

Surveillance and Screening Comparison

Surveillance	Screening
Flexible, and ongoing routine collection of information at every well visit	Performed at intervals during specific ages of a well visit
<ul style="list-style-type: none"> The process of <i>recognizing</i> children who may be at risk for developmental delays. Next steps when recognized using surveillance is to use a screen to identify & refine the risk 	The use of standardized tools to <i>identify and refine</i> the risk recognized during the surveillance process.
<p>When physicians ask questions about development as a part of the general informal developmental survey or history. Surveillance includes:</p> <ul style="list-style-type: none"> Asking about developmental concerns Taking a developmental history Observing the child Identifying strengths & risks Documenting results Communicating with other providers 	Developmental screening asks a parent or caregiver to provide his/her observations of a child's skills, which are then recorded on a standardized and validated screening instrument.
<p>Surveillance questions are a component of every well-child visit. This may look like a completed checklist on a patient intake form or be in electronic format i.e embedded into the practice's electronic health record (EHR), or electronic medical record (EMR).</p> <p><i>For more information on Electronic Health Records and Electronic Medical Records go to:</i></p> <ul style="list-style-type: none"> https://www.healthit.gov/faq/what-electronic-health-record-ehr https://www.cms.gov/Medicare/E-Health/EHealthRecords 	<p>Developmental screening is recommended by the AAP, and supported by the Iowa EPSDT periodicity schedule at 9, 18, and 30* month well-child visit exams using a standardized screening tool.</p> <p>A developmental screening may be electronically embedded into a health system or be available in paper form for completion by the parent or caregiver.</p> <p>*If a provider does not do 30 month well child visit as part of their routine care, it is ok to move the recommended 30 month developmental screening to the 24 month visit to be done together with the ASD screen</p>
The surveillance process may include questions pertaining to social and environmental risk factors that have the potential to impact development	Developmental screening questionnaires may include questions pertaining to social determinants of health and/or environmental risk factors however, they will always include questions about the development of the child.
The Iowa Child Health Development Record (CHDR) and the AAP Bright Futures are both examples of commonly used Surveillance tools.	The Ages and Stages Questionnaire (ASQ), The Ages and Stages Social-Emotional Questionnaire (ASQ:SE), and the Modified Checklist for Autism in Toddlers (M-CHAT) are all examples of commonly used standardized developmental screening tools.
Surveillance is not a billable service as it should be a standard part of all well visits.	Standardized developmental screenings are a billable service using the 96110 CPT code. When two standardized screenings are performed on a patient a practice will report the 96110 CPT code with 2 units (or on separate line items) and use the 59 Modifier to indicate that the services are distinct. Rural Health Clinics and Federally Qualified Health Centers (FQHC's) bill per encounter rate for services and therefore do not bill for screenings separately.