BlueCross BlueShield of Vermont

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Pediatric Neurodevelopmental and Autism Spectrum Disorder (ASD) Screening Corporate Medical Policy

File Name: Pediatric Neurodevelopmental and Autism Spectrum Disorder (ASD) Screening
File Number: 3.01.VT203
Origination: 10/01/2012
Last Review: 07/2026
Next Review: 08/2027
Effective Date: 12/01/2026

Description/Summary

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines recommend that developmental screening should be done at ages 9 months, 18 months, and 30 months, and that autism screening should be done at ages 18 months and 24 months. Screening may be appropriate beyond these ages.

The Plan will accept billing for “Developmental testing: limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report.

Policy

Coding Information

Click the links below for attachments, coding tables & instructions.
Attachment I

The Plan has developed this Corporate Medical Policy for screening for pediatric development and autism spectrum disorders (ASD) to reflect the 2017 EPSDT guidelines. Note that this policy is for screening only and not for intensive developmental or neurodevelopmental evaluation. It is also important to recognize that this level of "screening" requires standardized established testing (such as the Ages and Stages evaluation) and entails more than the developmental survey that has traditionally been done by pediatric providers, in which a few questions are asked about the child's physical, social, and intellectual development.

When service or procedure may be considered medically necessary

The Plan will cover code 96110 developmental screenings performed by qualified healthcare professionals practicing within the scope of their license(s) without prior

authorization. A specific diagnosis is not required; however, the screening must utilize a standardized screening tool and be documented in the medical record. Several accepted, validated developmental screening tools exist. Practitioners must submit clinical notes for this service to include one or more screening tools, including, but not limited to:

- General Developmental Screening Tool - Ages and Stages Questionnaires (ASQ-3)
- Battelle Developmental Inventory Screening (BDI-2 or BDI-3)
- Bayley Infant Neurodevelopmental Screen (BINS)
- Child Development Inventory (CDI)
- Parent's Evaluation of Developmental Status (PEDS)
- Modified Checklist for Autism in Toddlers (M-CHAT, M-CHAT-R/F)

If screening results indicate the need for a more comprehensive developmental or autism spectrum disorder (ASD) evaluation, coverage for additional testing may be subject to the Blue Cross VT Corporate Medical Policy on Neuropsychological and Psychological Testing.

When service is considered not medically necessary

Pediatric Neurodevelopmental and ASD Screening is not medically necessary when:

- A standardized accepted, validated screening tool is not utilized as noted above.

Reference Resources

1. Centers for Disease Control and Prevention – Screening and Diagnosis of Autism Spectrum Disorder for Healthcare Providers. https://www.cdc.gov/autism/diagnosis/index.html
2. UpToDate- Autism spectrum disorder in children and adolescents: Screening tools. Literature review current through 5/2026. Accessed 6/2026.

Related Policies

Neuropsychological and Psychological Testing

Document Precedence

Blue Cross and Blue Shield of Vermont (Blue Cross VT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, Blue Cross VT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member's contract/employer benefit plan language takes precedence.

Audit Information

Blue Cross VT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, Blue Cross VT reserves the right to recoup all non-compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

Prior approval may be required and benefits are subject to all terms, limitations and conditions of the subscriber contract.

Incomplete authorization requests may result in a delay of decision pending submission of missing information. To be considered compete, see policy guidelines above.

NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

Policy Implementation/Update information

07/2011	New Policy. This policy replaces the section on Neurodevelopmental Assessment in the BCBSVT medical policy on Neurodevelopmental Assessment & Neuropsychological Testing which is now an archived policy. Coding is appropriate per Medical/Clinical Coder SAR
08/2012	Revised
04/2017	Voted at HPC 04/17/2017 with the following: Change to policy name from "Autism Screening" to "Autism Spectrum Disorder (ASD) Screening" to

	reflect change in DSM 5/ICD 10 diagnosis. Throughout the policy, wherever autism or pervasive developmental disorder is noted, it is changed to autism spectrum disorder or ASD (see #1).
	1st paragraph under Policy heading; "2008 EPSDT Guidelines" changed to "2017 EPSDT Guidelines" to reflect most recent update. Heading title "When service or procedure is covered" changed to "when service or procedure is considered medically necessary and covered under the plan." Page 2, 4th paragraph, some of the wording changed (required changed to needed; is required changed to may be required). Same paragraph, please refer to BCBSVT policy…Policy names changed to reflect updates to these policies. Page 2, last paragraph: "submitted clinical note…" changed to "Practitioners must submit clinical notes…" Page 3, Heading title: "When service or procedure may not be covered" changed to "When service or procedure may be considered NOT medically necessary and therefore, not covered under the plan." Under heading Billing and Coding / Physician Documentation...: changed from "documentation from practitioner" to "the requesting provider must submit documentation, to include" Related Policies: Changed to reflect updates to policy titles Updated description of CPT Code 96110 effective 01/01/2015.
01/2019	No change to medical policy statements. Codes 96111, 96112, 96113 added effective 01/01/2019 Does not require Prior Authorization UNLESS the number of screening tests performed prior to age 3 exceeds five or when screening members over age 3, is required.
02/2020	Policy reviewed no changes to policy statements. Updated list of acceptable developmental screening tools. Updated references.
11/2021	Policy reviewed. Number of accepted screening tools pared down to reflect most common ones used in clinical practice. Clarified age restriction for these policies. Minor grammatical changes made. Code 96111 removed from coding table effective 01/01/2019.
09/2022	Policy reviewed. No changes to policy statements. Minor grammatical changes.
06/2024	Policy reviewed. Change to policy medical necessity criteria from three years of age to five years of age. Minor formatting changes for clarity and consistency. References updated.
07/2025	Policy reviewed. Removed prior approval requirement for testing with codes 96110, 96112, and 96113 in children >5; removed upper age limit for testing. Prior approval required for codes 96110, 96112, 96113 when the screening tests exceed 5 tests. References updated.

08/2026	Policy reviewed. Clarified language regarding when services are considered medically necessary, not medically necessary and when prior authorization is required. Prior authorization removed for codes 96112 and 96113. Prior authorization removed for code 96110 for testing when tests exceed 5 tests. References updated.

Eligible providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by Blue Cross VT Medical Directors

Tom Weigel, MD, MBA
Vice President & Chief Medical Officer

Attachment I

The following codes will be considered as Medically Necessary when applicable criteria have been met.			
CPT®	96110	Developmental screening (e.g. Developmental milestone survey, speech, and language delay screen), with scoring and documentation, per standardized instrument	Does not require Prior Authorization
CPT®	96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour	Does not require Prior Authorization.
CPT®	96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)	Does not require Prior Authorization.