

- TO: Federally Qualified Health Centers, Behavioral Health Clinics, Dental Clinics, Enhanced Care Clinics, Medical Clinics, Physicians, Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs) and Hospitals
- **RE:** Updated Coding Guidelines for the Behavioral/Developmental Component of Multi-Disciplinary Examinations

The Department of Social Services (DSS) is updating the 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).

The changes in billing apply to the Behavioral/Developmental component of MDE examinations only. These changes are effective for dates of service January 1, 2019 and forward. Providers should continue to use Provider bulletin (PB) **2017-68** "Updated Guidance Regarding Multi-disciplinary Examinations" for billing guidelines for the medical and dental portions of MDE services.

The changes in coding were due to the annual Health Insurance Portability and Accountability Act (HIPAA) update. Please see Provider Bulletin **2019-10** - *2019 Fee Schedule HIPAA Compliant Update for Psychological and Neuropsychological Testing* for further information regarding the changes to psychological and neuropsychological testing.

PROCEDURE CODE CHANGES

End Dated Code	New Procedure Code Replacement	
96101	96130	Psychological testing evaluation services by physician or other QHP first hour
	96131	Psychological testing evaluation services by physician or other QHP, each additional hour

96101	96136	Psychological or neuropsychological test admin & scoring by physician or other QHP, 2 or more tests, any method, 1st 30 min	
96137		Psychological or neuropsychological test admin & scoring by physician or other QHP, 2 or more tests, any method, each addtl 30 min	

Revised Code	New Procedure Code Replacement	
96116- Revised	96116	Neurobehavioral status examination (clinical assessment of thinking, reasoning, and judgment, physician or other QHP, interpreting test results & preparing report, first hour
	96121	Neurobehavioral status examination (clinical assessment of thinking, reasoning, and judgment, by physician or other QHP test results & preparing report, each additional hour



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 **Provider Bulletin 2019-14**

March 2019

End Dated	Nev	v Procedure Code	on the provider's respective fee sched	
Code	Replacement		Please refer to (PB) 2017-68 "Upd Guidance Regarding Multi-disciplin	
	96132	Neuropsychological testing evaluation services by physician or other QHP, first hour	<i>Examinations</i> " under "Coding and Clair Submission" for additional details. <u>MDE Coding for Behavioral/Developmen</u> <u>Examinations</u>	
96118 Please Note:	96133	Neuropsychological testing evaluation services by physician or other QHP, each additional hour	 90791 - Psychiatric diagno evaluation, or 90792 - Psychiatric diagno evaluation with medical services, or 	
Modifier TF is for neuropsycho- logical test administration only.	96136 - TF	Psychological or neuropsychological test administration and scoring by physician or other QHP, two or more tests, any method, first 30 min	 96130- Psychological testing -1st hot 96131 - Psychological test evaluation services each additio hour 96136 - Psychological neuropsychological test admin scoring, 2 or more tests, any method, 30 min 	
	96137 TF	Psychological or neuropsychological test admin & scoring by physician or other QHP, 2 or more tests, any method, each addtl 30 min	 96137 - Psychological neuropsychological test admin scoring, 2 or more tests, any meth each additional 30 min 96116 - Neurobehavioral sta examination (clinical assessment thinking reasoning and judgmet 	

Please Note: Due to procedure codes 96136 and 96137 being used for psychological testing and neuropsychological testing, modifier TF -INTERMEDIATE LEVEL OF CARE must be appended to neuropsychological services to receive the correct reimbursement rate.

MDE EXAMINATION COMPONENTS

Providers should bill one of the procedure codes listed below which within fall the Behavioral/Developmental portion of the MDE. The procedure code must be a billable service

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 - 96121 Neurobehavioral status 0 examination (clinical assessment of thinking, reasoning, and judgment, interpreting test results & preparing report, each additional hour
- 96132-Neuropsychological testing evaluation. first hour



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- 96133 Neuropsychological testing evaluation services by physician or other QHP, each additional hour
- 96136 Psychological or neuropsychological test administration and scoring, two or more tests, any method, first 30 min
 - 96137 Psychological or neuropsychological test admin & scoring, 2 or more tests, any method, each additional 30 min

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) <u>in conjunction</u> 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. However, each component must be submitted on a separate claim.

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/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.

Behavioral/Developmental Services:

The behavioral health component of an MDE service provided in an outpatient hospital setting will be reimbursed based on Ambulatory Payment Classification (APC) methodology. Hospitals should utilize the Connecticut Medical Assistance Program's (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	96116, 96121, 96130 96131, 96132, 96133 96136, 96137	Psychiatric Testing and Neuropsych ological Testing

<u>Please Note:</u> Due to procedure codes 96136 and 96137 being used for psychological testing and neuropsychological testing, modifier **TF** - *INTERMEDIATE LEVEL OF CARE* **<u>must</u>** be appended to neuropsychological services to receive the correct reimbursement rate.

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-



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page 4

8247. For Web registration, go to <u>www.ctbhp.com</u>, and click "For Providers".

Accessing CMAP Addendum B & Fee Schedules

CMAP's Addendum B can be accessed via the <u>www.ctdssmap.com</u> 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: <u>www.ctdssmap.com</u>. 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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