



North Carolina Child Medical Evaluation Program

FY 2021 Guidelines for Medical Providers

PROVIDER CREDENTIALS

The NC Child Medical Evaluation Program (CMEP) is a state-funded resource to child welfare agencies in assessing physical and mental health evidence of child maltreatment, including physical and/or sexual abuse as well as neglect. CMEP fulfills the state's obligation to provide medical based evaluations and treatment plans by a statewide network of providers. Medical providers rostered with CMEP agree to the following terms in order to obtain and maintain their credentials with the program:

Initial Rostering Requirements

A pediatrician, nurse practitioner, or physician assistant that is currently enrolled as a licensed Medicaid provider in North Carolina that has met the following training requirements:

1. Training in the medical evaluation of child sexual abuse. Fulfilled by either:
 - "Sexual Abuse 101" provided by the Children's Advocacy Centers of North Carolina; or
 - **8 AMA PRA Category 1 Credit(s)TM** in child maltreatment with at least **4 AMA PRA Category 1 Credit(s)TM** of foundational training in the medical evaluation of child sexual abuse
2. **8** hours of clinical shadowing with a rostered CMEP medical provider with >2 years' experience completing CMEs

Exceptions made by CMEP on a case-by-case basis

On-Going Rostering Requirements

- **10 AMA PRA Category 1 Credit(s)TM** in child maltreatment obtained every 2 years. Nurse practitioners may submit official nursing contact hours as well. It is the responsibility of the rostered medical provider to track these credits and report them to CMEP prior to expiration.
- A signed CMEP Letter of Agreement for the current fiscal year
- Satisfactory CQI results

CONTINUOUS QUALITY ASSURANCE

- It is the responsibility of the medical provider to submit documentation of evaluation to CMEP. This is a requirement for reimbursement and for the purpose of providing quality oversight.

- If selected for CQI review, CME provider will be asked to submit their photographs for review, along with the written report.
- Newly rostered CMEP providers will have their first 5 DSS referred, child medical evaluations reviewed by a CMEP Pediatric Quality Consultant. Providers will remain in provisional status until the CMEP Pediatric Quality Consultant determines that they have made consistent and satisfactory advancements in the quality of their evaluations and documentation.
- Each CMEP rostered provider will have at least 2 evaluations reviewed each year by a CMEP Pediatric Quality Consultant after their first year of enrollment with the program.
- Should quality concerns be identified, CMEP will develop a progress improvement plan in collaboration with the medical provider on a case-by-case basis.

SERVICE PROVISION

A Child Medical Evaluation (CME) is a medical evaluation in which the service is provided by a qualified physician, nurse practitioner or physician assistant rostered with CMEP. A CME is provided at the request of a county child welfare agency or the Division of Child Development and Early Education (DCDEE) during the provision of an active investigation/assessment due to concerns for child maltreatment. Medical providers rostered with CMEP agree to perform such evaluations under the following terms:

1. Medical providers shall evaluate children referred and authorized by the county child welfare agency or DCDEE without regard to race, color, religion, national origin, or payment source and render the same quality of services to these recipients as would be rendered to private individuals.
2. Services may be provided in a number of different settings (outpatient child maltreatment evaluation clinics, child advocacy centers, medical provider offices).
3. Medical providers who are non-UNC Employees will need to maintain independent malpractice insurance.
4. A CMEP Consent Form (DSS 5143) shall verify legal guardian & county authorization requesting the evaluation. This is to be completed by the county child welfare/DCDEE worker prior to the examination. It is the responsibility of the worker to ensure that appropriate consent has been obtained.¹
5. Medical providers shall encourage a representative of the county child welfare agency/DCDEE and the child's parents or legal guardians, excluding caretaker(s) potentially responsible for abusive acts, to accompany the child during the evaluation.
6. Medical providers shall review family and social history and document pertinent medical history, developmental and behavioral history, and information related to suspected maltreatment as provided by the county child welfare agency/DCDEE, the caretaker interview, and the child interview.²
7. Medical providers shall perform a complete physical examination and provide documentation of apparent injuries or visible medical conditions indicative of abuse or neglect. Documentation should be provided in written form and should be illustrated by use of body diagrams and/or digital photographic injuries (strongly encouraged to have

¹ Please reference [G.S. 7B-505.1 Consent for medical care for a juvenile placed in non-secure custody of a department of social services](#)

² Please reference [Medicaid and Health Choice Clinical Coverage Policy No: 1A-5](#)

- these for illustration in legal proceedings, continuous quality improvement and consultation as needed).
8. Medical providers are expected to perform medical evaluations, authorize the performance of diagnostic testing and develop treatment recommendations in accordance with recommended best practices on the medical evaluation of child maltreatment, such as from the American Academy of Pediatrics. Providers are encouraged to reference the resources cited at <https://www.med.unc.edu/cmep/>.
 9. Medical providers shall arrange a case conference when appropriate, that includes an interdisciplinary team of health care professionals and community agency representatives for the purposes of coordinating care when there is suspected maltreatment.
 10. CME reports shall be sent to the requesting agency within 3 weeks after completion of the evaluation unless agreed upon with the referring agency.
 11. The CME report (to include photographs) is a part of the confidential CPS record. The child welfare agency that requested the CME is the entity responsible for determining to whom the report should be released.
 12. All CME documentation including CMEP Consent Form (DSS 5143), NC CMEP Medical Report, Child Medical Evaluation Checklist (DMA-1061), Case Conference Report Form (if applicable) and photographs will be sent to CMEP for reimbursement and CQI purposes.³
 13. Providers are strongly encouraged to self-identify an advanced medical consultant who is available to provide a review of physical exam findings in a timely fashion. If providers expect the CMEP office to assist with review of abnormal physical findings, they must contact the CMEP office in advance to understand time limitations and expectations.

REIMBURSEMENT CRITERIA

NC Division of Social Services (DSS) administers CMEP through a contractual arrangement with the University of North Carolina at Chapel Hill School of Medicine and is funded with a combination of federal and state funds. CMEP determines eligibility for payment of services by DSS and assurance to Medicaid that the service meets reimbursement criteria. Program funds are intended only for diagnosis - treatment is not covered by the program. Fees for diagnostic tests shall be reimbursed at the standard Medicaid rates, regardless of payment source. **Additional fees for services are not imposed upon clients eligible for these services** and acceptance of a referral from a county child welfare agency or DCDEE constitutes the acceptance of this agreement under State and Department of Human Resources contract policies.

CMEP must receive the following documentation to process claims for reimbursement:

- Claim Form (CMS 1500)
- CMEP Consent Form (DSS 5143)
- NC CMEP Medical Report
- Checklist for CME Reporting (DMA-1061), Medicaid Only
- Case Conference Report Form (if applicable)

Medicaid/Health Choice Reimbursements

³ Please refer to billing instructions detailed at <https://www.med.unc.edu/cmep/>

Rostered CMEP providers can receive reimbursement for office consultation provided during a CME to a patient whose **primary** insurance is Medicaid/Health Choice using CPT code 99499. Providers must submit all required documentation to CMEP, which verifies that components of the service have been met and sends the claim and signed DMA 10-16 to Medicaid/Health Choice for processing.

Claims for reimbursement of services not covered by CPT code 99499 should be submitted directly to Medicaid/Health Choice.

CMEP/NC DSS Reimbursements

Medical providers rostered with CMEP can receive reimbursement for services provided to patients without insurance or with private insurance. This includes patients who have Medicaid/Health Choice as a secondary insurance. Fees for diagnostic tests not covered by CPT code 99499 will be reimbursed at the standard Medicaid rates, regardless of payment source.

NC DSS will pay for claims up to 60 days past the date of service.

Please see the attached document *CMEP Service Options, Descriptions, Requirements and CPT Code Options*, for guidance in filing claims for reimbursement by NC DSS.

Third Party Claims

It is the provider's responsibility to ensure that CMEP receives third party claims for diagnostic testing if CMEP is to reimburse for the service. CMEP does not maintain agreements with third party providers.