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Medical Plan
(DHMP)
Document Types Clinic Referral
Guideline
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Pediatrics Early Intervention, Child Find or Developmental Delay Clinical Referral Guideline

Clinical Referral Guideline

PURPOSE

To support network providers in providing high quality, comprehensive early intervention services for children with developmental delays through timely, evidence-based care.

INCLUSION CRITERIA

>18 year old patients with developmental delays

RESPONSIBILITY

Pediatric Providers

Primary Care Providers

GUIDELINE

Please include in referral :

- Must apply one of the following diagnosis to the referral- (please add the diagnosis to the

problem list):

- Developmental delay - R62.50
- At risk for developmental delay - Z91.89
- Abnormal developmental screening - Z13.40
- Additional suspected/verified area of delay - (not required for referral process)
- Language -if not English or Spanish
- Working phone number and physical address where family can be contacted
- School where children are pre-enrolled (3yr-5yr)
- SWYC (Survey of well-being of young children)
- Other relevant therapies/assessments

Working Diagnosis/ Reason for referral	Referral Criteria:	Lab or other diagnostic tests required prior to referral:
Developmental Delay <3 year old child (Early Intervention Referral)	<ul style="list-style-type: none"> • SWYC identified concerns • Clinical judgment of need for further evaluation or services for developmental delay • Parental concern 	As Available: <ul style="list-style-type: none"> • Audiology test • Vision exam • OT/PT speech notes
Developmental Delay >3-5 year old child (Child Find Referral)	<ul style="list-style-type: none"> • SWYC identified concerns • Clinical judgment that child would need special adaptations in the school setting • Parental concern • Refer as appropriate to sub-specialties for medical concerns, e.g., speech, ENT, etc. 	As Available: <ul style="list-style-type: none"> • Audiology test • Formal vision test • OT/PT speech notes
Developmental Delay >5 years old child	<ul style="list-style-type: none"> • Please do not enter a referral for these children • Child Find is not involved with this age population • Provider can contact school via a letter to parent, call or email the school/teacher directly or contact school nurse with concerns • Refer as appropriate sub-specialties for medical concerns, e.g., speech, ENT, etc 	N/A

EXTERNAL REFERENCES

None

DHMP/DHHA RELATED DOCUMENTS

None

This Clinical Care Guideline is intended to assist care providers in the provision of patient care. This document serves as a guide, and is not a substitute for independent medical decision-making.

Attachments

[Attachment A: SWYC Referral Guidelines](#)

Approval Signatures

Step Description

Approver

Date

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Applicability

Denver Health Medical Plan (DHMP)