



TO: Federally Qualified Health Centers, Behavioral Health Clinics, Dental Clinics, Enhanced Care Clinics, Medical Clinics and Hospitals
RE: Multi-disciplinary Examinations for Medical, Behavioral Health and Dental Services

The Department of Social Services (DSS) is updating billing guidelines regarding Multi-Disciplinary Examination (MDE) provided for children covered by the HUSKY Health plan who are in the custody of the State of Connecticut - Department of Children and Families (DCF).

This provider bulletin (PB) supersedes [PB 2017-68](#) “Updated Guidance Regarding Multi-disciplinary Examinations” and [PB 19-14](#) “Updated Coding Guidelines for the Behavioral/Developmental Component of Multi-Disciplinary Examinations”.

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 performing one of the components of an MDE, each within its scope of licensure.

Any provider who wishes to be reimbursed for any individual 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.
4. Contracted or subcontracted with DCF as an MDE service provider.

Diagnosis Code and Claim Submission Requirements:

All MDE claims for the medical and behavioral health components **must** be submitted with an International Classification of Diseases (ICD) - 10 diagnosis code of Z65.3 (*Problems related to other legal circumstances*). Diagnosis code Z65.3 is not required for the dental component of the MDE. Providers should bill their usual and customary charge for each service/encounter/visit.

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/payment methodology.

Medical Examination-Preventive Medicine Service Codes:

New Patients:

Procedure Code	Description
99381-99385	Initial new pt. preventive medicine eval (0-39 yrs. old)

Established Patients:

Procedure Code	Description
99391-99395	Established pt. periodic preventive medicine exam (0-39 yrs. old.)

Dental Examination:

As a reminder, **for dates of service, April 1, 2023 until July 31, 2023**, eligible dental providers that are authorized to perform the

dental component of the MDE must bill as follows:

Procedure Code	Description	End-date
D0140	Limited oral eval	7/31/2023

Effective for dates of service, August 1, 2023, and forward, eligible dental providers that are authorized to perform the dental component of the MDE must bill as follows:

Procedure Code	Description	Effective Date
D0191	Assessment of the patient	8/1/2023-12/31/2299

Behavioral Health:

Procedure Code	Description
90791	Psychiatric diagnostic eval
90792	Psychiatric diagnostic eval w/ medical services
96116	Exam of neurobehavioral status, 1st hr.
96121	Exam of neurobehavioral status, each additional hr.
96130	Psychological testing-1st hr.
96131	Psychological testing eval services each additional hr.
96132	Eval of neuropsychological test, 1st hr.
96133	Eval of neuropsychological test, each additional hr.
*96136-TF	Admin. of psychological or neuropsychological test, 1 st 30 min
*96137-TF	Admin. of psychological or neuropsychological test, each additional 30 min

**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.

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 the FQHC is separately enrolled and licensed. However, each component must be submitted on a separate claim.

Clinics:

Clinics that are contracted or subcontracted with DCF as an MDE service provider must bill the appropriate procedure code(s) from the above list for the component of MDE performed. Procedure codes billed by clinics 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 clinic 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 service rendered. Outpatient hospitals must also refer to the section above titled “Diagnosis Code and Claim Submission Requirements”. Please see below for details on how to bill for each MDE component in the outpatient hospital setting.

Medical Examination:

The following RCC and procedure code combination must be used when billing for the medical component of an MDE service when performed in the outpatient hospital setting:



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

RCC	Procedure Code	Description
515- Pediatric Clinic	G0463	Clinic Visit

The medical component of an MDE provided in an outpatient hospital is reimbursed based on Ambulatory Payment Classification (APC) methodology. Hospitals should utilize CMAP’s Addendum B to determine the method of payment. Reimbursement for the medical component of the MDE is for the facility charge only and professional services may be billed separately.

Behavioral/Developmental Examination:

One of the following RCC and procedure code combinations must be used when billing for the behavioral health component of a MDE service when performed in the outpatient hospital setting:

RCC	Procedure Code	Description
900 – BH General Classification	90791	Psychiatric diagnostic eval
900 – BH General Classification	90792	Psychiatric diagnostic eval w/ medical services
918 – BH Testing	96116, 96121, 96130 96131, 96132, 96133 *96136-TF, *96137-TF	Psychiatric Testing & Neuropsychological Testing

**In order to receive the correct reimbursement rate for the behavioral health component of MDE services, modifier “TF” INTERMEDIATE LEVEL OF CARE must be added to the claim when billing procedure codes 96136 and 96137 due to those procedure*

codes being used for psychological testing and neuropsychological testing.

Outpatient behavioral health services including the behavioral health component of the MDE is considered an all-inclusive rate paid to the hospital and professional services are **not** reimbursed separately. Outpatient hospitals should utilize the CMAP’s Addendum B to determine the method of payment.

Dental Examination

The following RCC and procedure code combination must be used when billing for the dental component of a MDE service when performed in the outpatient hospital setting, effective August 1, 2023:

RCC	Procedure Code	Description
512 - Dental Clinic	D0191	Assessment of the patient

Reimbursement for the dental component of the MDE will be based on the RCC/procedure code combination listed above in the amount of \$35.00. The dental component of the MDE is considered an all-inclusive rate and professional services are not reimbursed separately.

Like all other outpatient hospital dental services, the dental component of the MDE must be billed under the hospital’s dental NPI/provider number and not the general outpatient hospital NPI/provider number.

Responsible Units:

DSS, Division of Health Services:

Dental Services (including FQHC-Dental Services): Please contact Donna Balaski, D.M.D., Health Services, Integrated Care Unit at donna.balaski@ct.gov or (860) 967-8545.

Hospital - Medical (facility only): Please contact Colleen Johnson, Medical Policy Consultant at colleen.johnson@ct.gov.



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Physicians, FQHC-Medical Services: Please contact Dana Robinson-Rush, Medical Policy Consultant at dana.robinson-rush@ct.gov.

Medical Clinics: Please contact Catherine Holt, Medical Policy Consultant at catherine.holt@ct.gov.

Behavioral Health Services including FQHC-Behavioral Health Services and ECC: Please contact Donaicis Alers, Behavioral Health Consultant and Program Coordinator in the Integrated Care at donaicis.alers@ct.gov.