August 7, 2026

Dear Colleagues:

As professionals responsible for the wellbeing of children, we are entrusted with assessing, monitoring, and promoting healthy growth and development. Early childhood represents a period of extraordinary brain development that provides a unique opportunity to shape the trajectory of a child's physical health, learning, and social and emotional wellbeing. Identifying concerns early through timely developmental screening, diagnosis, and interventions ensures the highest quality care and the best outcomes for New York State children.[1]

Despite the importance of these services, New York has consistently ranked among the bottom of states for the percentage of children ages 9 to 35 months who received a standardized developmental screening.[2] We are missing critical opportunities to identify developmental concerns early, educate families about developmental milestones, support their child's individual growth, and learn what to do if they have questions or concerns.

Implementing a team-based approach (using nurses, medical assistants, social workers, community health workers, etc.) and leveraging electronic platforms for collecting information, can support screening, scoring, education, and care coordination. This approach allows the provider to focus on interpreting results, providing anticipatory guidance, and counseling families. Communication with families, including normal findings, empowers families to recognize and share concerns early. Normalizing these conversations can bridge cultural gaps, reduce stigma, support shared responsibility, and reinforce the importance of a caregiver's role in supporting their child's healthy development. It also can help facilitate open communication, connecting families to community resources, including early intervention, parent support groups, home visiting programs, and culturally responsive family resource centers, further extending the reach of clinical care into the environments where children grow and learn.

Examples of validated screening tools that can be administered by trained staff or electronically through a patient portal before the visit include:

- The Survey of Well-being of Young Children (SWYC) provides age- specific forms; available for free that have been translated into 35 languages, making them especially useful for reaching diverse families across New York State.
- Ages and Stages Questionnaires.
- Parents' Evaluation of Developmental Status
- Modified Checklist for Autism in Toddlers, Revised, with Follow-up (M-CHAT-R/F).

For children enrolled in Medicaid, developmental screening for global developmental delay by a primary care provider using a validated screening tool may be reimbursed up to one time per year in

the child's first three years of life. Developmental screening for autism spectrum disorder using a validated screening tool may be reimbursed by Medicaid up to two times in the child's first three years of life, beginning at 18 months of age. This reimbursement schedule reflects the recommendations of the Bright Futures/American Academy of Pediatrics Periodicity Schedule (ages 9, 18, and 30 months for screening for global developmental delay and ages 18 and 24 months for autism spectrum disorder screening).

Reimbursement in New York State Medicaid Fee for Service for standardized developmental screening performed and documented with interpretation and report, is available when billed using Current Procedural Terminology (CPT) code 96110 with International Classification of Diseases (ICD)-10 CM codes Z13.42 (global developmental delay screening) or Z13.41 (autism screening). This reimbursement is in addition to payment for a preventive visit billed with an Evaluation and Management service code.[3] Information on billing and reimbursement requirements are available in the December 2021 issue of the Medicaid Update. Medicaid managed care plans must also provide coverage for developmental screening for global developmental delay and autism spectrum disorder.

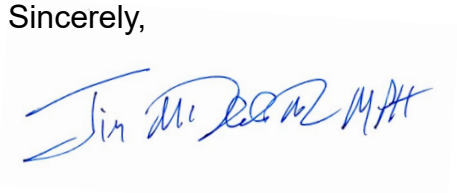
With respect to children covered under fully insured comprehensive health insurance policies, New York State Insurance Law §§ 3216(i)(17), 3221(l)(8), and 4303(j) requires these policies to cover preventive well-child visits for children, from birth through attainment of nineteen years of age. At each visit, insurers must cover services that are provided in accordance with the prevailing clinical standards of the American Academy of Pediatrics, including developmental assessment and anticipatory guidance. The Insurance Law further requires well-child visits to be covered by insurers without cost-sharing (deductible, copayment, or coinsurance) if rendered by an in-network provider, ensuring that these essential screenings are accessible to all pediatric patients. Specific billing and reimbursement practices may vary by insurer, but the parent should never be charged for these services if the parent obtains the services from an in-network provider during a well-child visit.

For positive screens, initiate referrals to the appropriate services. For children under age three years, refer to the New York State Early Intervention Program, and for children over age three years, refer to the Committee on Preschool Special Education in the child's school district[i]. Document all screening, results, discussions, referrals, and follow-up plans in the medical record, and review progress at subsequent visits.

The New York State Council on Children and Families' "Milestones Matter" media campaign was designed in partnership with the Department of Health and other member state agencies to celebrate each child's development journey. This campaign's goal is to increase awareness and understanding of milestones while empowering caregivers as essential partners in supporting healthy child development statewide. The Council on Children and Families also has a free Family Guide for New York State Early Childhood resources. This guide includes information on early childhood resources and programs available throughout the state for families with young children (from birth to age five), and is available in multiple languages and can be ordered here.

Together, let's recommit to screen every child so they get the early support they need to thrive and that families feel informed, empowered, and connected along the way. We are grateful for the work you do every day and the difference you make in the lives of New York's children.

Sincerely,



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References:

1. Lipkin PH, Macias MM. Promoting optimal development: identifying infants and young children with developmental disorders through developmental surveillance and screening. *Pediatrics*. 2020; 145(1):e20193449. https://doi.org/10.1542/peds.2019-3449
2. National Survey of Children's Health: https://www.childhealthdata.org/browse/survey/allstates?q=12662
3. NYS Medicaid Update 2021, Vol. 37, No. 14 https://www.health.ny.gov/health_care/medicaid/program/update/2021/docs/mu_no14_dec21.pdf

[i] For children over three years, refer to Preschool Special Education | New York State Education Department