



Connecticut Medical Assistance Program
Policy Transmittal 2015-35

Provider Bulletin 2015-72
 September 2015

Roderick L. Bremby, Commissioner

Effective Date: October 1, 2015
 Contact: Paul Piccione @ (860) 424-5160

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

RE: Multi-disciplinary Examinations

This policy transmittal supersedes provider bulletin (PB) 2010-05 and provides updated 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 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 of the 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;
2. Operating within its scope of licensure for the service provided; and
3. Billing for a component of the MDE that is listed on the provider's fee schedule.

Clinics and FQHCs should bill the most appropriate procedure code corresponding to the service performed and listed below within the corresponding MDE category.

- Medical Examination
 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

99381 new patient; 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.

- Dental Examination
D0190 Screening of a Patient
- Behavioral/Developmental Examination
90791 Psychiatric diagnostic evaluation

90792 Psychiatric diagnostic evaluation with medical services

96111 Developmental testing, (includes assessment of motor, language, social, adaptive, and/or cognitive functioning by standardized developmental instruments) with interpretation and report

FQHCs must bill the primary code **T1015** (Clinic visit/Encounter, All-Inclusive) in conjunction with the appropriate CPT code 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.

Hospitals must bill using the following Revenue Center Code (RCC)/ procedure code combinations:

- Medical Examination
RCC 515 pediatric clinic visit with one of the following procedure codes: **99381, 99382, 99383, 99384 or 99385.**
- Dental Examination
RCC 512 dental clinic visit with procedure code **D0190**
- Behavioral/Developmental Services
RCC 900 behavioral health evaluation with one of the following procedure codes: **90791 or 90792,** or
RCC 918 behavioral health testing with procedure code **96111**

Effective for dates of service on or after October 1, 2015, all MDE claims must be submitted with an ICD-10 diagnosis code of Z65.3 (Problems related to other legal circumstances).

The CT BHP registration process must be completed prior to claim submission for psychiatric diagnostic interviews (**90791, 90792** or **RCC 900**).

Providers should bill their usual and customary charge for each service.

The payment amount for each MDE component will vary depending on the provider type or applicable fee schedule. Procedure code D0190 will be reimbursed at \$35 when the service performed is the dental component of an MDE, unless the provider is an FQHC, in which case the service is reimbursed at the FQHC's dental encounter rate.

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Responsible Unit: DSS, Division of Health Services, Paul Piccione at (860) 424-5160

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