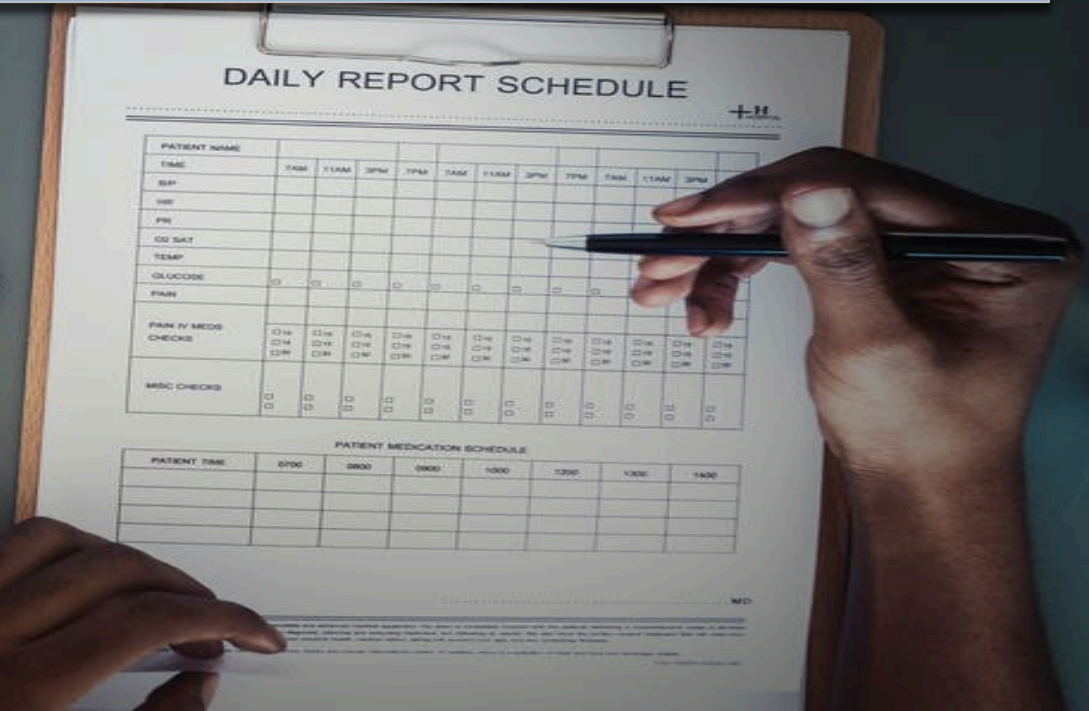


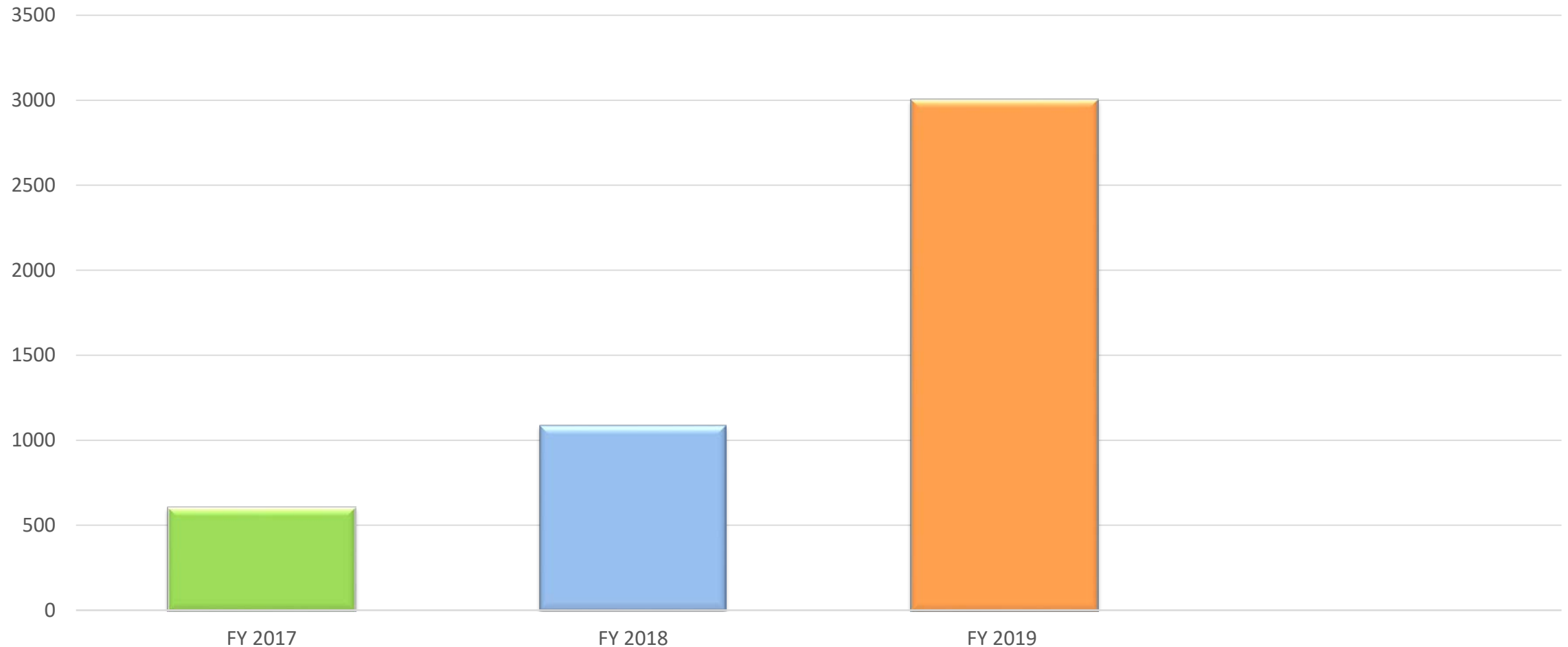
# Child Medical Evaluations: NC CMEP Reimbursement Process

April 26, 2019



THE UNIVERSITY  
of NORTH CAROLINA  
at CHAPEL HILL

# Number of CME's processed by CMEP



# Child Medical Evaluation (CME)

A CME is a medical evaluation in which the service is provided by a qualified physician, nurse practitioner or physician assistant **rostered** with the North Carolina Child Medical Evaluation Program (CMEP). A CME is provided at the **request of child welfare services**, during an **active** Child Protective Services (CPS) assessment due to concerns for **child maltreatment**.



# A medical evaluation is considered a CME when:

- The referral for the evaluation come from a child welfare agency due to concerns for child maltreatment
- The child welfare case is open for CPS Family or Investigative Assessment
- The medical provider is rostered with CMEP
  - Current letter of agreement for the FY
  - CE credits update to date
- Use CPT Code 99499



# For CMEP to approve eligibility for reimbursement , documentation must include:

- Reason for referral
- Interview with CPS worker
- Interview from the non-offending caregiver\*
- A physical exam of the child
- Any Related phone calls\*
- Review of outside health records\*
- An impression and summary, along with recommendations and treatment plan for the child and family
- Laboratory testing and radiology studies\*
- Interview with the child, if the child is older than three years of age\*

If any of the requirements denoted with an asterisk (\*) cannot be completed, documentation must clearly state why it did not take place



# Reimbursement package

**Checklist for Child Medical Evaluation (CME) Reporting**

Upon an allegation of child abuse / neglect, child welfare/county department of social services may request a CME as part of the assessment/investigative process. A CME is a specific, outpatient medical consultation performed by a qualified medical expert (MD, NP or PA) rostered with the NC Child Medical Evaluation Program. The purpose of the CME is to assist with determining the most appropriate medical diagnoses and treatment plan for a child when it is suspected that a child is being abused or neglected by a parent or other caretaker.

Date of Service: \_\_\_\_\_  
Child's name: \_\_\_\_\_  
DSS Case Number (SIS or Common Name Data Service (CNDS)): \_\_\_\_\_

Claim Type: Medicaid as Primary Insurance: Yes  No:   
Medicaid Identification Number (MID) (if child has Medicaid): \_\_\_\_\_

Complete the following if Medicaid is the Primary Insurance:  
By submitting this claim into NCTracks, I certify that all components of the bundled service (including, the reason for referral, an interview with DSS worker, an interview from the non-offending caregiver, a physical exam of the child, any related phone calls, a review of outside medical records, recommendations and treatment plan for the child and family, and an impression and summary of concerns, if applicable. An interview with the child, if the child is greater than 3 years of age, if appropriate. Laboratory testing and radiology studies may be required, if applicable.) for CME reporting have been completed for the above-named beneficiary. I have verified that on this date of service the beneficiary is covered by Medicaid only.

Child Medical Evaluation Program (CMEP) Provider National Provider Identifier (NPI): \_\_\_\_\_  
Providers Printed Name: \_\_\_\_\_  
Providers Signature: \_\_\_\_\_  
Questions regarding claims should be submitted to (please provide address/email): \_\_\_\_\_

CMEP Staff Verification performed by Print Name: \_\_\_\_\_  
CMEP Staff Signature: \_\_\_\_\_

DMA-1061 03/2018

✓ [Checklist for CME Reporting](#)

✓ [NC CMEP Medical Report](#)

Required DSS Authorization Form (#5143) attached?  Yes  No  
Child/Patient Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Date of Exam: \_\_\_\_\_

CMEP  Medicaid (# \_\_\_\_\_)  Other \_\_\_\_\_

**North Carolina Child Medical Evaluation Program (CMEP) MEDICAL REPORT**

**Part A: Referral Information** (Note: Pages 1-4 to be completed by DSS prior to CMEP evaluation)

**1. Referral Source(s)**

DSS Involvement: County: \_\_\_\_\_  
Social Worker: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

Law Enforcement Involvement: Agency: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

**2. Child, Caregiver, and Household Member Information**

Child (Patient)	Mother	Father
Gender: _____	Relationship: _____	
Race/Ethnicity: _____	Name: _____	
First Name: _____	Highest Level of Education: _____	
Address: _____	County of Residence: _____	
County of Residence: _____		

1 of 23

✓ [CMEP Consent Form](#)

✓ [Claim Form \(CMS 1500\)](#)

**CONSENT/AUTHORIZATION FOR CHILD MEDICAL/CHILD/FAMILY EVALUATION CHILD MEDICAL EVALUATION PROGRAM**

I. A. Name of Child (First) (Middle) (Last) Date of Birth \_\_\_\_\_

B. The evaluation is a component of child protective services assessments and is used in making decisions regarding allegations of child abuse or neglect. The referral is made by authority of (check one):  
 Parent  
 Legal Guardian  
 DSS Director - when acting as temporary guardian of child found abandoned or without natural guardian or when having been vested with parental rights by the adoption or termination of parental rights laws (G.S. 35A-1220).  
 Judge's Order - in accordance with G.S. 7A-647(3) when a court order authorized this evaluation (court order attached).

C. I hereby authorize \_\_\_\_\_ (Name of Examiner) to perform:  
 A medical evaluation, including diagnostic studies and photographs, on the above named child.  
 A child/family evaluation, including diagnostic studies, on the above named child.

Furthermore, I authorize \_\_\_\_\_ to release the findings of the evaluation(s) to only the county department of social services, the Child Medical Evaluation Program, and any agency or individual deemed necessary by the county department of social services.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_ Nature of authority to consent (i.e., parent, guardian, custodian) \_\_\_\_\_

ii. The provider is authorized to claim reimbursement in accordance with the Purchase of Service Contract for the following services provided to the child named above:  
A. Date Case Opened for Service Code 212 \_\_\_\_\_  
B. Open for Medicaid? yes  no  Medicaid # \_\_\_\_\_  
C. SIS I.D. # \_\_\_\_\_  
D. County Case # \_\_\_\_\_  
E. Purchase Program I.D. # \_\_\_\_\_ 00161

iii. A. \_\_\_\_\_ County Department of Social Services  
B. Social Worker: \_\_\_\_\_ Telephone # \_\_\_\_\_  
C. Signature of authorized county representative: \_\_\_\_\_  
D. Date: \_\_\_\_\_

DSS-3143  
Change # 01-2007  
January 2007  
Page 1 of 2

AND

✓ [Case Conference Report Form \(if applicable\)](#)

Mail completed forms to: Department of Labor and Industries, PO Box 44269, Olympia WA 98504-4269

**HEALTH INSURANCE CLAIM FORM**

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NCC) 02/2012

1. MEDICARE: YES  NO   
2. PATIENT'S HEALTH STATUS: HEALTHY  ILL   
3. PATIENT'S ADDRESS: \_\_\_\_\_  
4. PATIENT'S POLICY NUMBER: \_\_\_\_\_  
5. PATIENT'S POLICY TYPE: \_\_\_\_\_  
6. PATIENT'S POLICY EFFECTIVE DATE: \_\_\_\_\_  
7. PATIENT'S POLICY EXPIRES: \_\_\_\_\_  
8. PATIENT'S POLICY CARRIER: \_\_\_\_\_  
9. PATIENT'S POLICY GROUP: \_\_\_\_\_  
10. PATIENT'S POLICY CLASSIFICATION: \_\_\_\_\_  
11. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
12. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
13. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
14. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
15. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
16. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
17. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
18. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
19. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
20. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
21. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
22. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
23. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
24. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
25. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
26. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
27. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
28. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
29. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
30. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
31. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
32. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
33. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
34. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
35. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
36. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
37. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
38. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
39. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
40. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
41. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
42. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
43. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
44. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
45. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
46. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
47. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
48. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
49. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
50. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
51. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
52. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
53. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
54. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
55. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
56. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
57. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
58. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
59. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
60. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
61. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
62. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
63. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
64. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
65. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
66. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
67. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
68. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
69. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
70. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
71. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
72. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
73. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
74. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
75. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
76. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
77. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
78. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
79. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
80. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
81. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
82. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
83. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
84. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
85. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
86. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
87. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
88. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
89. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
90. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
91. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
92. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
93. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
94. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
95. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
96. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
97. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
98. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
99. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_  
100. PATIENT'S POLICY CLASSIFICATION CODE: \_\_\_\_\_

ONLY PROVIDER TIME IS PLACED ON THE HCFA FORM BEING SUBMITTED TO CMEP

DIAGNOSTIC AND OTHER CHARGES NEED TO BE SUBMITTED DIRECTLY TO MEDICAID VIA YOUR USUAL BILLING PROCESS.

P245-127-000 CMS 1500 02-2012

Provider completes CME

Medicaid is primary insurance  
**Medicaid** Reimbursement

Child has no insurance, private insurance or  
Medicaid as secondary insurance  
**CMEP** Reimbursement

Provider sends CMEP completed reimbursement package

CMEP reviews to provide assurance to Medicaid  
that case meets reimbursement criteria. Evidenced  
by CMEP staff signing Checklist for CMEP Reporting

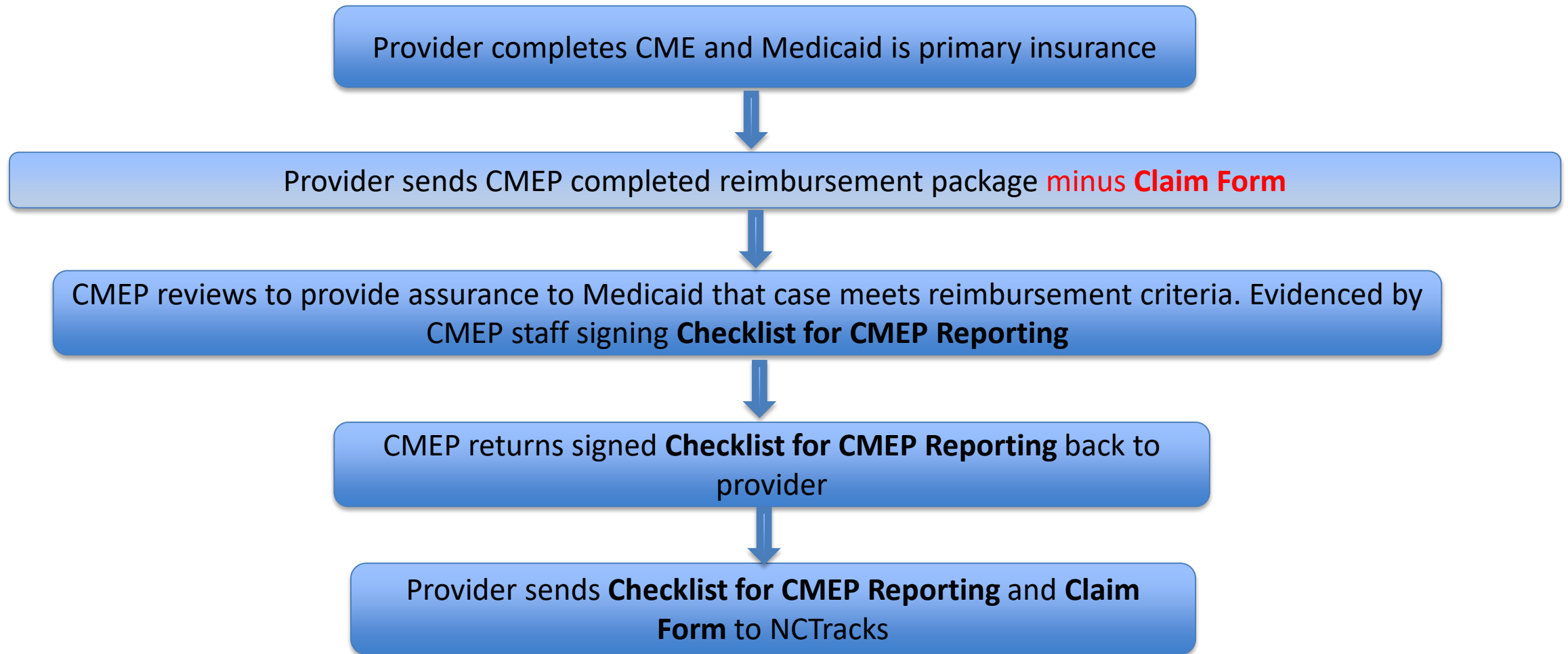
CMEP reviews to provide approval for  
reimbursement of exam and other components of  
evaluation related to diagnosis

CMEP sends Claim Form (CPT 99499 only) and  
Checklist for CMEP Reporting to Medicaid

CMEP notifies state DSS that claim is approved  
for reimbursement



# Direct billing through NCTracks: Alternative process for Medicaid Reimbursement





# Why did CMEP reject my claim?

- CMEP Consent Form
  - \_\_\_ Not included
  - \_\_\_ Signature of parent/guardian dated on or before date of exam is missing
  - \_\_\_ SIS ID number is missing
  - \_\_\_ Effective Date case was opened for services is missing
  - \_\_\_ Medicaid status is not indicated
- Checklist for CME Reporting was not received
- Report was received more than 60 days after the date of service
- CMEP Medical Evaluation Report was not received from one of our rostered providers
- CMEP Case Conference Form (or equivalent documentation) was not received
- According to checklist and/or consent form, the patient has Medicaid. All non-99499 claims for Medicaid patients need to be submitted directly to NCTracks. Only 99499 claims come to the CMEP office first for patients with Medicaid.



# How can the process be more efficient?

- Ensure that all paperwork is submitted with claim
- Batch and send multiple claims at once
- Separate by payment type (Medicaid vs CMEP)
- Direct billing through NCTracks



# Questions and Answers from 4/26/19 webinar

**If CPS and LE are collaborating on a case and LE makes the initial referral for CME, is the exam ineligible for reimbursement?**

Sometimes law enforcement makes the first contact with the family and makes the initial referral for a CME. In this case, please be sure that the CPS worker submits the CMEP Consent Form (DSS-5143) in order for the exam to be eligible for reimbursement. An exam that occurs as a part of a law enforcement-only case would not be eligible for reimbursement.



# Questions and Answers from 4/26/19 webinar

## **What is a multi-disciplinary exam?**

A multi-disciplinary exam (MDE) occurs when there is collaboration among professionals – of different disciplines – during the medical assessment process. Typically this is when a social worker conducts a forensic interview as a part of the medical assessment. The medical provider can receive \$150 per MDE. One possible code for CMEP billing is 90801.



# Questions and Answers from 4/26/19 webinar

**Does CPT Code 99499 include the billing for provider's time during the exam or should an additional code be submitted?**

The enhanced reimbursement, which authorized the use of CPT code 99499, includes payment for the provider's time spent during the examination.



# Questions and Answers from 4/26/19 webinar

## **How do providers know that CMEP has approved a claim for Medicaid reimbursement?**

Once CMEP has reviewed the reimbursement package and approved the case for reimbursement, our staff will return the signed Checklist for CMEP Reporting back to the provider. Please confirm with CMEP staff to where this documentation should be sent. CMEP staff will return this form to the provider regardless of which Medicaid reimbursement process you choose.



# Resources

[NC Child Medical Evaluation Program](#)

[Medicaid and Health Choice Clinical Coverage Policy - Child Medical Evaluation and Medical Team Conference for Child Maltreatment](#)

For Medicaid claims issues:

1. Call GDIT at 1-800-688-6696 (have provider's NPI number)
2. If they are not able to resolve your issue call the NC Medicaid call center at (919) 813-5580 (have your GDIT tracking number)



# Additional questions?

Child Medical Evaluation Program

919-843-9365

[cmep@med.unc.edu](mailto:cmep@med.unc.edu)

