



TO: Federally Qualified Health Centers, Behavioral Health Clinics, Dental Clinics, Enhanced Care Clinics, Medical Clinics and Hospitals

RE: Updated Guidance Regarding Multi-disciplinary Examinations

The Department of Social Services (DSS) is updating billing guidelines regarding Multi-Disciplinary Examinations (MDEs) provided for children covered by HUSKY Health who are in the custody of the Connecticut Department of Children and Families (DCF). This policy transmittal supersedes provider bulletin (PB) 2015-72 “Multi-disciplinary Examinations” and is effective for dates of service January 1, 2018 and forward.

The MDE is a comprehensive examination with three components: 1) a medical examination, 2) a behavioral/developmental examination, and 3) a dental examination. The MDE must result in a written report with recommendations for appropriate treatment and follow-up care.

MDE services are provided by DCF-contracted MDE service providers or their subcontractors. In some cases, a single agency is licensed to provide all three components of the MDE while being entitled to reimbursement for each component. In other cases, multiple agencies or providers are involved in the conduct of the various components of an MDE, each within its scope of licensure.

Any provider who wishes to be reimbursed for any component of an MDE must be:

1. Enrolled with the Connecticut Medical Assistance Program (CMAP);
2. Operating within its scope of licensure for the service provided;
3. Billing for a component of the MDE that is listed on the provider’s fee schedule; and
4. Contracted or subcontracted with DCF as an MDE service provider.

MDE EXAMINATION COMPONENTS

Providers should bill one of the procedure codes listed below that fall within the appropriate MDE component category (medical, dental, behavioral

health) and is a billable service on their respective fee schedule.

Please refer to the applicable section under “Coding and Claims Submission” for additional details.

Medical Examination

Preventive Medicine Services - New Patient Codes:

An initial comprehensive preventive medicine evaluation and management of an individual, including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunizations(s), laboratory/diagnostic procedures new patient;

- **99381** - infant (age younger than one year), or
- **99382** - early childhood (age one through 4 years), or
- **99383** - late childhood (age 5 through 11 years), or
- **99384** - adolescent (age 12 through 17 years), or
- **99385** - age 18 through 21 years.

Preventive Medicine Services - Established Patient Codes:

Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination,

counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory, diagnostic procedures, established patient;

- **99391** - age younger than 1 year, or
- **99392** - early childhood (age one through 4 years), or
- **99393** - late childhood (age 5 through 11 years), or
- **99394** - adolescent (age 12 through 17 years), or
- **99395** - age 18 through 39 years.

Dental Examination

- **D0190** - Screening of a Patient

Behavioral/Developmental Examination

- **90791** - Psychiatric diagnostic evaluation, or
- **90792** - Psychiatric diagnostic evaluation with medical services, or
- **96101** - Psychiatric testing, or
- **96116** - Neurobehavioral status exam, or
- **96118** - Neuropsychological testing.

CODING AND CLAIM SUBMISSION

All MDE claims must be submitted with an International Classification of Diseases (ICD) - 10 diagnosis code of **Z65.3 (Problems related to other legal circumstances)**. Providers should bill their usual and customary charge for each service.

Federally Qualified Health Centers (FQHCs)

Encounters for MDE services rendered in an FQHC setting should be coded using the procedure code **T1015 (Clinic visit/Encounter, All-Inclusive)** **in conjunction** with the appropriate procedure code(s) listed above. The FQHC is eligible to

receive its full medical, dental, or behavioral health encounter reimbursement for each of the components that is provided and for which it is separately enrolled and licensed. A separate claim must be submitted for each different FQHC type/specialty in order for the additional encounters to be reimbursed.

CLINICS

Clinics performing MDE services must bill the appropriate procedure code(s) from the above list. Procedure codes billed for MDE services must be on the applicable clinic fee schedule to be eligible for reimbursement. The reimbursement amount for each MDE component will vary based on the provider type and specialty and/or applicable fee schedule.

OUTPATIENT HOSPITALS

Hospitals billing for MDE services must use the Revenue Center Code (RCC) and procedure code combinations listed below for each component of the MDE services rendered.

Medical Examination:

The medical component of an MDE provided in an outpatient hospital setting is reimbursed based on Ambulatory Payment Classification (APC) methodology. Hospitals should utilize CMAP’s Addendum B to determine the method of payment. Hospital reimbursement for the medical component is for the facility charge only and the practitioner should bill separately via a professional claim.

Revenue Center Code	Billable Procedure Code
515 – Pediatric Clinic	G0463

Dental Examination:

The dental component of an MDE provided in an outpatient hospital setting will be reimbursed based on the RCC/procedure code combination of \$35.00. The dental component of the MDE is considered an all-inclusive rate and professional fees are not reimbursed separately.



Questions? Need assistance? Call the Provider Assistance Center Mon–Fri 8:00 am – 5:00 pm
Toll free 1-800-842-8440 or write to DXC Technology, PO Box 2991, Hartford, CT 06104
Program information is available at www.ctdssmap.com

Dental services are billed under a separate NPI or NPI/taxonomy combination from the general hospital outpatient provider number. Dental examinations for MDE services must be billed under the hospital’s dental NPI/provider number.

Revenue Center Code	Billable Procedure Code	Procedure Description
512 – dental clinic	D0190	Screening of a patient

Behavioral/Developmental Services:

The behavioral health component of an MDE service provided in an outpatient hospital setting will be reimbursed based on APC methodology. Hospitals should utilize CMAP’s Addendum B to determine the method of payment. Like other behavioral health services, the behavioral health component of the MDE is considered an all-inclusive rate and professional fees are not reimbursed separately.

Revenue Center Code	Billable Procedure Code	Description
900 – BH General Classification	90791	Psychiatric diagnostic evaluation
900 – BH General Classification	90792	Psychiatric diagnostic evaluation with medical services
918 – BH testing	96101, 96116, 96118	Psychiatric Testing

Behavioral Health Registration

The CT BHP registration process must be completed prior to claim submission for the behavioral health component of the MDE. For authorization for behavioral health services, contact Beacon Health Options at 1-877-552-8247. For Web registration, go to www.ctbhp.com, and click “For Providers”.

Accessing CMAP Addendum B & Fee Schedules

CMAP’s Addendum B can be accessed via the www.ctdssmap.com Web site by selecting the “Hospital Modernization” Web page. CMAP’s Addendum B (Excel) is located under “Important Messages – Connecticut Hospital Modernization”.

Fee schedules can be accessed and downloaded by going to the CMAP Web site: www.ctdssmap.com. From this Web page, go to “Provider”, then to “Provider Fee Schedule Download”, and then click on the “I accept” button to proceed to the appropriate fee schedules. To access the CSV file, press the control key while clicking the CSV link, then select “Open”.



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