



PCA How-To Guide: NQF 1448

Developmental Screening in the First Three Years of Life

Who

This measure evaluates the percentage of children, ages 0-3 years, screened for risk of developmental, behavioral, and social delays using a standardized screening tool.

What

To meet the measure:

1. Complete a screening for developmental, behavioral & social delays using a standardized screening tool
2. Document the Pediatric Ambulatory Intake and History form
3. Document the Developmental Screening form
4. Add the charge code order for CPT 96110

Each child needs to be screened:

- Before 12 months of age (typically in the 9 month visit)
- Before 24 months of age (typically in the 18 month visit)
- Before 36 months of age (typically in the 24 month visit)

Why

Screening enables early identification of issues and enables providers to consult early intervention specialists, where possible. Early intervention for some developmental disorders (i.e. autism) and behavioral disorders can be highly effective & prevent poor lifetime outcomes.

How

Completing the Screening:

The developmental screening questionnaires are currently on paper. Print the questionnaire and have the parents complete.

Locating the Pediatric Ambulatory Intake and Developmental Screenings forms:



Both forms are located in the **AdHoc** menu.

Helpful Hint: You can select multiple forms by placing a check mark next to each form you wish to document.

<input type="checkbox"/> Clinical Functional Improvement Scale	<input type="checkbox"/> Fall Prevention Assessment	<input type="checkbox"/> Orthostatics	<input type="checkbox"/> TB Risk Assess
<input type="checkbox"/> Clinical Pharmacy	<input type="checkbox"/> Falls/Timed Up and Go Form	<input type="checkbox"/> Oxygen Therapy With Exercise	<input type="checkbox"/> Therapeutic PH
<input type="checkbox"/> Cognitive Function Assessment	<input type="checkbox"/> Fertility Treatment	<input type="checkbox"/> Pacemaker Check	<input type="checkbox"/> Timed Up And
<input type="checkbox"/> Condition Management	<input type="checkbox"/> Functional	<input type="checkbox"/> Pain Assessment Adult	<input type="checkbox"/> Transfusion (Di
<input type="checkbox"/> Conley Fall Risk Scale	<input type="checkbox"/> Genetics Counselor Review	<input type="checkbox"/> Pain Assessment Pediatric	<input type="checkbox"/> Travel Isolation
<input type="checkbox"/> Consents for Information Exchange	<input type="checkbox"/> Geriatric Depression Screening	<input type="checkbox"/> Pain Management Pill Count	<input type="checkbox"/> Urinary Cathete
<input type="checkbox"/> COPD Amb	<input type="checkbox"/> Headache Freq Severity Assoc. Symptoms	<input type="checkbox"/> Parkinsons Disease Assessment	<input type="checkbox"/> Urology Patient
<input type="checkbox"/> CRAFFT Screening	<input type="checkbox"/> Health Status Checks	<input type="checkbox"/> Paresto Dpoid-induced Sedation Scale	<input type="checkbox"/> V-Phasty Follow
<input type="checkbox"/> CSSRS Short Version	<input type="checkbox"/> Hearing Screen	<input type="checkbox"/> Patient Call to Physician Office	<input type="checkbox"/> Vein Assessme
<input type="checkbox"/> CST Pre-Visit Documentation	<input type="checkbox"/> Hepatitis C Testing Transcribed Results	<input checked="" type="checkbox"/> Pediatric Ambulatory Intake and History	<input type="checkbox"/> Venipuncture E
<input type="checkbox"/> CV Pt Stated ROS	<input type="checkbox"/> ID Screen	<input type="checkbox"/> Pediatric Asthma Action Plan	<input type="checkbox"/> Vital Signs AMI
<input type="checkbox"/> DAST-10	<input type="checkbox"/> Incentive Spirometry Ambulatory	<input type="checkbox"/> Pediatric Development	<input type="checkbox"/> Vitamin Level T
<input type="checkbox"/> Depression Screen/PHQ (2 and 9)	<input type="checkbox"/> Individual Therapy Evaluation	<input type="checkbox"/> Pediatric Growth	<input type="checkbox"/> Weight Manag
<input checked="" type="checkbox"/> Developmental Screening	<input type="checkbox"/> Infusion Administration (amb)	<input type="checkbox"/> Pediatric Growth Chart Annotation	<input type="checkbox"/> Weight Manag
<input type="checkbox"/> Diabetes Educator Intake	<input type="checkbox"/> LATCH Assessment	<input type="checkbox"/> Pinnacle Cardiovascular Registry	<input type="checkbox"/> Work/School E
<input type="checkbox"/> Diabetes Eye Testing Transcribed Results	<input type="checkbox"/> Lead Risk	<input type="checkbox"/> Postnatal Depression Scale	<input type="checkbox"/> Wound Care A
<input type="checkbox"/> Diabetes Foot Exam	<input type="checkbox"/> LVEF Transcribed Results	<input type="checkbox"/> Preadmission Phone Assessment	
<input type="checkbox"/> Diabetes Intake	<input type="checkbox"/> Meaningful Use Reporting	<input type="checkbox"/> Preadmission Visit Assessment	
<input type="checkbox"/> Domestic Violence Screen	<input type="checkbox"/> Measles, Mumps, Rubella Vaccine Exception	<input type="checkbox"/> Pretreatment Assessment	
<input type="checkbox"/> Edinburgh Postnatal Depression Scale	<input type="checkbox"/> Measurements	<input type="checkbox"/> PSA Transcribed Results	
<input type="checkbox"/> Education Adult	<input type="checkbox"/> Medicare IPPE/AVV Form	<input type="checkbox"/> Pulmonary Measures	
<input type="checkbox"/> Education Blood Administration	<input type="checkbox"/> Metabolic Syndrome Evaluation	<input type="checkbox"/> Quebec Back Pain Disability Scale	
<input type="checkbox"/> Education Cardiac	<input type="checkbox"/> Metabolic Transcribed Results	<input type="checkbox"/> Removal of Indwelling Urinary Catheter	
<input type="checkbox"/> Education Diabetes	<input type="checkbox"/> Mini-Cog	<input type="checkbox"/> Reported and Transcribed Prenatal Labs	
<input type="checkbox"/> Education Genetics	<input type="checkbox"/> Modified Rankin Scale	<input type="checkbox"/> Return to Work Status	
<input type="checkbox"/> Education Heart Failure	<input type="checkbox"/> NC Controlled Substance Reporting System	<input type="checkbox"/> RSS Adult Ambulatory Care Intake & History	
<input type="checkbox"/> Education Newborn	<input type="checkbox"/> Neuro Patient Stated Review of Systems	<input type="checkbox"/> SBIRT Screening	
<input type="checkbox"/> Education Pain	<input type="checkbox"/> Neurology Condition Management	<input type="checkbox"/> Sclerotherapy Treatment	
<input type="checkbox"/> Education Pediatric	<input type="checkbox"/> Newborn Feeding	<input type="checkbox"/> Sed Rate (ESRI) Transcribed Results	
<input type="checkbox"/> Education Postprocedure	<input type="checkbox"/> NIH Stroke Scale Ambulatory	<input type="checkbox"/> Seizure Type Freq Etiology	
<input type="checkbox"/> Education Pre-Op Orthopedic	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Shock DM-C Test	
<input type="checkbox"/> Education Preprocedure	<input type="checkbox"/> O2 Sat Resting Exertion	<input type="checkbox"/> Smoking Cessation And Education	
<input type="checkbox"/> Education Wound Care	<input type="checkbox"/> OB Ambulatory Care Intake and History	<input type="checkbox"/> Standard Bruce Stress Test	
<input type="checkbox"/> Epworth Sleepiness Scale	<input type="checkbox"/> OB Postpartum DC Follow-Up Phone Call	<input type="checkbox"/> Subjective	
<input type="checkbox"/> Exposure Worksheet	<input type="checkbox"/> Oral Health Risk Assessment	<input type="checkbox"/> Surgery - Bubbleform	

CPT charge entry:

The CPT code is built as an order. To locate, search for "96110" in the order catalog.

Be sure the search is set to "Contains"

Helpful Hint: You can create and organize favorite orders by right-clicking on the order

