS) recommends pediatric patients be seen without a diagnosis to reduce risks for long-term health, many states require a DSM-5 diagnosis for the patient to be seen by a mental health professional.

Social-Emotional Development Case Examples With Billing and Coding

Language Concern

Henry is a 2.5-year-old who is biting in the child care setting. Parents are upset with the child care center, and Henry is sent home. Henry's parents share with their pediatric provider that he has frequent tantrums at home and is difficult to settle.

Henry's parents completed 1.5-year and 2-year visit MCHATs with no concerns. Henry does show joint attention and does not present risks for autism. Henry's parents completed the ASQ and the ASQ:SE. The ASQ identified language was a concern and the ASQ:SE was in the monitor range. The pediatric provider also obtains permission from the parents for Henry's early care and education teacher to complete the ASQ. The ASQ completed by his teacher indicates concerns for communication and personal social.

The pediatric provider refers Henry for a hearing assessment from audiology and a speech and language assessment. The provider also refers the family to Child First for family support. A follow-up visit is offered in a month to discuss results and status of assessments and to develop a plan.

Visit Codes

- Z00.129 encounter for routine child health exam without abnormal findings
- 96127 social-emotional developmental screening (required as part of the visit)
- 96110 developmental and behavioral screening
- R62.0 delayed milestone in childhood
- F93.9 childhood emotional disorder, unspecified

Early Signs of Attention Deficit Hyperactivity Disorder (ADHD)

A pediatric provider's practice uses a SWYC at every visit, and the SWYC shows behavior concerns for 4-year-old Jackson. The parents share that they see impulsivity. Jackson can't sit still and is easily frustrated at home. His preschool teacher says he is a friendly child, he cannot sit still in circle time, he doesn't finish his projects, and he has high impulsivity with friends at school.

The pediatric provider discussed social drivers of health questions, and despite conveying that they experience food and housing insecurity, the family is coping and is supported by extended family. However, Jackson has had these characteristics before adversity. The provider asks the

family how they are coping with these behaviors, and they share it is difficult to manage and frequently exhausting.

The provider sends a Connors questionnaire for the teacher to complete and request the parents to complete it as well. The provider makes a referral to PCIT and plan a follow-up visit to review the Connors with the parents.

Visit Codes

- Z00.121 encounter for routine child health exam with abnormal findings (this code is used due to the child's positive screen)
- 96110, 96127, 96160, and 96161 for SWYC
- R45.87 impulsivity
- R41.84 inattention and concentration deficit

Social-Emotional Development Concern

New patient, 6-month-old Jasmine, sits quietly in her car seat on the exam table. She is dressed in a clean, cute outfit. Jasmine does not have a social smile or vocalize responsively. She does not reach for the toy shown to her or turn to her mother for comfort.

Jasmine's mother completes an age-appropriate ASQ:SE-2 questionnaire. The mother also completes the EPDS for herself but does not screen positive for postpartum depression. The ASQ:SE-2 score is in the at-risk range due to a lack of reciprocal smile, vocalization, and difficulty interacting with others. The provider refers Jasmine to a clinical social worker who specializes in children under 5 and provides CPP. The provider also schedules a follow-up visit in one month from now.

Visit Codes

- 99384 well-child visit, new patient, less than a year old
- 96127 social-emotional developmental screening
- 96161 health risk assessment of caregiver for benefit of the patient (Edinburgh Postnatal Depression Screen)
- Z00.129 encounter for routine child health exam without abnormal findings (must be used for billing)
- Z62.820 parent-child relational problem

Positive Parent Screen, Negative Patient Screen

Ja'Quan is a 6-month-old coming in for a well-child visit and is new to the practice. His mother looked tearful and overwhelmed during the physical exam and immunizations. Ja'Quan made good eye contact, easily engaged, socially smiled, and wiggled a lot in his mother's arms to explore the environment.

The mother fills out the SWYC for Ja'Quan and the EPDS included in the SWYC for herself. Ja'Quan's score is in the normal range, but his mother scores a 15, indicating a heightened level of postpartum depression. The pediatric provider speaks with JaQuan's mother, who expresses that she has been disengaged recently and Ja'Quan's care is mostly covered by his father, who is very attentive, a protective factor.

The provider determines that the mother's depression is currently not making an impact on the dyad. The provider refers her to her primary care clinician and provide a brief intervention by discussing how common depression is among many women and encourage her to continue leaning on the support of others. The provider's practice also has a great relationship with Postpartum Support International which can connect her to support systems available in the community. The provider decides to see the patient back in the interim before the next well-visit for follow-up to monitor social-emotional development.

Visit Codes

- 99384 well-child visit, new patient, less than a year old
- 96110, 96160, 96161 and 96127 for SWYC
- 96161 administration of caregiver-focused screening tool
- Z00.129 encounter for routine child health exam without abnormal findings (must be used to bill, this is used to indicate negative patient screen)
- Z62.820 other specified problems related to upbringing

Positive Patient Screen and Positive Parent Screen

Gabby comes in for her 6-month well-child visit as a new patient. She is crying and not making eye contact. Her mother, who is her primary caregiver, appears uncomfortable. The pediatric provider administers both the SWYC for Gabby and the EPDS for her mother. Gabby scores a 4 on the BPSC, and her mother scores a 13 on the EPDS, indicating a positive screen for both.

The provider recognizes that there may be some attachment issues occurring within the dyad but watches as the mother perks up a little when discussing her daughter's cues. The provider recommends that the mother sees her primary care clinician for a mental health referral and connects her with Postpartum Support International and CPP. The provider also schedules a follow-up with Gabby one month from now.

Visit Codes

- 99384 well-child visit, new patient, less than a year old
- 96110, 96160, 96161 and 96127 for SWYC
- Z00.121 encounter for routine child health exam with abnormal findings (this code is used due to the child's positive screen)

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