

Child and Teen Checkups (C&TC) Health Insurance Portability and Accountability Act (HIPAA) Referral Coding Information

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All C&TC claims must list the appropriate HIPAA-compliant referral code to be recognized as a C&TC claim and paid with the Minnesota Health Care Programs C&TC payment methodology. Use only one C&TC referral code per claim.

Definition of a Referral

A referral indicates that a concern was identified during the C&TC screening and the child needs to be seen again for further assessment, diagnosis or treatment. The referral can be made to the screening provider or to another provider.

Use the most appropriate referral code from the following table.

Two-character C&TC Referral Codes and HIPAA definitions

Use this referral code for billing when a C&TC screening results in:	Referral code
No referrals made other than the required preventive dental care verbal referral.	NU
One or more referrals made for diagnostic or corrective treatment. This can be scheduled with the screening provider or another provider.	ST (new diagnosis or treatment service requested)
Referral(s) indicated but the patient (or parent or guardian) declined.	AV
No new referrals made, and the patient is currently under treatment for a diagnostic or corrective health problem.	S2 (continue current services/treatment)