

Original Question: My group is wondering about the use of the CPT code 96112. (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 health care professional, with interpretation and report; first hour).

Do any of your SLPs use this code and if so, in what situations?

- ORG A None of my SLPs use this code currently. My PTs and OTs use it when participating in a NICU follow up clinic where they administer the Bayley Scales of Infant Development. Our NICU f/u program requests this test (which could also be administered by an SLP) but the length and time of administration was prohibiting our ability to do a more comprehensive clinical evaluation of development. So we pivoted to using that code specifically for the Bayley at a NICU f/u appt and then making referrals for developmental assessments by an OT, PT, or SLP based on need. The therapist could then use a more typical evaluation code, write a POC as needed, etc. Use of the code 96112 allowed us to administer the Bayley without “wasting” a therapy evaluation charge where we weren’t getting the detail and time with the child that we wanted.
- ORG B Not used.
- ORG C At ORG C Ambulatory, we use this code, 96112, first hour and, 96113 (quantity) 30-minute increments. We have SLPs who are trained to administer the ADOS and make summary/recommendation that the patient’s profile is consistent or inconsistent with a diagnosis of autism. In our state, SLP license does not allow for confirming a diagnosis of autism. At Org C, the referring provider receives the SLP ADOS results and makes the final diagnosis.
- ORG D We use CPT 96112 for our multidisciplinary developmental clinics only (NICU Follow Up Clinic, Down Syndrome Clinic, and Cardiac Neurodevelopmental clinic where all the children are 3 years old and younger because therapies are using the Bayley). We can have either 2 or 3 disciplines (combination of OT, PT, SLP) in each of those clinics depending on the child’s needs. Only one discipline can use CPT 96112. I have either OT or PT use this code and SLP will use either a Dysphagia or Language CPT code (whichever is appropriate).
- ORG E Not used.
- ORG F We just investigated this code as well and have added it to our charge master. According to ASHA it is preferred when administering tests like the ADOS. We have not used it yet as we are waiting for it to be added to our electronic forms but I am very interested in the responses.

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ORG G

Our SLPs use it when administering autism specific measures

ORG H

At Org H, SLP used to use it when we had a joint autism assessment program with developmental pediatrics and SLP performed the ADOS. We stopped this when we were not getting reimbursement from the state (our largest payor) for billing this code. The state was requiring this code be billed by MD, PHD, or mid-level. As a result, the ADOS began to be done by PAs/APRNs in developmental peds.

ORG I

Used at ORG I when SLPs are administering the ADOS (Autism Diagnostic Observation Schedule), typically in a multidisciplinary program/clinic.