



NJ SEEDlings

Supporting Everyone in Early Development

Quarterly Learning Community

Session 12: Closing the Gaps: From Screening to Billing

December 8th, 2025

New Jersey Chapter

OF THE AMERICAN ACADEMY OF PEDIATRICS

INCORPORATED IN NEW JERSEY

NJ SEEDlings: Supporting Everyone in Early Development



GOAL ONE: Increase the number of ECD experts in pediatric settings



GOAL TWO: Help pediatric practices integrate a continuum of ECD services



GOAL THREE: Improve ECD knowledge and abilities among pediatric primary care staff



GOAL FOUR: Identify solutions to barriers to ensure sustained & holistic ECD services

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Continuing Medical Education Statement

Accreditation Statement:

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Medical Society of New Jersey. New Jersey Chapter, American Academy of Pediatrics is accredited by the Medical Society of New Jersey to provide continuing medical education for physicians.

AMA Designation Statement:

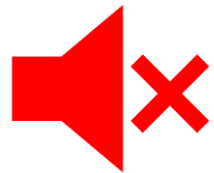
New Jersey Chapter, American Academy of Pediatrics designates this live internet activity for a maximum of 1.0 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ABP MOC Part II:

Successful completion of this CME activity, which includes participation in the evaluation component, enables the learner to earn up to 1 MOC points in the American Board of Pediatrics' (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit learner completion information to ACCME for the purpose of granting ABP MOC credit.

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Welcome & Housekeeping



Please **remain muted** & use the chat to share thoughts and ideas.



Submit any questions using the **Q&A box** or chat in the Zoom toolbar.



This session will be **recorded**. The recording & slides will be shared via email.



Please complete the **evaluation** at the conclusion of the program to provide feedback!

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Guest Speakers



Richard Lander

MD, FAAP
Pediatrician
Advocare Morristown
Pediatric Associates



Melissa C. Wallach

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Neptune Pediatrics
Jersey Shore University Medical Center
K. Hovnanian Children's Hospital

Disclosures: Our speakers have no disclosures or conflicts of interest to report.

BILLING + INSURANCE = PAYMENT?



Richard Lander, MD, FAAP

BILLING, INSURANCE, PAYMENT

- ❖ Scenario: Patient goes to the doctor's office, presents their insurance card, sees the doctor, leaves and assumes everything is covered.



- ❖ Yes, No, Maybe?

BILLING, INSURANCE, PAYMENT

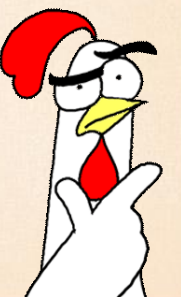
- ◆ First and most importantly, the receptionist should greet the patient (family) and confirm that the patient is there at the right time and right date.

BILLING, INSURANCE, PAYMENT

- ❖ Did you (the patient) bring your most current insurance card?
- ❖ Is it still good? Did it expire? Have the benefits changed?
- ❖ Does your provider still take your insurance plan?
- ❖ Did the receptionist make a copy of it, and have you signed and dated it for their records?

BILLING, INSURANCE, PAYMENT

- ❖ Is there a copay for today's visit (almost never for a well visit)?
- ❖ Is there a deductible, do you have co-insurance?
- ❖ Is there a balance on the account you need to pay?
If so, it should be explained why.
- ❖ Provide payment with cash, check, CC, chickens!



BILLING, INSURANCE, PAYMENT

- ◆ Assuming all the previous questions are not significant, and the office submits the claim – is payment at the negotiated contracted rate guaranteed?

- ◆ **OF COURSE NOT!!!**



BILLING, INSURANCE, PAYMENT

- ❖ If the EOB (explanation of benefits) is NOT reviewed, the office has no idea if all the charges were paid, paid at the correct rate, or if any part of the bill was denied.
- ❖ The office MUST review each and every payment received to verify that it is correct!

BILLING, INSURANCE, PAYMENT

- ◆ Is there any reason for the denial stated?
- ◆ Was the HCFA form filled out properly?
- ◆ Is anything missing?
- ◆ Is there correct spelling of patients' name, date of birth, insurance number?

BILLING, INSURANCE, PAYMENT

- ❖ Was the ICD-10 placed correctly? Decimal point in the right position?
- ❖ Was the correct CPT code used?
- ❖ Did you need a modifier?
- ❖ Is the claim denied because it went to patient deductible?

BILLING, INSURANCE, PAYMENT

- ❖ What can the office do when there is a denial?
- ❖ If everything was done correctly, file an appeal. If re-denied, file an executive appeal.
- ❖ At the end of the day remember the patient is your patient, not the insurance company, and ultimately, they (the patient) are responsible. Please get them involved!

BILLING, INSURANCE, PAYMENT

What to do if the patient owes money?

- ◆ Explain to them the reason why – not a covered benefit, deductible, or whatever the insurance states.
- ◆ If the patient states “I paid my copay so you need to work with my insurance company!” re-explain why the insurance denied the claim and that you are treating the patient not their insurance company. It is the patient’s responsibility.

BILLING, INSURANCE, PAYMENT

- ❖ If a bill is not paid by the end of the month, you can charge \$x fee **but must be stated on the billing statement.**
- ❖ If not paid after 3 statements, call the patient and ask why – illness, death, unemployment. (remember it costs the office money for each statement sent)
- ❖ If payment is still not received, either use a collection company or (my preference) have a lawyer send a letter that if no payment is received, the office will use whatever legal means necessary to recoup \$.

BILLING, INSURANCE, PAYMENT

- ❖ If you decide to discharge the patient from the practice, send a certified letter return receipt indicating you will no longer treat them effective in 30 days.
- ❖ You can offer the name of the local county medical society or hospital to seek other doctors.
- ❖ If you charge a fee for copying records and that fee is not paid (you can not charge Medicaid patients), you don't have to release the records.

BILLING, INSURANCE, PAYMENT

What to do if an insurance company refuses to comply with established rules??

- ◆ Doctors can drop the insurance plan.
- ◆ Patients can complain to their insurer. After all, you the patient pay your premiums that keep the insurance companies running. You can threaten to take your business elsewhere.

BILLING, INSURANCE, PAYMENT

- ❖ It is a common perception that doctors are *reimbursed* by the insurance companies for seeing their patients. **Not so.**
- ❖ Doctors are **paid for their services rendered** to their patients by the insurance companies at the established contract rates that the doctors have agreed to (usually not happily).

BILLING, INSURANCE, PAYMENT

- ❖ Please remember that Pediatricians want to help their patients, but like everyone else they have bills to pay (staff, rent, electricity, vaccines, supplies) and can only do so if they receive payment for their work.



Promoting Maternal and Child Health:

The Importance of Developmental and Postpartum Depression Screening

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Questions to consider:

- What are some of the challenges faced at the office when distributing screening tools?
- How do Parents/Guardians feel about completing screening tools?
- Why is it important for pediatricians to screen patients and families?



Tools for Screening:

- Edinburgh Postnatal Depression Scale (EPDS)
- Modified Checklist for Autism in Toddlers (MCHAT-R)
- Survey of Well-Being of Young Children (SWYC)



Why is screening important?



Untreated maternal depression is linked to adverse health outcomes in infants, including a negative effect on their cognitive development.



Use of validated screening tools can help detect developmental delays sooner and refer when needed for delays.



Early diagnosis of autism means earlier linkage to services. Treatments for problems with behavior, communication, and adaptive skills are most effective when done early, intensely and with the family.

Jennifer E. Crotty, Susanne P. Martin-Herz, Rebecca J. Scharf; Cognitive Development. *Pediatr Rev* February 2023; 44 (2): 58–67. <https://doi.org/10.1542/pir.2021-005069>
<https://www.cdc.gov/ncbddd/autism/hcp-screening.html>
<https://publications.aap.org/aapnews/news/23904/CDC-Autism-rate-rises-to-1-in-36-children>
<https://www.aap.org/en/patient-care/autism/>



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Edinburgh Postnatal Depression Scale (EPDS)

WHEN: Provided at the 1-month WCV and is subsequently included in all SWYC questionnaires distributed through the 6-month WCV

WHAT: 10 screening questions that indicate whether a caregiver is experiencing signs or symptoms of depression or anxiety in the time following the birth of a child

- *This is not a diagnostic tool*, but a means to identify behavioral health challenges that might benefit from intervention, resources, and referrals (provides a 7-day snapshot)
- Though predominantly and historically studied the use of this tool on new mothers, this is provided to whomever identifies as the primary caregiver(s) at our sites
 - *Studies show that Postpartum Depression (PPD) or Postpartum Anxiety (PPA) impacts **more than 1 in every 10 mothers in the US** alone*



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In the past 7 days:

- | | |
|--|---|
| <p>1. I have been able to laugh and see the funny side of things</p> <ul style="list-style-type: none">☐ As much as I always could☐ Not quite so much now☐ Definitely not so much now☐ Not at all <p>2. I have looked forward with enjoyment to things</p> <ul style="list-style-type: none">☐ As much as I ever did☐ Rather less than I used to☐ Definitely less than I used to☐ Hardly at all <p>*3. I have blamed myself unnecessarily when things went wrong</p> <ul style="list-style-type: none">☐ Yes, most of the time☐ Yes, some of the time☐ Not very often☐ No, never <p>4. I have been anxious or worried for no good reason</p> <ul style="list-style-type: none">☐ No, not at all☐ Hardly ever☐ Yes, sometimes☐ Yes, very often <p>*5. I have felt scared or panicky for no very good reason</p> <ul style="list-style-type: none">☐ Yes, quite a lot☐ Yes, sometimes☐ No, not much☐ No, not at all | <p>*6. Things have been getting on top of me</p> <ul style="list-style-type: none">☐ Yes, most of the time I haven't been able to cope at all☐ Yes, sometimes I haven't been coping as well as usual☐ No, most of the time I have coped quite well☐ No, I have been coping as well as ever <p>*7. I have been so unhappy that I have had difficulty sleeping</p> <ul style="list-style-type: none">☐ Yes, most of the time☐ Yes, sometimes☐ Not very often☐ No, not at all <p>*8. I have felt sad or miserable</p> <ul style="list-style-type: none">☐ Yes, most of the time☐ Yes, quite often☐ Not very often☐ No, not at all <p>*9. I have been so unhappy that I have been crying</p> <ul style="list-style-type: none">☐ Yes, most of the time☐ Yes, quite often☐ Only occasionally☐ No, never <div style="border: 2px solid red; padding: 5px;"><p>*10. The thought of harming myself has occurred to me</p><ul style="list-style-type: none">☐ Yes, quite often☐ Sometimes☐ Hardly ever☐ Never</div> |
|--|---|

***Scores of 1 or higher
on question 10:
immediate referral**



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The Survey of Well-Being of Young Children (SWYC)

WHEN: SWYC is provided at every WCV from 2-months until 5 yrs of age

WHAT: Comprehensive instrument that assesses the developmental and behavioral milestones of a child during a specific age of life, as well as for maternal depression

- As mentioned previously, EPDS is included for 2-6 mo; 9-mo + includes the following questions to assess for caregiver depression:
 - *“Over the past two weeks, how often have you been bothered by any of the following problems: Feeling little interest or pleasure in doing things or feeling down, depressed or hopeless?”*
- Available online as a two-sided form and is available in a multitude of languages (Tufts Medicine). Includes Baby Pediatric Symptom Checklist (BPSC) & questions related to food insecurity and other social and environmental concerns



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SWYC:TM 24 months

23 months, 0 days to 28 months, 31 days
V1.08, 9/1/19

Child's Name:

Birth Date:

Today's Date:

DEVELOPMENTAL MILESTONES

Most children at this age will be able to do some (but not all) of the developmental tasks listed below. Please tell us how much your child is doing each of these things. PLEASE BE SURE TO ANSWER ALL THE QUESTIONS.

	Not Yet	Somewhat	Very Much
Names at least 5 body parts - like nose, hand, or tummy	①	①	②
Climbs up a ladder at a playground	①	①	②
Uses words like "me" or "mine"	①	①	②

PRESCHOOL PEDIATRIC SYMPTOM CHECKLIST (PPSC)

These questions are about your child's behavior. Think about what you would expect of other children the same age, and tell us how much each statement applies to your child.

	Not at all	Somewhat	Very Much
Does your child...			
Seem nervous or afraid?	①	①	②
Seem sad or unhappy?	①	①	②
Get upset if things are not done in a certain way?	①	①	②
Is your child...			
Aggressive?	①	①	②
Fidgety or unable to sit still?	①	①	②
Angry?	①	①	②
Is it hard to...			
Take your child out in public?	①	①	②
Comfort your child?	①	①	②



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PARENT'S OBSERVATIONS OF SOCIAL INTERACTIONS (POSI)

Does your child bring things to you to show them to you?	Many times a day ☐	A few times a day ☐	A few times a week ☐	Less than once a week ☐	Never ☐
Is your child interested in playing with other children?	Always ☐	Usually ☐	Sometimes ☐	Rarely ☐	Never ☐
When you say a word or wave your hand, will your child try to copy you?	☐	☐	☐	☐	☐

PARENT'S CONCERNS

	Not At All	Somewhat	Very Much
Do you have any concerns about your child's learning or development?	☐	☐	☐
Do you have any concerns about your child's behavior?	☐	☐	☐

FAMILY QUESTIONS

Because family members can have a big impact on your child's development, please answer a few questions about your family below:

	Yes	No		
1 Does anyone who lives with your child smoke tobacco?	☐	☐		
2 In the last year, have you ever drunk alcohol or used drugs more than you meant to?	☐	☐		
3 Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?	☐	☐		
4 Has a family member's drinking or drug use ever had a bad effect on your child?	☐	☐		
	Never true	Sometimes true	Often true	
5 Within the past 12 months, we worried whether our food would run out before we got money to buy more.	☐	☐	☐	
Over the past two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
6 Having little interest or pleasure in doing things?	☐	☐	☐	☐
7 Feeling down, depressed, or hopeless?	☐	☐	☐	☐



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Modified Checklist for Autism in Toddlers, Revised (MCHAT-R)

WHEN: Provided at the 18-month , 24-month and 30 month WCVs

WHAT: Utilized to assess a child's level of risk for Autism based on the responses provided by the caregiver

- Scoring sheets and templates are available for review online
- Based on responses, a child's risk for autism is categorized into one of three levels



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M-CHAT-R™

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer **no**. Please circle **yes** or **no** for every question. Thank you very much.

1. If you point at something across the room, does your child look at it? (FOR EXAMPLE , if you point at a toy or an animal, does your child look at the toy or animal?)	Yes	No
2. Have you ever wondered if your child might be deaf?	Yes	No
3. Does your child play pretend or make-believe? (FOR EXAMPLE , pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?)	Yes	No
4. Does your child like climbing on things? (FOR EXAMPLE , furniture, playground equipment, or stairs)	Yes	No
5. Does your child make <u>unusual</u> finger movements near his or her eyes? (FOR EXAMPLE , does your child wiggle his or her fingers close to his or her eyes?)	Yes	No
6. Does your child point with one finger to ask for something or to get help? (FOR EXAMPLE , pointing to a snack or toy that is out of reach)	Yes	No
7. Does your child point with one finger to show you something interesting? (FOR EXAMPLE , pointing to an airplane in the sky or a big truck in the road)	Yes	No
8. Is your child interested in other children? (FOR EXAMPLE , does your child watch other children, smile at them, or go to them?)	Yes	No
9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (FOR EXAMPLE , showing you a flower, a stuffed animal, or a toy truck)	Yes	No
10. Does your child respond when you call his or her name? (FOR EXAMPLE , does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?)	Yes	No

11. When you smile at your child, does he or she smile back at you?	Yes	No
12. Does your child get upset by everyday noises? (FOR EXAMPLE , does your child scream or cry to noise such as a vacuum cleaner or loud music?)	Yes	No
13. Does your child walk?	Yes	No
14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her?	Yes	No
15. Does your child try to copy what you do? (FOR EXAMPLE , wave bye-bye, clap, or make a funny noise when you do)	Yes	No
16. If you turn your head to look at something, does your child look around to see what you are looking at?	Yes	No
17. Does your child try to get you to watch him or her? (FOR EXAMPLE , does your child look at you for praise, or say “look” or “watch me”?)	Yes	No
18. Does your child understand when you tell him or her to do something? (FOR EXAMPLE , if you don’t point, can your child understand “put the book on the chair” or “bring me the blanket”?)	Yes	No
19. If something new happens, does your child look at your face to see how you feel about it? (FOR EXAMPLE , if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?)	Yes	No
20. Does your child like movement activities? (FOR EXAMPLE , being swung or bounced on your knee)	Yes	No



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Challenges of Screenings



Time for completion



Incorrect screenings used or screenings distributed at the incorrect visit



Limited language availability



“Needs review” **scores may be overlooked**, or other referrals missed



Literacy or reading comprehension challenges



Family refusal to complete screenings



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Strategies to Address Potential Challenges

Ongoing team education and reinforcement, staying current on any updates

Preparing screening packets in advance to be distributed at each WCV

Utilizing scoring sheets and screening schedule appropriately

Offering and utilizing the language line and in-person translators when appropriate to assist caregivers

Appropriate utilization, support, and communication with the HealthySteps Specialist or Behavioral Health Provider throughout



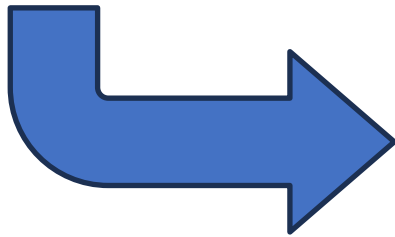
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Documentation Process

All screenings (paper) are provided to families and caregivers upon entering the office **after being checked** in for the WCV

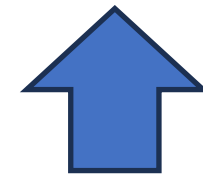


Screenings and questionnaires are **completed in the waiting room or exam room prior to being seen** by the provider

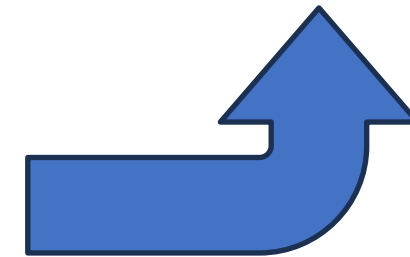


Provider and/or HealthySteps Specialist will review screenings either prior to, or during the visit with the family in order to address any concerns or needs identified

Provider and/or HealthySteps Specialist document notes referencing any screenings and questionnaires completed during the visit



All completed paperwork is **scanned into the patient's EMR**



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What happens after there is a positive screen?

- Referral to early intervention
- Referral to Developmental Pediatrician
- Referral for Perinatal Mood Disorders
- Linkages for social services- Food Insecurity, Housing, Transportation, IPV
- Community Health Workers, SPAN (Parent Advocacy Network)
- Preschool (Headstart), Child Care services



Screening Success Stories



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Resources & Links to Screening Tools

https://med.stanford.edu/content/dam/sm/ppc/documents/DBP/EDPS_text_added.pdf

<https://www.tuftsmedicine.org/medical-professionals-trainees/academic-departments/department-pediatrics/survey-well-being-young-children>

<https://www.mchatscreen.com/mchat-rf/scoring/>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7656313/>

[Siu, A. L., US Preventive Services Task Force \(USPSTF\), Bibbins-Domingo, K., Grossman, D. C., Baumann, L. C., Davidson, K. W., Ebell, M., García, F. A., Gillman, M., Herzstein, J., Kemper, A. R., Krist, A. H., Kurth, A. E., Owens, D. K., Phillips, W. R., Phipps, M. G., & Pignone, M. P. \(2016\). Screening for Depression in Adults: US Preventive Services Task Force Recommendation Statement. *JAMA*, 315\(4\), 380–387.
<https://doi.org/10.1001/jama.2015.18392>](#)

<https://publications.aap.org/pediatrics/article/145/1/e20193448/37021/Executive-Summary-Identification-Evaluation-and>



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Resources & Links to Screening Tools (cont.)

<https://publications.aap.org/aapnews/news/23904/CDC-Autism-rate-rises-to-1-in-36-children>

<https://www.cdc.gov/ncbddd/autism/hcp-screening.html>

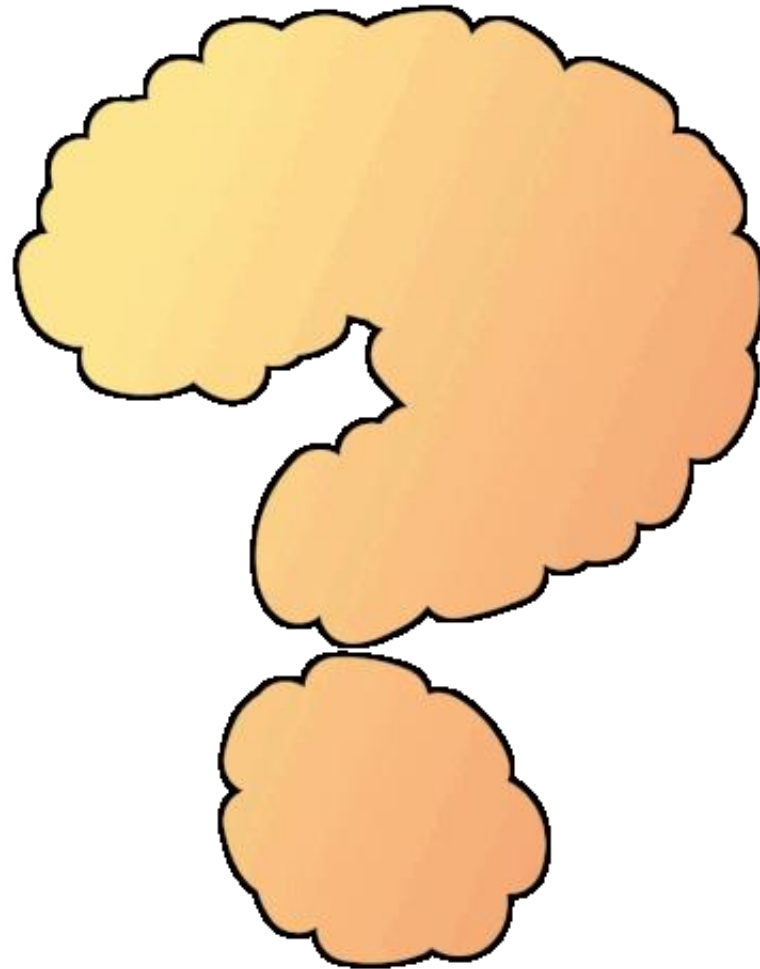
<https://www.aap.org/en/patient-care/autism/>

[Thombs BD, Benedetti A, Kloda LA, Levis B, Riehm KE, Azar M, Cuijpers P, Gilbody S, Ioannidis JP, McMillan D, Patten SB, Shrier I, Steele RJ, Ziegelstein RC, Tonelli M, Mitchell N, Comeau L, Schinazi J, Vigod S. Diagnostic accuracy of the Edinburgh Postnatal Depression Scale \(EPDS\) for detecting major depression in pregnant and postnatal women: protocol for a systematic review and individual patient data meta-analyses. BMJ Open. 2015 Oct 20;5\(10\):e009742. doi: 10.1136/bmjopen-2015-009742. PMID: 26486977; PMCID: PMC4620163.](#)



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Thank You



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Feedback/Resources

Thank you for joining us! We welcome your feedback to help us plan for future NJ SEEDlings Learning Community Sessions.

Please scan the QR code below to complete a short session evaluation. Completion is **required** for those wishing to **earn CME Credit/MOC Part 2 Pts.**



A recording of this session, along with slides and links to relevant resources, will be shared via email at a later date. Please complete the evaluation by **January 8th, 2025.**

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