

Comprehensive Medical and Dental Program Authorization Guideline

Subject: Consults by Developmental/Behavioral Pediatricians

Unit: Health Services

Purpose

This guideline is used in the prior authorization and decision-making process regarding requests for consultation by developmental pediatrician.

This guideline does not represent a standard of care, nor is it intended to dictate an exclusive course of management. Since medical research, physician practice patterns, and health care technology are continuously evolving, please note that the information contained in this guideline may be updated.

Background

Developmental-Behavioral Pediatricians (DBPs) have special training which gives them expertise in the evaluation and treatment of children, adolescents, and their families with a wide range of developmental and behavioral difficulties. These include: learning disorders, attention and behavioral disorders, tic disorders, regulatory disorders, discipline difficulties, developmental disabilities/disorders, autism spectrum disorders, and disorders related to chronic illness and disabling conditions.

There is much crossover in the expertise of the Developmental/Behavioral Pediatrician and thus their services are now available through the public medical health plan (CMDP) and the behavioral health system (RBHA), depending on the nature of the child's presenting medical problem.

Overview

Depending on the nature of the clinical presentation, the DBPs may be consulted to provide service through either public health system (medical or behavioral). In order for a DBP to participate as a CMDP provider, it will be imperative that they are registered as providers with both CMDP and the assigned RBHA providing the child's care. In this way, they will be able to appropriately coordinate care between the medical and behavioral health systems.

In general, health plans are responsible to provide medically necessary developmental services when the concerns expressed relate to developmental delays with physical health implications, including the need for outpatient therapy services. The RBHAs are responsible when the services focus around behavioral issues, including the possibility of autism. The school districts are responsible when the concerns affect learning ability and school performance, as well as the performance of appropriate testing and the development of an Individualized Education Plan.

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Reviewed: 3/20/14, 1/23/15, 7/1/16, 9/15/17

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A request for consultation with a Developmental Behavioral Pediatrician (DBP) by CMDP must be initiated by the child /adolescent's Primary Care Provider who has completed a recent EPSDT, including the appropriate behavioral and developmental screening. The services, including **developmental testing** to be provided by the DBP must be expected to contribute to a diagnostic or functional determination that will contribute to a change in the treatment plan, which is anticipated to improve the member's condition.

The role of the Developmental/Behavioral Pediatrician through CMDP

Specific referral questions for the consulting DBP that will influence the medical management of the child or adolescent and relate to developmental disabilities and/or complex medical issues. Examples include:

- **Developmental disabilities** including cerebral palsy, spina bifida, mental retardation, and visual and hearing impairments.
- **Regulatory disorders** including sleep disorders, feeding problems, complicated toilet-training issues, enuresis, and encopresis. Enuresis could be appropriately treated by the PCP, DBP, or RBHA depending on the nature of the problem. Some issues, such as encopresis will be most successfully treated with joint input from the RBHA & medical providers.
- **Tics and Tourette syndrome**, unless the disorder is related to a behavioral health medication. That would be addressed by the RBHA.

The role of the Developmental/Behavioral Pediatrician through the RBHA

Again, specific referral questions for the consulting DBP that could lead to necessary recommendations for behavioral health treatment. Examples include:

- **Attention and behavioral disorders** including attention-deficit/hyperactivity disorder, depression, and anxiety disorders. These disorders must be addressed by the PCP or RBHA. The DBPs can only be consulted by the RBHA in this scenario. CMDP will not pay a DBP to consult on behavioral health issues.
- **Oppositional-defiant behavior**, conduct problems, and discipline difficulties
- **Autism Spectrum Disorders**, other habit disorders

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The role of the educational system

The educational system (AzEIP - for children under 3 years or the School District - for children 3 years and older) is responsible for:

- The evaluation of delayed development in speech, language, motor skills, and thinking ability.
- The evaluation of learning disorders including dyslexia, writing difficulties, math disorders, and other school-related learning problems.
- Testing to determine if a child has intellectual disability (mental retardation).

References:

FREQUENTLY ASKED QUESTIONS DEVELOPMENTAL/BEHAVIORAL PEDIATRICIANS
ROLE AS PART OF ARIZONA'S PUBLICLY FUNDED BEHAVIORAL HEALTH PROVIDER
NETWORK

_____ *signature on file* _____
Medical Director

_____ 9/15/17 _____
Date

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