

A L E R T

February 13, 2024

TO: EPSDT Providers

RE: Objective Developmental Testing

Effective for dates of service on or after April 1, 2024, the Alabama Medicaid Agency (Medicaid) is updating its policy regarding objective developmental testing. Objective developmental testing is when a physician or other health care professional measures cognitive, motor, social, language, adaptive, and/or cognitive abilities using provider standardized tests (meeting industry standards) via written, oral, or combined format testing. The following codes apply to testing for developmental disorders for recipients up to 20 years old and must include the interpretation and report on the findings.

A. Procedure Codes:

1. 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 healthcare professional, with interpretation and report; first hour
 - Report 96112 for the initial hour of testing, with interpretation and report.
 - 96112 may not be reported for less than 31 minutes of time.
2. 96113 – Each additional 30 minutes (list separately in addition to code 96112)
 - Report 96113 for each additional 30 minutes, with interpretation and report.
 - 96113 may not be reported for less than 16 minutes.

B. Documentation Requirement:

1. Generally, the documentation of objective developmental testing will include: scoring, interpretation, and preparation of a separate identifiable report.
 - The report must include the following: identifying data, date/time and location of testing, reason for the type of testing being done, and titles of all instruments completed by the child.
 - The report must also include the test protocol, all scoring sheets, and the scored item results.
 - The provider's interpretation and plan need to be noted in the report.
2. An appropriate provider signature and date is required according to Alabama Administrative Code Rule 560-X-1-.18.
3. The total time spent on these services for the patient is required. If time is not documented, the code(s) may not be reported.
 - If the testing is performed over several days, the time for all testing should be combined and reported on the last day of service.

C. These services will be subject to post-payment review.

Providers with policy questions may contact Medicaid's Physician Program at Physicians.Program@medicaid.alabama.gov.

Providers with billing questions may contact the Gainwell Technologies Provider Assistance Center at 1-800-688-7989.