Provider/External Stakeholder’s Questions
Clinical Policy 1A-5 Child Medical Evaluation and Medical Team Conference for Child Maltreatment

Comments from the NC Pediatric Society – June 2021

1. **What is important to your constituents/colleges in regard to this policy?**

Evaluating child and abuse and neglect is complex. NC is fortunate to have a Child Medical Evaluation Program that assures well-qualified experts are available to county Departments of Social Services seeking to make hard determinations about whether or not a child has been abused/neglected and should be removed from their family. (Different mechanism are used when the evaluation is requested by law enforcement, parents, etc.). The number of experts available to CMEP shrank over the years until the NC General Assembly sought to help address the problem by increasing the rate paid for these evaluations, which take substantial time and may necessitate testifying in court. NCDHHS created a special code – 99499 – and procedure for billing for this service and enhanced rate to assure that it is used as intended (for DSS referred evaluations to qualified experts). CMEP signs off on each evaluation that it meets certain criteria (such as being DSS referred and done by a rostered clinician.) Leadership from NCDHHS, CMEP, the Nc Pediatric Society and Prepaid Health Plans have been meeting to determine the best way to keep the child medical evaluation process strong as NC moves to managed care.

The NC Pediatric Society continues to note that an important simplification for this and all child related policies would be to align Medicaid and CHIP.

2. **Would you recommend any unit or other limitations to this service?**

3. **If this service should be limited to certain diagnosis, please include your recommendations with evidence to support the diagnosis that you have recommended.**

4. **Is there any additional evidence in medical literature on the procedure that you would like to present?**

5. **What criteria would you include in the policy to define the service and identify community standards of practice?**

3.2.1 should be revised to reflect discussion and agreement among focus groups with CME providers, CPS workers and feedback from the NC Division of Social Services.

4.2.1 should be clarified to specify billing by rostered CME experts. Not every CME provider has education, training and/or resources available to conduct all types of maltreatment evaluations. The CMEP office maintains an annual list of CME providers with their area of expertise.

6. **Are you aware of any procedure codes that are currently being used for this service?**

   In addition to 99499 and 99367 (in the policy), 99368 – NP/PA conference code – is currently being used for this service. If plans are to continue allowing that code, then the code should be included in the policy.