



**Connecticut Medical Assistance Program**  
**Policy Transmittal 2010-02**

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 February 2010

Michael P. Starkowski, Commissioner

Effective Date: January 1, 2010  
 Contact: Nina Holmes @ 860-424-5486

TO: Federally Qualified Health Centers, Clinics, Hospitals, and Managed Care Organizations

RE: Multi-Disciplinary Examinations

This policy transmittal provides the following billing guidelines regarding Multi-Disciplinary Examinations (MDEs) provided for children 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 and this agency may be 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. DCF service notification forms are no longer required for payment.

Effective January 1, 2010, the medical component of the MDE will be reimbursed by the Department of Social Services ("Department") for Medicaid Fee-For-Service (FFS) clients and for individuals enrolled in the HUSKY program when the service is performed by a Federally Qualified Health Center (FQHC). The medical component of the MDE will be reimbursed by the HUSKY managed care organizations for individuals enrolled in the HUSKY program when the service is performed by any provider other than an FQHC.

Also effective January 1, 2010, the dental and behavioral health components of the MDE will be reimbursed by the Department for Medicaid FFS clients and for individuals enrolled in the HUSKY program.

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

1. Enrolled with the Connecticut Medical Assistance Program in order to be reimbursed for the dental or behavioral health components for both FFS clients and HUSKY members, or to be reimbursed for the medical component provided to HUSKY members if the provider is an FQHC.
2. Enrolled with the HUSKY managed care organizations in order to be reimbursed for the

medical component if the provider is not an FQHC.

3. Operating within its scope of licensure for the service provided.
4. 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 immunization(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

**D0999** unspecified diagnostic, by report

- Behavioral/Developmental Examination

**90801** Psychiatric diagnostic interview examination, or

**90802** Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication, or

**96111** Developmental testing; extended (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 codes:

- Medical Examination  
**515** pediatric clinic visit
- Dental Examination  
**D0999** unspecified diagnostic, by report
- Behavioral/Developmental Services  
**513** psychiatric clinic visit (for Medicaid FFS clients), or  
**900** psychiatric service general (evaluation) (for CT BHP clients)

All MDE claims must be submitted with a diagnosis of V62.5 (Legal Circumstances).

Registration through the CT BHP is required for payment for psychiatric diagnostic interview examinations (90801, 90802, or RCC 900) rendered to HUSKY enrolled clients whether the service is provided by an FQHC, Hospital, or Freestanding Clinic. Providers should bill their usual and customary charge. No registration or authorization is required for payment for psychiatric diagnostic interview examinations (90801, 90802, or RCC 513) rendered to FFS enrolled clients whether the service is provided by an FQHC, Hospital, or Freestanding Clinic.

The payment amount for each MDE component will vary depending on the provider type, applicable fee schedule, or HUSKY managed care organization's contract terms. Procedure code D0999 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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