

**DIAGNOSTIC  
EXAMINATION FEE  
SCHEDULE**

The medical services listed in this schedule may be authorized by local office staff. If payment exceeds the amount listed in the fee schedule, a **Y** (for yes) must be entered in the EXC IND (exception indicator) field on the FEMR medical add transaction on CIMS.

**The department will NOT pay for a missed appointment. Advise the client to contact the physician in advance to reschedule an appointment. The DHS-800, Medical Appointment Confirmation Notice, informs the client to contact the physician in advance to reschedule the appointment.**

**Key for Program  
and Reason Codes**

Use the following key to determine the appropriate medical services program pay code and reason code when authorizing payment.

**Program Pay Code**

|                                       |                                          |
|---------------------------------------|------------------------------------------|
| C = Family Independence Program (FIP) | V = Children's Foster Care (CFC)         |
| F = Food Assistance Program (FAP)     | W = Bureau of Juvenile Justice (BJJ)     |
| I = Refugee Assistance Program (RAP)  | X = Children's Protective Services (CPS) |
| L,M,N,O,P,Q = Medicaid Programs       | Y = Preventive Svcs for Families (PSF)   |
| S = State Disability Assistance (SDA) | Z = Adult Protective Services (APS)      |

**Reason Code**

|                                          |                                        |
|------------------------------------------|----------------------------------------|
| A = Adult Protective Services (APS)      | H = MA Residence Exam                  |
| B = Children's Protective Services (CPS) | I = Child Support Exam                 |
| C = Incapacity/Disability                | J = Preventive Svcs for Families (PSF) |
| D = DSS-Employment Related               | K = Children's Foster Care (CFC)       |
| G - Unborn Pregnancy Exam                | L = Bureau of Juvenile Justice (BJJ)   |

**Note: The RSN/SV code field on the FEMR medical add screen is completed by using a one digit reason code in the first position followed by a two digit service code.**

**SECTION I -  
PHOTOCOPYING,  
COMPLETION OF  
DHS FORMS AND  
GENERAL MEDICAL  
EXAM**

- A. Photocopies** - Copies of existing medical evidence from client's treating physician (e.g., office notes, progress notes), hospital admitting and discharge summary, Workers Compensation medical records, other physical and mental health care providers.

| Program                                | Program Pay Code    | FEMR SERVICE CODE |              | Fee Maximum                                                                                             |
|----------------------------------------|---------------------|-------------------|--------------|---------------------------------------------------------------------------------------------------------|
|                                        |                     | Reason Code       | Service Code |                                                                                                         |
| Child Support                          | C, F, L, N, O, P, Q | I                 | 01           | <b>Only</b> if payment is requested. \$5.00 for 1st 5 pages. Additional pages .25 each. Maximum - \$100 |
| Disability Related                     | C, S, N, O, P       | C                 |              |                                                                                                         |
| DSS Employment Related                 | C                   | D                 |              |                                                                                                         |
| Adult Protective Services              | Z                   | A                 |              |                                                                                                         |
| Children's Protective Services (CPS)   | X                   | B                 |              |                                                                                                         |
| Preventive Services for Families (PSF) | Y                   | J                 |              |                                                                                                         |
| Children's Foster Care (CFC)           | V                   | K                 |              |                                                                                                         |
| Bureau of Juvenile Justice (BJJ)       | W                   | L                 |              |                                                                                                         |

\* Use Program Code F for cases active for both programs S & F.

- B. DHS-49, Medical Examination Report, DHS-49-D, Psychiatric/Psychological Examination Report, DHS-49-E, Mental Residual Functional Capacity Assessment or DHS-54-A, Medical Needs** - Physician (MD, DO or fully licensed psychologist) currently or recently treating client completes an DHS-49, DHS-49-D, DHS-49-E or DHS-54-A **from existing records.**

| Program            | Program Pay Code | FEMR SERVICE CODE |              | Fee Maximum |
|--------------------|------------------|-------------------|--------------|-------------|
|                    |                  | Reason Code       | Service Code |             |
| Disability Related | C, S, N, O, P    | C                 | 02           | \$12        |
| Employment Related | C                | D                 |              |             |
| MA Residence Exam  | M, O, P          | H                 |              |             |
| Pregnancy Exam     | C, L, N, O, P, Q | G                 |              |             |

\* Use program code F for cases active for both programs S & F.

- C. DHS49-I, Eye Examination Report** - Optometrist (OD) or Ophthalmologist (MD or DO) currently or recently having evaluated client's vision completes an DHS-49-I, Eye Examination Report, **from existing records.**

| Program            | Program Pay Code | FEMR SERVICE CODE |              | Fee Maximum |
|--------------------|------------------|-------------------|--------------|-------------|
|                    |                  | Reason Code       | Service Code |             |
| Disability Related | C, S, N, O, P    | C                 | 03           | \$12        |

- D. General Medical Examination** - For clients who have not had a recent physical exam (6 months or longer). The examination must include a thorough medical history and examination by a licensed physician (MD or DO). The report is to include a description of any clinical findings and any existing x-ray and laboratory results including diagnosis, prognosis and physical limitations, if any. **Requests for additional lab work and x-rays for disability related programs ONLY require prior authorization from the disability examiner (DE).**

**Note:**

| Program                         | Program Pay Code    | FEMR SERVICE CODE |              | Fee Maximum |
|---------------------------------|---------------------|-------------------|--------------|-------------|
|                                 |                     | Reason Code       | Service Code |             |
| Child Support                   | C, F, L, N, O, P, Q | I                 | 04           | \$35        |
| Disability Related              | C, S, N, O, P       | C                 |              |             |
| Pregnancy Exam                  | C, L, N, O, P, Q    | G                 |              |             |
| Adult Protective Services (APS) | Z                   | A                 |              |             |

\* Use Program Code F for cases active for both programs S & F.

## SECTION II - SPECIALITY EXAMS AND PRIOR AUTHORIZATION REQUIREMENTS

Examinations and payment for services listed in **Section II under the disability related program ONLY require prior authorization by the disability examiner.** Documentation necessary to establish eligibility for SSI/SSDI may also be requested and payment authorized by the MA/SSI advocate in accordance with this fee schedule.

- A. Optometrist Examination (OD)** - Must include visual acuity, refraction, charted visual fields and completion of the DHS-49-I, Eye Examination Report. **Note:** For CPS and PSF **only**, a written eye examination report is required instead of the DHS-49-I.

| Program                                | Program Pay Code | FEMR SERVICE CODE |              | Fee Maximum | Prior Authorization |
|----------------------------------------|------------------|-------------------|--------------|-------------|---------------------|
|                                        |                  | Reason Code       | Service Code |             |                     |
| Disability Related                     | C, S, N, O, P    | C                 | 05           | \$35        | X                   |
| Adult Protective Services (APS)        | Z                | A                 |              |             |                     |
| Children's Protective Services (CPS)   | X                | B                 |              |             |                     |
| Preventive Services for Families (PSF) | Y                | J                 |              |             |                     |

**B. Psychological Evaluation (Clinical)** - A standardized clinical study, to include IQ (WAIS-R) and projective tests, such as M.M.P.I., Bender-Gestalt, Draw-a-Person, Rorschach, etc. Include interpretation of results, interview observations and recommendations.

| Program                         | Program Pay Code | FEMR SERVICE CODE |              | Fee Maximum | Prior Authorization |
|---------------------------------|------------------|-------------------|--------------|-------------|---------------------|
|                                 |                  | Reason Code       | Service Code |             |                     |
| Child Support                   | C,F L,N,O,P,Q    | I                 | 06           | \$145       |                     |
| Disability Related              | C, S, N, O, P    | C                 |              |             | X                   |
| Adult Protective Services (APS) | Z                | A                 |              |             |                     |

**C. IQ TEST (WAIS-R) and narrative report**

| Program                         | Program Pay Code | FEMR SERVICE CODE |              | Fee Maximum | Prior Authorization |
|---------------------------------|------------------|-------------------|--------------|-------------|---------------------|
|                                 |                  | Reason Code       | Service Code |             |                     |
| Disability Related              | C, S, N, O, P    | C                 | 07           | \$60        | X                   |
| MA Residence Exam               | M, O, P          | H                 |              |             |                     |
| Adult Protective Services (APS) | Z                | A                 |              |             |                     |

**SPECIALISTS EXAMINATIONS** - Comprehensive history and examination. Must include clinical findings, diagnoses and prognosis, functional limitations or restrictions, if any, and recommendations. No therapy or treatment. Reports from specialists are required to be in narrative form except ophthalmologist's reports which may be completed on a DHS-49I, Eye Examination Report, and a psychiatrist's report which may be completed on a DHS-49D, Psychiatric/Psychological Examination Report.

**D. Specialty - Cardiologist, Internist, Neurologist, Orthopedist, Psychiatrist, Rheumatologist, Pulmonologist, Physiatrist:**

| Program                         | Program Pay Code | FEMR SERVICE CODE |              | Fee Maximum | Prior Authorization |
|---------------------------------|------------------|-------------------|--------------|-------------|---------------------|
|                                 |                  | Reason Code       | Service Code |             |                     |
| Disability Related              | C, S, N, O, P    | C                 | 08           | \$95        | X                   |
| MA Residence Exam               | M, O, P          | H                 |              |             |                     |
| Adult Protective Services (APS) | Z                | A                 |              |             |                     |

**E. Specialists not otherwise listed - (e.g., Dermatologist, Ophthalmologist, Otolaryngologist):**

| Program                         | Program Pay Code | FEMR SERVICE CODE |              | Fee Maximum | Prior Authorization |
|---------------------------------|------------------|-------------------|--------------|-------------|---------------------|
|                                 |                  | Reason Code       | Service Code |             |                     |
| Disability Related              | C, S, N, O, P    | C                 | 09           | \$85        | X                   |
| Adult Protective Services (APS) | Z                | A                 |              |             |                     |

**F. Neuropsychological Evaluations** - Test battery used for clients with neurologically-based conditions such as: stroke, head injury, cerebral palsy and complex learning disabilities, etc. It includes measures of fatigue, intelligence, language, memory, orientation, perception and personality.

| Program                         | Program Pay Code | FEMR SERVICE CODE |              | Fee Maximum | Prior Authorization |
|---------------------------------|------------------|-------------------|--------------|-------------|---------------------|
|                                 |                  | Reason Code       | Service Code |             |                     |
| Disability Related              | C, S, N, O, P    | C                 | 10           | \$500       | X                   |
| Adult Protective Services (APS) | Z                | A                 |              |             |                     |

**G. Work Skills Evaluation** - Evaluation to determine degree of physical/functional abilities. (**One day session only.**)

| Program            | Program Pay Code | FEMR SERVICE CODE |              | Fee Maximum | Prior Authorization |
|--------------------|------------------|-------------------|--------------|-------------|---------------------|
|                    |                  | Reason Code       | Service Code |             |                     |
| Disability Related | C, S, N, O, P    | C                 | 11           | \$300       | X                   |

**CLINICAL EXAMINATIONS****H. Resting ECG** (electrocardiogram) with interpretation and report.

| Program                         | Program Pay Code | FEMR SERVICE CODE |              | Fee Maximum | Prior Authorization |
|---------------------------------|------------------|-------------------|--------------|-------------|---------------------|
|                                 |                  | Reason Code       | Service Code |             |                     |
| Disability Related              | C, S, N, O, P    | C                 | 12           | \$30        | X                   |
| Adult Protective Services (APS) | Z                | A                 |              |             |                     |

**I. ECG with Exercise Treadmill** with interpretation and report.

| Program                         | Program Pay Code | FEMR SERVICE CODE |              | Fee Maximum | Prior Authorization |
|---------------------------------|------------------|-------------------|--------------|-------------|---------------------|
|                                 |                  | Reason Code       | Service Code |             |                     |
| Disability Related              | C, S, N, O, P    | C                 | 13           | \$170       | X                   |
| Adult Protective Services (APS) | Z                | A                 |              |             |                     |

**J. EEG** (Electroencephalogram) with interpretation and report.

| Program                         | Program Pay Code | FEMR SERVICE CODE |              | Fee Maximum | Prior Authorization |
|---------------------------------|------------------|-------------------|--------------|-------------|---------------------|
|                                 |                  | Reason Code       | Service Code |             |                     |
| Disability Related              | C, S, N, O, P    | C                 | 14           | \$85        | X                   |
| Adult Protective Services (APS) | Z                | A                 |              |             |                     |

**K. EMG** (Electromyograph) with interpretation and report, **one extremity**.

| Program                         | Program Pay Code | FEMR SERVICE CODE |              | Fee Maximum | Prior Authorization |
|---------------------------------|------------------|-------------------|--------------|-------------|---------------------|
|                                 |                  | Reason Code       | Service Code |             |                     |
| Disability Related              | C, S, N, O, P    | C                 | 15           | \$90        | X                   |
| Adult Protective Services (APS) | Z                | A                 |              |             |                     |

**Each added extremity**

| Program                         | Program Pay Code | FEMR SERVICE CODE |              | Fee Maximum | Prior Authorization |
|---------------------------------|------------------|-------------------|--------------|-------------|---------------------|
|                                 |                  | Reason Code       | Service Code |             |                     |
| Disability Related              | C, S, N, O, P    | C                 | 16           | \$30        | X                   |
| Adult Protective Services (APS) | Z                | A                 |              |             |                     |

**L. PFT** (Pulmonary Function Test) Before and after, with bronchodilator. Must be ordered according to the specific pulmonary condition as described in Social Security disability criteria under respiratory impairments.

| Program                         | Program Pay Code | FEMR SERVICE CODE |              | Fee Maximum | Prior Authorization |
|---------------------------------|------------------|-------------------|--------------|-------------|---------------------|
|                                 |                  | Reason Code       | Service Code |             |                     |
| Disability Related              | C, S, N, O, P    | C                 | 17           | \$75        | X                   |
| Adult Protective Services (APS) | Z                | A                 |              |             |                     |

**X-RAYS AND LABORATORY STUDIES** - Only as necessary and appropriate.

**M. X-rays and Laboratory Studies**

| Program                                | Program Pay Code | FEMR SERVICE CODE |              | Fee Maximum | Prior Authorization |
|----------------------------------------|------------------|-------------------|--------------|-------------|---------------------|
|                                        |                  | Reason Code       | Service Code |             |                     |
| Disability Related                     | C, S, N, O, P    | C                 | 18           | \$350       | X                   |
| Adult Protective Services (APS)        | Z                | A                 |              |             |                     |
| Children's Foster Care (CFC)           | V                | K                 |              |             |                     |
| Children's Protective Services (CPS)   | X                | B                 |              |             |                     |
| Bureau of Juvenile Justice (BJJ)       | W                | L                 |              |             |                     |
| Preventive Services for Families (PSF) | Y                | J                 |              |             |                     |

**N. CAT Scan**

| Program                                | Program Pay Code | FEMR SERVICE CODE |              | Fee Maximum | Prior Authorization |
|----------------------------------------|------------------|-------------------|--------------|-------------|---------------------|
|                                        |                  | Reason Code       | Service Code |             |                     |
| Disability Related                     | C, S, N, O, P    | C                 | 19           | \$500       | X                   |
| Adult Protective Services (APS)        | Z                | A                 |              |             |                     |
| Children's Protective Services (CPS)   | X                | B                 |              |             |                     |
| Preventive Services for Families (PSF) | Y                | J                 |              |             |                     |

**O. MRI (without contrast)**

| Program                                | Program Pay Code | FEMR SERVICE CODE |              | Fee Maximum | Prior Authorization |
|----------------------------------------|------------------|-------------------|--------------|-------------|---------------------|
|                                        |                  | Reason Code       | Service Code |             |                     |
| Disability Related                     | C, S, N, O, P    | C                 | 20           | \$700       | X                   |
| Adult Protective Services (APS)        | Z                | A                 |              |             |                     |
| Children's Protective Services (CPS)   | X                | B                 |              |             |                     |
| Preventive Services for Families (PSF) | Y                | J                 |              |             |                     |

**P. Other medical services not listed in the schedule.**

| Program                                | Program Pay Code | FEMR SERVICE CODE |              | Fee Maximum |
|----------------------------------------|------------------|-------------------|--------------|-------------|
|                                        |                  | Reason Code       | Service Code |             |
| Disability Related                     | C, S, N, O, P    | C                 | 21           | \$0         |
| DSS-Employment Related                 | C                | D                 |              |             |
| Adult Protective Services              | Z                | A                 |              |             |
| Children's Protective Services (CPS)   | X                | B                 |              |             |
| Preventive Services for Families (PSF) | Y                | J                 |              |             |
| Children's Foster Care (CFC)           | V                | K                 |              |             |
| Bureau of Juvenile Justice (BJJ)       | W                | L                 |              | \$300       |

\* Use program code F for cases active for both programs S & F.

**SECTION III -  
EMPLOYMENT  
RELATED SPECIFIC  
IMMUNIZATIONS  
AND TESTS**

The following medical services apply specifically to employment related services required as a condition of employment or training:

| Program                | Program Pay Code               | FEMR SERVICE CODE |              | Fee Maximum |
|------------------------|--------------------------------|-------------------|--------------|-------------|
|                        |                                | Reason Code       | Service Code |             |
| DSS-Employment Related | C, L, N, Q, CDC and FAP Family | D                 | 22           | \$100       |

\* Use program code F for cases active for both programs S & F.

**SECTION IV - APS  
SPECIFIC EXAM**

The following medical services apply specifically to Adult Protective Services:

**A. Geriatric Assessment**

| Program                         | Program Pay Code | FEMR SERVICE CODE |              | Fee Maximum |
|---------------------------------|------------------|-------------------|--------------|-------------|
|                                 |                  | Reason Code       | Service Code |             |
| Adult Protective Services (APS) | Z                | A                 | 27           | \$500       |

## SECTION V - CPS AND PSF SPECIFIC EXAMS

The following medical services apply specifically to children's protective services and preventive services for families:

- A. General Medical Examination and Evaluation** - In cases of suspected child abuse or neglect, the examination must determine, from a medical standpoint, how the alleged injury or condition may have occurred, and whether it could have resulted from other than accidental means. Findings must be documented. See Children's Protective Services Manual Item 713-4, section titled Medical Examination and Assessment, for more complete details. **Lab work, x-rays or other diagnostic procedures require an additional authorization invoice (DHS-93).**

| Program                                | Program Pay Code | FEMR SERVICE CODE |              | Fee Maximum |
|----------------------------------------|------------------|-------------------|--------------|-------------|
|                                        |                  | Reason Code       | Service Code |             |
| Children's Protective Services (CPS)   | X                | B                 | 28           | \$200       |
| Preventive Services for Families (PSF) | Y                | J                 |              |             |

- B. Child Sexual Abuse Examination** - In cases of suspected child sexual abuse a physical examination and evaluation must be completed along with an interview and collection of forensic evidence. **Lab work, x-rays or other diagnostic procedures require an additional authorization invoice (DHS-93).**

| Program                                | Program Pay Code | FEMR SERVICE CODE |              | Fee Maximum |
|----------------------------------------|------------------|-------------------|--------------|-------------|
|                                        |                  | Reason Code       | Service Code |             |
| Children's Protective Services (CPS)   | X                | B                 | 29           | \$200       |
| Preventive Services for Families (PSF) | Y                | J                 |              |             |

**C. Second Opinions (General Medical Examination or Child Sexual Abuse Examination)** - May be authorized in cases where the worker has serious concerns about the medical findings of the initial examination.

| Program                                | Program Pay Code | FEMR SERVICE CODE |              | Fee Maximum |
|----------------------------------------|------------------|-------------------|--------------|-------------|
|                                        |                  | Reason Code       | Service Code |             |
| Children's Protective Services (CPS)   | X                | B                 | 30           | \$300       |
| Preventive Services for Families (PSF) | Y                | J                 |              |             |

**SECTION VI - ALL CHILDREN'S SERVICES SPECIFIC EXAMS**

The following medical services apply to children's foster care, children's protective services, bureau of juvenile justice and preventive services for families:

**A. Psychiatric Evaluation** - Comprehensive evaluation for parent(s), caretaker(s) or child(ren) including results of:

- Individual testing.
- Clinical interviews.
- Writing the report.
- Recommendation for treatment for each report.

| Program                                | Program Pay Code | FEMR SERVICE CODE |              | Fee Maximum      |
|----------------------------------------|------------------|-------------------|--------------|------------------|
|                                        |                  | Reason Code       | Service Code |                  |
| Children's Foster Care (CFC)           | V                | K                 | 31           | \$700 per person |
| Children's Protective Services (CPS)   | X                | B                 |              |                  |
| Bureau of Juvenile Justice (BJJ)       | W                | L                 |              |                  |
| Preventive Services for Families (PSF) | Y                | J                 |              |                  |



**B. Substance Abuse Laboratory Screening - Tests must be billed separately.**

| Program                                | Program Pay Code | FEMR SERVICE CODE |              | Fee Maximum |
|----------------------------------------|------------------|-------------------|--------------|-------------|
|                                        |                  | Reason Code       | Service Code |             |
| Children's Foster Care (CFC)           | V                | K                 | 32           | \$70        |
| Children's Protective Services (CPS)   | X                | B                 |              |             |
| Bureau of Juvenile Justice (BJJ)       | W                | L                 |              |             |
| Preventive Services for Families (PSF) | Y                | J                 |              |             |

**C. Substance Abuse Assessment - Evaluation and/or recommendation for treatment.**

| Program                                | Program Pay Code | FEMR SERVICE CODE |              | Fee Maximum |
|----------------------------------------|------------------|-------------------|--------------|-------------|
|                                        |                  | Reason Code       | Service Code |             |
| Children's Foster Care (CFC)           | V                | K                 | 33           | \$60        |
| Children's Protective Services (CPS)   | X                | B                 |              |             |
| Bureau of Juvenile Justice (BJJ)       | W                | L                 |              |             |
| Preventive Services for Families (PSF) | Y                | J                 |              |             |

**D. Psychological Evaluation -**

| Program                                | Program Pay Code | FEMR SERVICE CODE |              | Fee Maximum      |
|----------------------------------------|------------------|-------------------|--------------|------------------|
|                                        |                  | Reason Code       | Service Code |                  |
| Children's Foster Care (CFC)           | V                | K                 | 34           | \$300 per person |
| Children's Protective Services (CPS)   | X                | B                 |              |                  |
| Bureau of Juvenile Justice (BJJ)       | W                | L                 |              |                  |
| Preventive Services for Families (PSF) | Y                | J                 |              |                  |

**SECTION VII - DNA  
GENE CODING FOR  
BJJ**

Allows for the blood drawing **ONLY** needed to perform DNA gene coding testing for juvenile justice service programs. DNA gene coding testing **IS NOT** a covered service under this process.

| Program                          | Program Pay Code | FEMR SERVICE CODE |              | Fee Maximum |
|----------------------------------|------------------|-------------------|--------------|-------------|
|                                  |                  | Reason Code       | Service Code |             |
| Bureau of Juvenile Justice (BJJ) | W                | L                 | 35           | \$40        |

**EXHIBIT I - DHS-93-A QUICK REFERENCE CHART****MEDICAL SERVICES AUTHORIZATION PAYMENT CODES**

| Program Pay Code | FEMR SERV CODE |              | MPS Provider Elig. Code | SERVICE CODE DESCRIPTION<br><br>Note: A more complete description may be found in:<br><ul style="list-style-type: none"> <li>• Reference Tables (RFT) Item 285.</li> <li>• Services Requirements Manual (SRM) Item 234.</li> </ul> | Payment Maximum | *MSWC Authorization Required |
|------------------|----------------|--------------|-------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------|
|                  | Reason Code    | Service Code |                         |                                                                                                                                                                                                                                    |                 |                              |
| C,S,N,O,P        | C              | 01           | 45,46                   | Photocopies                                                                                                                                                                                                                        | \$100           |                              |
| C,S,N,O,P        | C              | 02           | 45                      | Existing records - Physician (MD or DO)                                                                                                                                                                                            | \$12            |                              |
| C,S,N,O,P        | C              | 03           | 45                      | Existing records - Optometrist (OD) or Ophthalmologist (MD/DO)                                                                                                                                                                     | \$12            |                              |
| C,S,N,O,P        | C              | 04           | 45                      | General Medical Examination                                                                                                                                                                                                        | \$35            |                              |
| C,S,N,O,P        | C              | 05           | 45                      | Optometrist Exam (OD)                                                                                                                                                                                                              | \$35            | X                            |
| C,S,N,O,P        | C              | 06           | 45                      | Psychological Evaluation - Clinical                                                                                                                                                                                                | \$145           | X                            |
| C,S,N,O,P        | C              | 07           | 45                      | IQ Test (WAIS-R) only                                                                                                                                                                                                              | \$60            | X                            |
| C,S,N,O,P        | C              | 08           | 45                      | Specialty Exams                                                                                                                                                                                                                    | \$95            | X                            |
| C,S,N,O,P        | C              | 09           | 45                      | Specialist not otherwise listed                                                                                                                                                                                                    | \$85            | X                            |
| C,S,N,O,P        | C              | 10           | 45                      | Neuropsychological Evaluations                                                                                                                                                                                                     | \$500           | X                            |
| C,S,N,O,P        | C              | 11           | 45                      | Work Skills Evaluation (One Day session only)                                                                                                                                                                                      | \$300           | X                            |
| C,S,N,O,P        | C              | 12           | 45                      | Resting ECG (electrocardiogram)                                                                                                                                                                                                    | \$30            | X                            |
| C,S,N,O,P        | C              | 13           | 45                      | ECG with exercise treadmill                                                                                                                                                                                                        | \$170           | X                            |
| C,S,N,O,P        | C              | 14           | 45                      | EEG (electroencephalogram)                                                                                                                                                                                                         | \$85            | X                            |
| C,S,N,O,P        | C              | 15           | 45                      | EMG (electromyograph) - one extremity                                                                                                                                                                                              | \$90            | X                            |
| C,S,N,O,P        | C              | 16           | 45                      | Each added extremity                                                                                                                                                                                                               | \$30            | X                            |

|                                                                        |   |    |       |                                                                          |       |   |
|------------------------------------------------------------------------|---|----|-------|--------------------------------------------------------------------------|-------|---|
| C,S,N,O,P                                                              | C | 17 | 45    | PFT (Pulmonary Function Test) -<br>Before and after, with bronchodilator | \$75  | X |
| C,S,N,O,P                                                              | C | 18 | 45    | X-rays and Laboratory Studies                                            | \$350 | X |
| C,S,N,O,P                                                              | C | 19 | 45    | CAT Scan                                                                 | \$500 | X |
| C,S,N,O,P                                                              | C | 20 | 45    | MRI without contrast                                                     | \$700 | X |
| C,S,N,O,P                                                              | C | 21 | 45    | Other                                                                    | \$0   |   |
| C                                                                      | D | 01 | 45,46 | DSS-Employment Related -<br>Photocopies                                  | \$100 |   |
| C                                                                      | D | 02 | 45    | DSS-Employment Related - Existing<br>Records                             | \$12  |   |
| C                                                                      | D | 21 | 45    | DSS-Employment Related - Other                                           | \$0   |   |
| C L, N, Q,<br>CDC, FAP<br>Family                                       | D | 22 | 45    | DSS-Employment Related -<br>Immunizations & Lab Tests                    | \$100 |   |
| * Use Program code F for cases that are active for both programs S & F |   |    |       |                                                                          |       |   |
| C,L,N,O,P,<br>Q                                                        | G | 02 | 45    | Pregnancy Exam - Existing records                                        | \$12  |   |
| C,L,N,O,P,<br>Q                                                        | G | 04 | 45    | Pregnancy Exam - Medical exam                                            | \$35  |   |
| M,O,P                                                                  | H | 02 | 45    | MA Residence Exam - Existing<br>records                                  | \$12  |   |
| M,O,P                                                                  | H | 07 | 45    | MA Residence Exam - I. Q. only                                           | \$60  |   |
| M,O,P                                                                  | H | 08 | 45    | MA Residence Exam - Psychiatric                                          | \$95  |   |
| C,F,L,N,O,<br>P,Q                                                      | I | 01 | 45,46 | Child Support - Photocopies                                              | \$100 |   |
| C,F,L,N,O,<br>P,Q                                                      | I | 04 | 45    | Child Support - Medical Exam                                             | \$35  |   |
| C,F,L,N,O,<br>P,Q                                                      | I | 06 | 45    | Child Support - Psychological                                            | \$145 |   |

**Medical Services Code Key:**

| <b>Program Pay Code</b>               | <b>Reason Code</b>     | <b>Provider Eligibility Code</b> |
|---------------------------------------|------------------------|----------------------------------|
| C = Family Independence Program (FIP) | C = Disability Related | 45 = Medical Provider            |
| F = Food Assistance Program (FAP)     | D = Employment Related | 46 = Photocopying                |
| I = Refugee Assistance Program (RAP)  | G = Pregnancy Exam     |                                  |
| L,M,N,O,P,Q = Medicaid Programs       | H = MA Residence Exam  | <b>Issuance Code</b>             |
| S = State Disability Assistance (SDA) | I = Child Support Exam | 1 = Online Payment               |

**EXHIBIT II - DHS-93 QUICK REFERENCE CHART FOR APS AND CFC****MEDICAL SERVICES AUTHORIZATION PAYMENT CODES FOR ADULT PROTECTIVE SERVICES AND CHILDREN'S FOSTER CARE**

| Program Pay Code | FEMR SERV CODE |              | MPS Provider Elig. Code | SERVICE CODE DESCRIPTION<br><br>A more complete description may be found in Services Requirements Manual (SRM) Item 234. | Payment Maximum |
|------------------|----------------|--------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------|
|                  | Reason Code    | Service Code |                         |                                                                                                                          |                 |
| Z                | A              | 01           | 45,46                   | APS Photocopies                                                                                                          | \$100           |
| Z                | A              | 04           | 45                      | APS General Medical Examination                                                                                          | \$35            |
| Z                | A              | 05           | 45                      | APS Optometrist Exam (OD)                                                                                                | \$35            |
| Z                | A              | 06           | 45                      | APS Psychological Evaluation - Clinical                                                                                  | \$145           |
| Z                | A              | 07           | 45                      | APS IQ Test (WAIS-R) only                                                                                                | \$60            |
| Z                | A              | 08           | 45                      | APS Specialty Exams                                                                                                      | \$95            |
| Z                | A              | 09           | 45                      | APS Specialist not otherwise listed                                                                                      | \$85            |
| Z                | A              | 10           | 45                      | APS Neuropsychological Evaluations                                                                                       | \$500           |
| Z                | A              | 12           | 45                      | APS APS Resting ECG (electrocardiogram)                                                                                  | \$30            |
| Z                | A              | 13           | 45                      | APS ECG with exercise treadmill                                                                                          | \$170           |
| Z                | A              | 14           | 45                      | APS EEG (electroencephalogram)                                                                                           | \$85            |
| Z                | A              | 15           | 45                      | APS EMG (electromyograph) - one extremity                                                                                | \$90            |
| Z                | A              | 16           | 45                      | APS Each added extremity                                                                                                 | \$30            |
| Z                | A              | 17           | 45                      | APS PFT (Pulmonary Function Test) - Before and after, with bronchodilator                                                | \$75            |
| Z                | A              | 18           | 45                      | APS X-rays and Laboratory Studies                                                                                        | \$350           |
| Z                | A              | 19           | 45                      | APS CAT Scan                                                                                                             | \$500           |
| Z                | A              | 20           | 45                      | APS MRI without contrast                                                                                                 | \$700           |
| Z                | A              | 21           | 45                      | APS Other                                                                                                                | \$0             |
| Z                | A              | 27           | 45                      | APS Geriatric Assessment                                                                                                 | \$500           |

|   |   |    |       |                                   |       |
|---|---|----|-------|-----------------------------------|-------|
| V | K | 01 | 45,46 | CFC Photocopies                   | \$100 |
| V | K | 18 | 45    | CFC x-rays and Laboratory Studies | \$350 |
| V | K | 21 | 45    | CFC Other                         | \$0   |
| V | K | 31 | 45    | CFC Psychiatric Evaluation        | \$700 |
| V | K | 32 | 45    | CFC Substance Abuse Screening     | \$70  |
| V | K | 33 | 45    | CFC Substance Abuse Assessment    | \$60  |
| V | K | 34 | 45    | CFC Psychological Evaluation      | \$300 |

**Medical Services Code Key:**

| <b>Program Pay Code</b>                    | <b>Reason Code</b>                         | <b>Provider Eligibility Code</b> |
|--------------------------------------------|--------------------------------------------|----------------------------------|
| V = Children's Foster Care (CFC)           | A = Adult Protective Services (APS)        | 45 = Medical Provider            |
| W = Bureau of Juvenile Justice (BJJ)       | B = Children's Protective Services (CPS)   | 46 = Photocopying                |
| X = Children's Protective Services (CPS)   | J = Preventive Services for Families (PSF) |                                  |
| Y = Preventive Services for Families (PSF) | K = Children's Foster Care (CFC)           | <b>Issuance Code</b>             |
| Z = Adult Protective Services (APS)        | L = Bureau of Juvenile Justice (BJJ)       | 1 = Online Payment               |

**EXHIBIT III - DHS-93 QUICK REFERENCE CHART FOR CFC, CPS, BJJ AND PSF****MEDICAL SERVICES AUTHORIZATION PAYMENT CODES FOR CHILDREN'S PROTECTIVE SERVICES, Bureau of Juvenile Justice AND PREVENTIVE SERVICES FOR FAMILIES**

| Program Pay Code | FEMR SERV CODE |              | MPS Provider Elig. Code | SERVICE CODE DESCRIPTION<br><br>A more complete description may be found in Services Requirements Manual (SRM) Item 234. | Payment Maximum |
|------------------|----------------|--------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------|
|                  | Reason Code    | Service Code |                         |                                                                                                                          |                 |
| X                | B              | 01           | 45,46                   | CPS Photocopies                                                                                                          | \$100           |
| X                | B              | 05           | 45                      | CPS Optometrist Exam                                                                                                     | \$35            |
| X                | B              | 18           | 45                      | CPS x-rays and Laboratory Studies                                                                                        | \$350           |
| X                | B              | 19           | 45                      | CPS CAT Scan                                                                                                             | \$500           |
| X                | B              | 20           | 45                      | CPS MRI without contrast                                                                                                 | \$700           |
| X                | B              | 21           | 45                      | CPS Other                                                                                                                | \$0             |
| X                | B              | 28           | 45                      | CPS Medical Examination and Evaluation                                                                                   | \$200           |
| X                | B              | 29           | 45                      | CPS Child Sexual Abuse Exam                                                                                              | \$200           |
| X                | B              | 30           | 45                      | CPS Second opinion, Medical or Child Sexual Abuse Exam                                                                   | \$300           |
| X                | B              | 31           | 45                      | CPS Psychiatric Evaluation                                                                                               | \$700           |
| X                | B              | 32           | 45                      | CPS Substance Abuse Screening                                                                                            | \$70            |
| X                | B              | 33           | 45                      | CPS Substance Abuse Assessment                                                                                           | \$60            |
| X                | B              | 34           | 45                      | CPS Psychological Evaluation                                                                                             | \$300           |
| W                | L              | 01           | 45,46                   | BJJ Photocopies                                                                                                          | \$100           |
| W                | L              | 18           | 45                      | BJJ x-rays and Laboratory Studies                                                                                        | \$350           |
| W                | L              | 21           | 45                      | BJJ Other                                                                                                                | \$300           |
| W                | L              | 31           | 45                      | BJJ Psychiatric Evaluation                                                                                               | \$700           |
| W                | L              | 32           | 45                      | BJJ Substance Abuse Screening                                                                                            | \$70            |

|   |   |    |       |                                                        |       |
|---|---|----|-------|--------------------------------------------------------|-------|
| W | L | 33 | 45    | BJJ Substance Abuse Assessment                         | \$60  |
| W | L | 34 | 45    | BJJ Psychological Evaluation                           | \$300 |
| W | L | 35 | 45    | BJJ Blood Drawing for DNA Gene Coding                  | \$40  |
| Y | J | 01 | 45,46 | PFS Photocopies                                        | \$100 |
| Y | J | 05 | 45    | PFS Optometrist Exam                                   | \$35  |
| Y | J | 18 | 45    | PFS x-rays and Laboratory Studies                      | \$350 |
| Y | J | 19 | 45    | PFS CAT Scan                                           | \$500 |
| Y | J | 20 | 45    | PFS MRI without contrast                               | \$700 |
| Y | J | 21 | 45    | PFS Other                                              | \$0   |
| Y | J | 28 | 45    | PFS Medical Examination and Evaluation                 | \$200 |
| Y | J | 29 | 45    | PFS Child Sexual Abuse Exam                            | \$200 |
| Y | J | 30 | 45    | PFS Second opinion, Medical or Child Sexual Abuse Exam | \$300 |
| Y | J | 31 | 45    | PFS Psychiatric Evaluation                             | \$700 |
| Y | J | 32 | 45    | PFS Substance Abuse Screening                          | \$70  |
| Y | J | 33 | 45    | PFS Substance Abuse Assessment                         | \$60  |
| Y | J | 34 | 45    | PFS Psychological Evaluation                           | \$300 |

**Medical Services Code Key:****Program Pay Code**

V = Children's Foster Care (CFC)

W = Bureau of Juvenile Justice (BJJ)

X = Children's Protective Services (CPS)

Y = Preventive Services for Families (PSF)

Z = Adult Protective Services (APS)

**Reason Code**

A = Adult Protective Services (APS)

B = Children's Protective Services (CPS)

J = Preventive Services for Families (PSF)

K = Children's Foster Care (CFC)

L = Bureau of Juvenile Justice (BJJ)

**Provider Eligibility Code**

45 = Medical Provider

46 = Photocopying

**Issuance Code**

1 = Online Payment

**JOINT POLICY  
DEVELOPMENT**

*Medicaid, Adult Medical Program (AMP) also known as Adult Benefit Waiver (ABW), Transitional Medical Assistance (TMA/TMA-Plus), and Maternity Outpatient Medical Services (MOMS) policy has been developed jointly by the Department of Community Health (DCH) and the Department of Human Services (DHS).*