



January 3, 2012

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: Final Rule, CMS-1524-FC

Dear Ms. Tavenner,

The Center for Law and Social Policy (CLASP) appreciates the opportunity to comment on the final rule issued November 1, 2011, titled “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.” CLASP is a non-profit organization that develops and advocates for policies at the federal, state, and local levels to improve the lives of low-income people. We focus on policies that strengthen families and create pathways to education and work.

CLASP is concerned that a provision of the published final rule could significantly impact our work to expand access to high quality child care and early education services for low-income children, and to improve outcomes for disadvantaged children.

Following the redefinition of CPT Code 96110 from “developmental testing” to “developmental screening,” the final rule proceeds to remove CPT Code 96110 from the Medicare fee schedule. While this may seem logical given Medicare policy regarding coverage of screening, the ramifications for low-income and disadvantaged children covered under Medicaid are enormous.

Because many states align Medicare, Medicaid and private pay fee policies, removal of developmental screening from the fee schedule may result in the same critical service not being covered under state Medicaid policies – this at a time when the pediatric and early childhood development communities are working hard to increase the rate at which children receive developmental screening by promoting medical homes, coverage of developmental screening under Medicaid, and expanded capacity to provide developmental screening in community settings. Early, regular, and reliable screening can help identify problems or potential problems that, if not addressed, may threaten a child's developmental foundation and lead to additional delays and deficits later in childhood.

Parent reported data published in 2006 from the National Survey on Early Childhood Health indicates that among the families surveyed, 57% of children aged 10 to 35 months had ever received developmental

screening by their primary care provider. For low-income children, Medicaid is a key link to this screening. A 2007 study showed that children with public health insurance through Medicaid or the Children's Health Insurance Program (CHIP) were more likely than privately-insured children to have had a preventive medical visit within the past year, and that children without any type of insurance were least likely to have had a preventive medical visit. Medicaid coverage includes a comprehensive and preventative set of services for young children, including developmental screening, under the Early and Periodic Screening and Diagnostic Testing (EPSDT) benefit. In states where Medicaid and Medicare payment policies and systems are aligned, a change in reimbursement policy for developmental screening may create confusion and unnecessary barriers for families who would otherwise be eligible for services, and for states in effectively reaching eligible families with EPSDT services.

Early developmental screening can catch health and mental health conditions and developmental delays early, preventing them from becoming more significant challenges to children and barriers to school readiness and school success. Both federal and state policies should be moving in the direction of facilitating this important service.

Please reverse the provisions regarding CPT Code 96110 in your recent ruling, and ensure that developmental screening continues to be covered through Medicare and Medicaid, and included in the Medicare fee schedule.

Sincerely,

Christine Johnson-Staub
Senior Policy Analyst
Child Care and Early Education