

F. BILLING FOR SERVICES TO CHILDREN IN STATE-SUPERVISED CARE

A child in State-supervised care is a child in the care and custody of a State agency as a result of a court order or voluntary placement agreement, including but not limited to children that are:

- Under the supervision of the Department of Juvenile Services
- In kinship or foster care under the Department of Human Resources
- In residential treatment centers or psychiatric hospitals for the first 30 days after admission.

All children in State supervised care can be enrolled in a Managed Care Organization (MCO).¹ Children newly eligible for Medical Assistance will have Fee-for-Service (FFS) coverage until enrolled in a MCO. An initial examination must be completed with care by a Maryland Healthy Kids Program (EPSDT) certified provider preferably prior to or within 24 hours of removal, but no later than 5 days of removal.²

If the child already has Medicaid and is enrolled in a MCO, bill the MCO for the initial examination. The child's MCO is required to permit a self-referral of a child in State-supervised care for an initial examination and is obligated to pay for all portions of the examination to out-of-network providers except for the mental health screen within 30 days of rendering service. However, in-network MCO providers other than the child's designated Primary Care Provider (PCP) must obtain MCO authorization before rendering this service.

If the child has Medicaid, but is not in a MCO, bill FFS Medicaid for the initial examination. If Department of Human Resources has not yet issued a MA number for the child, work with the caseworker to obtain the number and then bill FFS Medicaid.

Eligible providers should bill using the age appropriate preventive CPT code with **modifier-32** (Mandated Services) for the initial examination and any other procedures provided during this visit. When this modifier is used, MCOs will be obligated to pay for all portions of the EPSDT examination. Providers should use modifier "32" for initial visits only. Refer to the Table on the next page to bill for age appropriated preventative CPT codes in conjunction with modifier "32".

¹ See Department of Human Resource. (2014). Policy #: SSA-CW#14-17.

² *Ibid.*

Table 3: Preventive Medicine CPT Codes with 32 Modifier		
Procedure	CPT Code	Modifier
<i>Comprehensive Preventive Medicine (New Patient)</i>		
New patient 0 – 11 months	99381	32
New patient 1 – 4 years	99382	32
New patient 5 – 11 years	99383	32
New patient 12 – 17 years	99384	32
New patient 18 – 39 years	99385	32
<i>Comprehensive Preventive Medicine (Established Patient)</i>		
Established patient 0 – 11 months	99391	32
Established patient 1 – 4 years	99392	32
Established patient 5 – 11 years	99393	32
Established patient 12 – 17 years	99394	32
Established patient 18 – 39 years	99395	32

Contact the staff specialist for **Children’s Services** for additional information at **410-767-1836**.