

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program Services: Child and Teen Checkups (C&TC)

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Overview

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program is a required service under Title XIX of the Social Security Act and applies to all children and youth under 21 years old who are enrolled in Medicaid. The goal of EPSDT is to assure that individual children and adolescents get the health care they need when they need it.

The EPSDT benefit:

- Includes all covered services and any other necessary health care, diagnostic services, treatment and other measures to correct or improve birth defects and physical and behavioral health conditions
- Is more robust than the benefit for adults. It is designed to ensure that children and adolescents get timely care so that health problems are prevented or diagnosed and treated as early as possible
- Allows for timely identification of problems that, if left undiagnosed or untreated, could create greater disabilities or diminish one's likelihood of achieving future life goals
- Supports treatment determinations that are made on a case-by-case basis considering the needs of the child or adolescent

Child and Teen Checkups (C&TC) is the name for this program in Minnesota. The purpose of the program is to reduce the impact of childhood health problems by identifying, diagnosing and treating health problems early, and to encourage the development of good health habits. It is necessary to ensure children and teens get the health care they need when they need it and in the most appropriate setting.

C&TC screening services are based on the recommendations of the American Academy of Pediatrics (AAP), the Centers for Disease Control and Prevention (CDC), and the United States Preventive Services Task Force (USPSTF). MHCP regularly updates the [C&TC Schedule of Age-Related Screening Standards \(Periodicity Schedule\) \(DHS-3379\) \(PDF\)](#) according to federal requirements of the EPSDT program, state legislation and the unique needs and epidemiology of Minnesota's eligible population.

States are required to provide an annual report to the Centers for Medicare & Medicaid (CMS) that includes the participation rate based on eligible children receiving a C&TC screening service during the federal fiscal reporting year. Accurate billing and coding are critical in documenting the screenings that have been provided. This report, as well as more detailed C&TC data, can be viewed on the [PartnerLink C&TC program webpage](#).

States are required to follow up on referrals made from results of a screening to assure that children and families receive the necessary services to correct or improve health problems. It is important that providers report all referrals from complete C&TC health visit claims using one of the four [HIPAA required referral codes](#). DHS provides these referral codes through a secure data system which informs local program staff to offer referral assistance to families of children younger than 11 years old. Refer to the [C&TC HIPAA Compliant Referral Codes fact sheet \(PDF\)](#) or information under the [HIPAA-Compliant Referral Condition Codes](#) heading in this manual section.

Every county, Red Lake, Fond du Lac, and White Earth Tribal Nations, and some [Integrated Health Partnerships](#) have a C&TC Coordinator available to assist those eligible for this benefit. C&TC Coordinators help families understand the benefits of preventive care as well as assist with transportation and scheduling. Email DHS at dhs.childteencheckups@state.mn.us to find your local Coordinator.

Coordination of Preventive Health Care

The C&TC program emphasizes the need to avoid fragmentation of care and the importance of continuity of care in comprehensive health supervision. Providers can help reduce duplication of services by providing a complete comprehensive C&TC visit for other preventive health visits, such as:

- Newborn and well-baby checkups
- School
- Camp or [athletic physicals](#)
- Routine well care
- Family planning visits
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Head Start physicals
- Immunizations
- Initial prenatal visits
- Early childhood screening
- Foster care evaluation and screening

Eligible Providers

To be reimbursed for C&TC screening services, fee-for-service providers must be enrolled as either of the following and have a signed [C&TC Provider Agreement Addendum \(DHD-4646\) \(PDF\)](#) on file with Minnesota Health Care Programs (MHCP):

- A MHCP provider; or
- A C&TC clinic or a facility supervised by a physician that provides screening according to EPSDT

Individual Treating Providers

Eligible treating providers include the following:

- Nurse practitioners
- Physicians
- Physician assistants
- Dentists
- Nonenrolled public health nurses approved by the Minnesota Department of Health (MDH) may provide screening services after completing the three-day C&TC comprehensive screening component training.
- Other staff can complete certain screening services within their scope of practice as a licensed professional. Refer to the [Enrollment with MHCP](#) section of the MHCP Provider Manual for more information about enrolling as an MHCP provider.

Note: providers may be eligible to deliver some services under School-Based Community Services. Refer to the [School-Based Community Services](#) section of the MHCP Provider Manual to review provider eligibility, covered services, billing guidance, and related resources.

Facility Types

Eligible facility types include the following:

- Clinics
 - C&TC
 - Community health
 - Dental
 - Physicians
 - Public health
 - Public health nursing

- Rural health
- Schools
- Family planning agencies
- Federally qualified health centers
- Head Start
- Hospitals
- Indian Health Services
- WIC

Eligible Members

Children and youth under 21 years old and enrolled in Medical Assistance (MA) or MinnesotaCare are eligible for C&TC services. Children enrolled in MA or MinnesotaCare through a managed care organization (MCO) must receive screening services from their [Prepaid Minnesota Healthcare Program](#) provider.

Use [MN-ITS Interactive Eligibility Request](#) to verify a member's eligibility for this service.

Covered Services – Medical screenings

The C&TC medical screening components include the following:

- Health education (anticipatory guidance)
- Physical growth and measurement (height, weight, head circumference, weight for length percentile and BMI at appropriate ages)
- Health history, including social drivers of health and nutrition
- Developmental health
- Social-emotional or mental health
- Suicide risk screening
- Autism spectrum disorder screening
- Postpartum depression screening
- Tobacco, alcohol or drug risk assessment
- Physical examination (includes, but not limited to, pulse, respiration, blood pressure, exam of head, eyes, ears, nose, mouth, pharynx, neck, chest, heart, lungs, abdomen, spine, genitals, extremities, joints, muscle tone, skin, and neurological condition)
- Immunizations and review of immunizations
- Newborn screening follow-up: blood spot, hearing, and pulse oximetry (critical congenital heart disease) screening
- Laboratory tests or risk assessment including:
 - Blood lead test
 - Hemoglobin or hematocrit screening lab test
 - Hepatitis C virus screening lab test
 - Tuberculosis risk assessment
 - Sexually transmitted infection (STI) risk assessment, with lab testing for sexually active youth
 - Human immunodeficiency virus (HIV) screening lab test
 - Syphilis screening lab test
 - Dyslipidemia risk assessment
- Vision screening (visual acuity screening beginning at age 3 years, and plus lens screening beginning at age 5 years)
- Hearing screening (addition of 6,000 Hz screening for age 11 years and older)
- Oral health, including:
 - fluoride varnish application (FVA) starting at first tooth eruption through age 5 years

- silver diamine fluoride (SDF) application when necessary

Refer to the [C&TC Schedule of Age-Related Screening Standards \(Periodicity Schedule\) \(DHS-3379\) \(PDF\)](#) for details.

Foster care

Children or teens in foster care or out-of-home placement should receive C&TC visits more frequently, as recommended by the American Academy of Pediatrics (AAP). Refer to AAP's [Healthy Foster Care America Health Information Form \(PDF\)](#) for health visit recommendations and to the AAP's [Foster Care](#) webpage for a variety of resources.

Health Education and Anticipatory Guidance

Health education is a required component of screening services and includes anticipatory guidance. Health education and counseling to either parents or guardians and children is required.

Reimbursement for health education and anticipatory guidance is included in the payment of the Evaluation and Management (E&M) code for a C&TC screening.

Refer to the [Child and Teen Checkups fact sheets \(webpage\)](#) for anticipatory guidance, birth–10 years and 11–20 years for more information on health education and anticipatory guidance.

Preventive counseling is included in the preventive medicine E&M service; do not bill for preventive counseling separately. Bill with CPT codes 99401–99404 if patient visit is for counseling only.

Health History

Health history needs to include social drivers of health. Refer to the [C&TC Health History and Social Determinants of Health fact sheet \(PDF\)](#) for more information about social drivers of health.

Developmental and Social-Emotional or Mental Health Screenings

Developmental and social-emotional or mental health screenings are C&TC screening components. DHS prefers a Minnesota Developmental Screening Task Force-recommended screening instrument; however, a DHS-accepted screening instrument can be used.

For autism screening, review the [Screening for Autism Spectrum Disorder \(ASD\)](#) information in this manual section.

Refer to the [C&TC Developmental and Social-Emotional Screening in Early Childhood \(PDF\)](#) or [C&TC Mental Health Screening \(6-20 Years\) fact sheet \(PDF\)](#) developed by MDH and DHS and the DHS [Screening](#) webpage for more information on developmental and social-emotional or mental health screening and recommended instruments.

Currently, no recommended standardized instrument adequately covers both developmental and social-emotional domains. Two separate screening instruments are needed to adequately screen for potential developmental and social-emotional concerns.

The Survey of Well-being of Young Children (SWYC) milestones, the Baby Pediatric Symptom Checklist (BPSC) and the Preschool Pediatric Symptom Checklist (PPSC), are parent report developmental and social-emotional screening tools that are acceptable to the AAP. These tools may be used to meet the developmental and social-emotional screening components when performing a complete C&TC exam in a clinic setting for children under 5 years old. Refer to MDH's [C&TC Developmental and Social - Emotional Screening in the Clinic Setting](#) webpage and [Instruments at a Glance for C&TC Clinic Setting \(PDF\)](#).

For settings outside of a medical clinic, refer to the [Recommended Screening Instruments](#) webpage from the [Minnesota Interagency Developmental Screening Task Force](#) section of the Minnesota Department of Health (MDH) website. The Minnesota Developmental Screening Task Force does not recommend the use of the SWYC in screening programs.

Providers engaging in screening must meet the instrument-specific criteria, as outlined by the screening instrument's publisher. Providers using the standardized instruments may include physicians, nurse practitioners, physician assistants, nurses, medical assistants or other appropriately trained staff.

Maintain required documentation in the child's health record. Documentation must include, at a minimum, the name of the screening instruments used, the scores, and the anticipatory guidance provided to the parent or caregiver related to the screening results. If the screening results are abnormal, documentation must include how this is being addressed, such as referral to the local school district (directly or via [Help Me Grow - Refer a Child](#) webpage), appropriate medical specialists, follow-up plan of care and, when appropriate, a referral to a local community service agency. Review the Referral section of the [C&TC Developmental and Social-Emotional Screening in Early Childhood fact sheet \(PDF\)](#) or the [C&TC Mental Health Screening \(6-20 Years\) fact sheet \(PDF\)](#) on the MDH website for more information.

Bill developmental and social-emotional or mental health screenings on the same claim as other C&TC services. When using the SWYC for both developmental and social-emotional screenings, record both codes. Use the following CPT codes:

- CPT code 96110 for a developmental screening with a standardized instrument
- CPT code 96127 for a social-emotional or mental health screening with a standardized instrument

You may bill for both a developmental and a social-emotional or mental health screening on the same date of service on the same claim. However, you may not bill for more than two developmental screenings and more than two social-emotional and mental health screenings on the same date of service.

When a developmental and social-emotional or mental health screening is provided at other pediatric visits, bill the developmental and social-emotional or mental health screening on the same claim as the other pediatric services.

Suicide Risk Screening

Beginning Oct. 1, 2025, suicide risk screening is a recommended component beginning at age 12 years. Maintain required documentation in the youth's health record. At a minimum, documentation must include the name of the screening instrument used and the results.

- Use code 96160 when using an appropriate suicide risk screening tool.
- Refer to the [C&TC Suicide Risk Screening fact sheet \(PDF\)](#) for more information.

Screening for Autism Spectrum Disorder (ASD) in Toddlers

The American Academy of Pediatrics (AAP) and the [C&TC Schedule of Age-Related Screening Standards \(Periodicity Schedule\) \(DHS-3379\) \(PDF\)](#) recommends autism screenings be part of standard 18- and 24-month C&TC exams. Refer to the [C&TC Autism Spectrum Disorder Screening fact sheet \(PDF\)](#) for more information.

When billing for an ASD-specific screening, use a standardized screening instrument according to the guidelines of the developer, such as the [Modified Checklist for Autism in Toddlers Revised, with Follow-up \(M-CHAT-R/F\)](#).

Bill an ASD-specific screening on the same claim as other C&TC services using CPT code 96110 and modifier U1.

When an ASD-specific screening is complete in addition to another developmental screening using two separate standardized screening instruments, bill for the ASD-specific screening and the developmental screening on the C&TC claim using one of the following:

- CPT code 96110 (for the developmental screening)
- CPT code 96110 and modifier U1 (for the ASD-specific screening)

Maintain required documentation in the child's health record. At a minimum, documentation must include the name of the screening instruments used, the scores and the anticipatory guidance provided to the parent or caregiver related to the results. If the screening results are atypical, documentation must include a follow-up plan of care including to whom you referred the child and family and any other ways that the atypical screening results are being addressed. It is important to make a referral right away, do not wait.

ASD Referrals

Review the Referral and Management section of the [C&TC Developmental and Social-Emotional Screening fact sheet \(PDF\)](#) and the [C&TC Autism Spectrum Disorder Screening fact sheet \(PDF\)](#) for more information about referrals.

The following are examples of providers or resources to refer children to when they need additional evaluation:

- Primary care practitioner
- Medical specialist, such as a developmental pediatrician
- Mental health professional
- Comprehensive Multi-Disciplinary Evaluation (CMDE) providers (search "Early Intensive Developmental and Behavioral Intervention" and then "CMDE assessments" via [MHCP Provider Directory](#))
- Local school district for educational evaluation (directly or via [Help Me Grow - Refer a Child](#) webpage)
- Local community service agency (directly or via [Help Me Connect](#) webpage)

You may also offer families screening resources and provide information on expected milestones from either the [Help Me Grow](#) or [Learn the Signs. Act Early](#) websites. The [First Steps: Pathway to learning, playing and growing \(PDF\)](#) is a Minnesota-specific screening, identification and early intervention referral information resource. It provides a summary of key developmental milestones that infants and toddlers should be achieving. This resource contains tips, tools and guidance to help children develop. It also explains resources available to parents and caregivers who have questions or concerns about their child's development. The resource is also available in [Hmong](#), [Karen](#), [Oromo](#), [Russian](#), [Somali](#), [Spanish](#) and [Vietnamese](#).

Refer to the [Next Steps: Pathway to services and supports for a child recently identified with ASD \(PDF\)](#) for children with ASD and related conditions. This resource helps parents and caregivers understand options for their child in the year after diagnosis. This resource is also available in [Hmong](#), [Karen](#), [Oromo](#), [Russian](#), [Somali](#), [Spanish](#) and [Vietnamese](#).

For community-based early intervention services, refer directly for a comprehensive evaluation or early intervention services using the [EIDBI referral form \(DHS-6751S\)](#). Anyone can make a referral, including the family.

Visit the [Minnesota Autism Resource Portal](#) for more information about ASD.

Postpartum Depression Screening

Postpartum depression screening is covered as a C&TC service or at other pediatric visits. Suggested screening times are at the 0 to 1-month visit, the 2-month visit, the 4-month visit and the 6-month visit; however, providers may screen any time up to 13 months for any accompanying caregiver.

Use one of the following standardized screening instruments:

- [Edinburgh Postnatal Depression Scale \(EPDS\) \(PDF\)](#)
- [Patient Health Questionnaire \(PHQ\) Screeners](#) webpage
- [Beck Depression Inventory \(BDI\)](#)

Providers that meet the instrument-specific criteria for administering the screening tool as outlined by the publisher may perform postpartum depression screenings. Depending on the tool, this may include physicians, nurse practitioners, physician assistants, nurses, medical assistants or other appropriately trained staff.

MHCP allows up to six postpartum depression screenings for any accompanying caregiver at the C&TC visit for each child who is less than 13 months old. For documenting postpartum depression screening services, record the name of the completed screening instrument and document that it was performed as a "risk assessment" in the child's medical record.

You are not required to include the screening score results or a copy of the screening instrument in the child's record. You may give the caregiver a paper copy of the screening instrument to bring to a referral appointment or destroy it if it is not wanted. Refer to MDH's [Perinatal Mental Health – Information for Health Professionals](#) webpage and the [C&TC Postpartum Depression Screening fact sheet \(PDF\)](#) for more information on postpartum depression screening, referral, and documentation. You may find helpful tools located on MDH's [Depression or Anxiety During and After Pregnancy Brochure and Postpartum Wellbeing Plan](#) webpage.

Refer to the [Screening](#) webpage for information on the relationship between postpartum depression and children's developmental, social-emotional and mental health.

Bill for the postpartum depression screening only when using one of the standardized screening instruments. Refer to the following criteria when billing for a postpartum depression screening:

- Use CPT code 96161
 - If conducting more than one screening at a single visit, include each 96161 code and add modifier 77 to all 96161 codes
- Use the child's MHCP member ID number
 - Bill the postpartum depression screening on the same claim as the C&TC screening or other pediatric visit
 - Bill on the same date as a child's developmental screening (96110) or a social-emotional screening (96127)

The NCCI procedure-to-procedure (PTP) edit pairs immunization administration codes (90460, 90461, 90471-90474) with postpartum depression screening. You may receive the NCCI edit when submitting claims for postpartum depression screening with CPT code 96161.

These edits have a Correct Coding Modifier Indicator of "1" and will bypass the PTP edit if you correctly add a PTP-associated modifier. Refer to the [Minnesota National Correct Coding Initiative \(NCCI\)](#) webpage for information about modifiers.

Tobacco, Alcohol or Drug Use Risk Assessment

Risk assessment for tobacco, alcohol, and drug use is required for ages 11 through 20 years, followed by appropriate action. Refer to the [C&TC Tobacco, Alcohol and Drug Use Risk Assessment fact sheet \(PDF\)](#) for more information, including recommended risk assessment or screening tools.

Resources for adolescent health include the following:

- American Academy of Pediatrics (AAP) [Bright Futures Guidelines and Pocket Guide](#) webpage which includes information about early to late adolescence visits
- AAP's [Bright Futures Tool and Resource Kit](#) webpage which contains previsit questionnaires for the adolescent and for the parent or caregiver
- [C&TC for Adolescents and Young Adults, 11-20 Years \(PDF\)](#) which includes information and resources about the adolescent health visit for providers and resources for parents

Reimbursement for this assessment using a standardized tool is included in the payment of the Evaluation and Management (E&M) code used for a C&TC screening visit.

Immunization and Vaccinations

Review the immunization status of a child, teen or young adult compared to the current Recommended Childhood and Adolescent Immunization Schedule from the Advisory Committee on Immunization Practices (ACIP). ACIP is part of the Centers for Disease Control and Prevention (CDC) and provides current recommendations for vaccine administration, schedules of periodicity, and appropriate dosage and contraindications. Refer to the CDC's [Vaccines and Immunizations](#) webpage.

State law requires all MHCP-enrolled providers who administer pediatric vaccines to enroll in the [Minnesota Vaccines for Children \(MnVFC\)](#) program. MDH administers the MnVFC for MHCP members ages 1 through 18 to provide most pediatric vaccines to participating providers at no cost. Providers must obtain vaccines through MnVFC whenever available.

MHCP covers flu and other recommended vaccinations for adults aged 19 or older.

When billing for immunizations or vaccinations administered during a C&TC visit, enter the correct immunization or vaccination codes with the SL modifier when applicable, and add the correct administration codes to the C&TC claim. Refer to the [Immunizations and Vaccinations](#) section of the MHCP Provider Manual for details on coding and billing criteria. All immunizations are part of the C&TC bundled payment rate.

Vaccine Counseling

Stand-alone vaccine counseling visits are covered when provided to children and youth under age 21. Providers may counsel for standard pediatric vaccines including COVID-19. Counseling may be provided either in person or via telehealth. Providers billing for counseling services must be able to administer the vaccine for which they are counseling. Billable stand-alone vaccine counseling visits do not replace immunization review and administration as required during a complete C&TC visit. Vaccine counseling visits are only billable when done outside of C&TC visits. Review the [Immunizations and Vaccinations](#) section of the MHCP Provider Manual for more information.

Stand-alone vaccine counseling visits codes

Code	Explanation
G0312	Immunization counseling by a physician or other qualified health care professional when vaccines are not administered on the same date of service for ages under 21 years, 5 to 15 minutes. (This code is used for Medicaid billing purposes.)
G0313	Immunization counseling by a physician or other qualified health care professional when vaccines are not administered on the same date of service for ages under 21 years, 16-30 minutes. (This code is used for Medicaid billing purposes.)
G0314	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21 years, 16-30 minutes. (This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit [EPSDT].)
G0315	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21 years, 5-15 minutes. (This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit [EPSDT].)

Immunization and vaccinations resources

Refer to the following documents and webpages for more information:

- Centers for Disease Control and Prevention [Immunization Schedules](#) webpage
- [Immunizations and Vaccinations](#) section of the MHCP Provider Manual
- [Minnesota Department of Health \(MDH\) Immunization webpage](#)
- [Vaccine Information Statements in Multiple Languages](#) webpage
- [C&TC Immunizations and Review fact sheet \(PDF\)](#)

Laboratory Tests or Risk Assessment

Refer to the [Laboratory/Pathology Services](#) section of the MHCP Provider Manual for information about billing for lab services.

MHCP covers venipuncture and capillary specimen collection and handling.

A Clinical Laboratory Improvement Amendments (CLIA) certified lab must perform and bill for most lab services.

If a provider has a CLIA-certified lab on site and lab services are provided on site, the CPT code for the lab service may be included in the C&TC visit claim. Payment for lab services is in addition to the C&TC bundled rate. If a provider refers patients off site to a CLIA-certified lab for lab tests or screenings that are required or part of a C&TC health visit, the off-site lab bills for the lab tests, not the provider. That lab test will not be included on the C&TC health visit claim.

If a required lab service was not done at a C&TC visit, do not include it on the C&TC visit claim. Include documentation in the medical record with the date and results of any required lab screening or test that the C&TC provider or another provider performed within the required age range.

Document in the medical record if a required lab screening or test was not done during the required age range C&TC visit due to the child, adolescent or parent declining the test or being uncooperative. Attempt the screening or test again in the future.

Blood lead test

All children enrolled in Medicaid are required to receive blood lead tests at ages 12 months and 24 months. Any child between 24 months and 72 months old with no record of a previous blood lead test must receive one blood lead test during that age range. Completion of a risk assessment

questionnaire does not meet the Medicaid requirement. The Medicaid requirement is met only when the two blood lead tests (12 and 24 months or a catch-up blood lead test) are conducted. Lead testing can occur at other times within the ranges that are indicated on the [C&TC Schedule of Age-Related Screening Standards \(Periodicity Schedule\) \(DHS-3379\) \(PDF\)](#) and when medically necessary. A blood lead test done between ages 9 and 15 months can fulfill the 12-month requirement. A blood lead test completed for a child between ages 18 months and 24 months can fulfill the 24-month requirement.

When billing a blood lead test, use the correct CPT code for the lead test.

Refer to the following documents and websites for more blood lead resources:

- [C&TC Lead Testing fact sheet \(PDF\)](#)
- [Childhood Blood Lead Screening Guidelines for Minnesota \(PDF\)](#)
- [Childhood Blood Lead Treatment Guidelines for Minnesota webpage](#)
- [Childhood Blood Lead Case Management Guidelines for Minnesota \(PDF\)](#)
- CDC's [About Childhood Lead Poisoning Prevention webpage](#)
- MDH's [Lead Poisoning Prevention webpage](#)
- MDH's [Lead Educational Materials webpage](#)
- MDH's [Information about Lead for Health Care Professionals webpage](#)

Hematocrit or hemoglobin

Hemoglobin (Hb) or hematocrit (Hct) blood test is required as part of a C&TC visit at the following ages for diagnosis and prevention of iron deficiency and iron-deficiency anemia:

- One baseline Hb or Hct screening is required between 9 and 15 months of age.
- One Hb or Hct screening is required between 12 and 20 years of age for all menstruating youth

Refer to the [C&TC Hemoglobin or Hematocrit fact sheet \(PDF\)](#) for more information, including documentation of results and follow up.

Hepatitis C

Screen for Hepatitis C Virus (HCV) infection using a Food and Drug Administration (FDA)-approved anti-HCV laboratory test. This is recommended once for young adults ages 18 and older. A licensed health care provider (physician, nurse practitioner, physician assistant) must interpret the results of HCV screening and ensure appropriate follow-up testing if needed. Document that the HCV lab test was complete, test results, and any needed treatment or follow up.

Refer to the [C&TC Hepatitis C Virus \(HCV\) Screening fact sheet \(PDF\)](#) for more information.

Tuberculosis (TB) risk assessment

Complete a risk assessment followed by appropriate action for children ages 1, 6, 12, and 24 months and annually beginning at age 3 for their risk of exposure to TB. High-risk children include those in the following groups:

- Have had recent close contact with people with infectious TB disease
- Foreign-born children and children with foreign-born parents from high-prevalence areas
- Have traveled to areas with endemic TB
- Children with (or children in households with) socioeconomic risk factors such as homelessness, living in shelters, or incarceration. Screen any high-risk person who has not received TB testing previously

TB testing is not mandatory but is a covered service if clinical documentation supports the medical need for the test. Bill with the appropriate CPT code on the C&TC screening claim when performing

TB testing during a C&TC screening. Review the [C&TC Tuberculosis Risk Assessment fact sheet \(PDF\)](#) and the [Pediatric TB Risk Assessment Tool \(PDF\)](#) for more information and recommendations.

Sexually transmitted infection (STI) risk assessment, human immunodeficiency virus (HIV) lab test, and syphilis screening lab test

Beginning no later than 11 years of age, assess all youth for risk of sexually transmitted infections at each C&TC well visit.

Universal HIV screening (offering HIV blood testing to all youth, regardless of risk factors) is required at least once between 15 and 18 years of age, as recommended by the American Academy of Pediatrics (AAP) and Centers for Disease Control and Prevention (CDC). Refer to the MDH [C&TC STI Risk Assessment fact sheet \(PDF\)](#) and [C&TC HIV Screening fact sheet \(PDF\)](#) for more information, including appropriate documentation of confidential screening test results in medical records. Providers may screen for STIs without parental knowledge or consent. If the youth declines the HIV test, or if HIV status is already known, document the reason that the HIV blood test was not done. Youth who have risk factors for HIV exposure should be tested at least annually. Refer to [Minnesota Statutes, 144.343](#).

Beginning Oct. 1, 2025, syphilis screening lab test is a recommended component at least once for young adults 18 years and older. A licensed health care provider (physician, nurse practitioner, physician assistant) must interpret the results of the screening lab test and ensure appropriate follow-up testing if needed. Document that the syphilis lab test was completed, test results, and any needed treatment or follow up.

Refer to the [C&TC Syphilis Screening fact sheet \(PDF\)](#) for more information.

Resources for adolescent health include the following:

- American Academy of Pediatrics (AAP) [Bright Futures Guidelines and Pocket Guide](#) webpage
- AAP's [Bright Futures Tool and Resource Kit](#) webpage (contains previsit questionnaires for the adolescent and for the parent or caregiver)
- [Minnesota Department of Health Healthy Children, Youth, and Adolescents](#) webpages (information and resources about the adolescent health visit, including resources for parents)

Dyslipidemia risk assessment

A risk assessment is required for children at the ages indicated on [C&TC Schedule of Age-Related Screening Standards \(Periodicity Schedule\) \(DHS-3379\) \(PDF\)](#). Refer to the [Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents: Summary Report](#) for risk assessment guidelines. Refer to the [C&TC Dyslipidemia Risk Assessment fact sheet \(PDF\)](#) for more information.

Vision screening

A vision risk assessment is required for children younger than 3 years old followed by appropriate action. Provide distance visual acuity screening beginning at age 3. Add near visual acuity (plus lens) screening beginning at 5 years for children who pass their distance screening and do not already have corrective lenses. Use a wall chart at a 10-foot distance.

Starting at age 11, vision screening must be done once during each of the age ranges as indicated on the [C&TC Schedule of Age-Related Screening Standards \(Periodicity Schedule\) \(DHS-3379\) \(PDF\)](#).

Refer to the [MDH C&TC Vision Screening](#) webpage for detailed procedures, including when a child wears prescription lenses and is under the care of an eye professional. Refer to [equipment for visual](#)

[acuity screening \(PDF\)](#) for recommended wall charts and equipment. [Instrument-based vision screening](#) may be used as an alternative to wall charts for children 3-5 years old who are unable or unwilling to cooperate with routine vision screening. Refer to the [C&TC Vision Screening fact sheet \(PDF\)](#) for more information.

Bill instrument-based vision screening using CPT codes 99174 or 99177.

An NCCI procedure-to-procedure (PTP) edit pairs preventive visit CPT codes in the range of 99381–99397 with vision screening. You may receive the NCCI edit when submitting claims for vision screening with CPT code 99173. These edits have a Correct Coding Modifier Indicator of “1” and bypass the PTP edit if you correctly add a PTP-associated modifier. Refer to the [Minnesota National Correct Coding Initiative \(NCCI\)](#) webpage for information about modifiers.

Hearing screening

Provide hearing risk assessment at all C&TC visits up to 3 years of age or until pure tone audiometry can be performed. Providers must review newborn hearing screen results at the initial newborn C&TC visit. Pure tone audiometry screening is recommended beginning at age 3 years and required starting at age 4 years.

Beginning at 11 years, the addition of a 6,000 Hz at 20 dB hearing screening is required to screen for noise-induced hearing loss once during each of the age ranges as indicated on the [C&TC Schedule of Age-Related Screening Standards \(Periodicity Schedule\) \(DHS-3379\) \(PDF\)](#). Refer to the [MDH C&TC Hearing Screening](#) webpage for detailed procedures and instrument recommendations. Refer to the [C&TC Hearing Screening fact sheet \(PDF\)](#) for more information.

Covered Services – Oral Health Screening by a C&TC Medical Provider

The C&TC oral health screening components include the following:

- Oral health history
- Clinical open-mouth assessment
- Topical fluoride mandatory at eruption of first tooth through age 5
- Fluoride supplementation (as indicated by clinical findings)
- Silver diamine fluoride (as indicated by clinical findings)
- Anticipatory guidance or counseling
- Transition to adult care
- Counseling on the following:
 - Oral hygiene
 - Dietary
 - Injury prevention and mouth guard recommendations
 - Nonnutritive habits
 - Speech and language development
 - Substance abuse
 - Intraoral or perioral piercing

Refer to the [C&TC Schedule of Age-Related Dental Standards \(Dental Periodicity Schedule\) \(DHS-5544\) \(PDF\)](#) for Minnesota’s age-related dental standards schedule details. Refer to the American Academy of Pediatric Dentistry [Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents \(PDF\)](#) for more information.

Primary care provider requirements include the following:

- An oral health exam, anticipatory guidance and education for children and their families at every C&TC screening. Refer to the [C&TC Oral Health and Fluoride Varnish fact sheet \(PDF\)](#) for more information.
- Verbally refer children to dentists at the time of the eruption of the first tooth or no later than 12 months of age and every visit thereafter.

Oral health, including fluoride varnish (FVA) and silver diamine fluoride (SDF)

Fluoride varnish application (FVA):

- FVA is required for infants upon eruption of the first tooth or no later than 12 months of age at each C&TC visit through age 5 years. FVA may be applied for children 6 years and older based on their risk factors for dental caries. An oral health risk assessment can be used to determine need for oral fluoride supplementation. Refer to the [American Academy of Pediatrics: Oral Health Risk Assessment Tool \(PDF\)](#). Staff applying fluoride varnish must successfully complete an approved [FVA training course](#). The following types of trained staff may perform FVA:
 - Physicians
 - Physician assistants
 - Nurse practitioners
 - Nurses
 - Clinical staff under the direct supervision of a physician or other qualified health care professional
 - Other licensed or certified health care professionals in a community setting if under the direct supervision of a treating physician (or other qualified health care professional) or dentist

Obtain informed consent for this procedure, either verbally or in writing. Document that you obtained verbal consent, including discussion of benefits and risks of FVA, with each application. Alternatively, written consent signed by the parent or guardian is valid for up to one year.

For more information on FVA by primary care and other nondental providers, refer to the [Fluoride varnish in the Child and Teen Checkups \(C&TC\) setting](#) webpage and the [C&TC Oral Health and Fluoride Varnish fact sheet \(PDF\)](#), and the [National Maternal and Child Oral Health Resource Center](#).

FVA primary provider billing

Use CPT code 99188: Primary care providers (physicians or other qualified health care professionals) and trained clinical staff.

- Primary care providers bill FVA on the same claim as the other C&TC services. MHCP reimbursement rate is per procedure (not per tooth). The payment for FVA is in addition to the C&TC "bundled rate" for a complete C&TC visit.
- When providing FVA at other pediatric visits, bill FVA on the same claim as the other pediatric services.
- FVA is limited to four per 365 days.
- FVA Head Start, WIC, and public health agency billing, use the following codes:
 - CPT code 99188: trained licensed or certified health care professionals in a community setting under the direct supervision of a treating physician or other qualified health care professional.
 - CDT code D1206: trained licensed or certified health care professionals in a community setting under the direct supervision of a treating dentist.

Silver Diamine Fluoride (SDF)

The American Medical Association (AMA) approved a code for health care professionals to receive reimbursement for the application of SDF to arrest dental caries lesions without the provision of restorative care. The application of SDF in the pediatric medical home is new and training considerations are evolving. The American Academy of Pediatrics (AAP) recommends one-on-one training from dental professionals. Providers may apply this solution to a tooth or teeth where there is a visible need identified during the open-mouth exam at a C&TC visit. Obtain informed consent and provide SDF education. Refer to [Silver Diamine Fluoride \(SDF\) Application in the Pediatric Medical Setting](#) webpage for more information.

SDF primary provider billing

- Use CPT code 0792T: Primary care providers (physicians or other qualified health care professionals) and trained clinical staff
- Primary care providers bill SDF on the same claim as the other C&TC services. MHCP reimbursement rate is per tooth with a given tooth number billed once per six months. There is no limit on the number of teeth that may be treated per day.
- The payment for SDF, when applied during a C&TC visit, is in addition to the bundled rate.

Refer to the [Non-Dental Health Provider](#) section of the MHCP Provider Manual for specific billing instructions or for more information.

Other Covered Services

The following services are also covered:

- Interperiodic or interim screenings may be done as medically necessary and are reimbursable as a C&TC visit if all component requirements are met
- Additional screening services or specific screening components may be provided at other intervals as medically indicated
- Diagnosis and treatment of health conditions determined to be medically necessary
- Most services are covered even if services are not covered for adults
- C&TC outreach in Tribal and County Administrative Services Contracts

Screening Exceptions

For some situations, it is not possible or appropriate to require C&TC providers to complete certain components of the C&TC screening as outlined in the [C&TC Schedule of Age-Related Screening Standards \(Periodicity Schedule\) \(DHS-3379\) \(PDF\)](#). According to the Administrative Uniformity Committee (AUC) recommendations, use the billing guidelines for the situations listed in the claim guideline exceptions table when you cannot perform screening components, or an initial screening is not appropriate.

If a screening component is refused by a parent or young adult, provide education of the risks and benefits of the refused component.

Claims submitted using the guidelines for an exception identified in the following Claim guideline exceptions table will be recognized as completed C&TC claims. When submitting a claim, follow these requirements:

- Follow all billing policy requirements for submitting a C&TC screening claim
- Report one of the HIPAA-compliant referral codes (ST, S2, AV, or NU)
- Use the claim reporting and medical documentation for the exception reasons as appropriate

Claim guideline exceptions

Exception Reason	Situation	Claim Reporting and Medical Documentation
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<p>Condition already identified (screening is not medically necessary)</p>	<ul style="list-style-type: none"> • Child has a diagnosis of a hearing or visual impairment • Child has new glasses (identified visual impairment). Therefore: <ul style="list-style-type: none"> • Completing a vision screening may not be indicated at this time • Refer child or parent for ongoing monitoring or treatment • Child has been diagnosed as having an autism spectrum disorder (ASD) or developmental delay. Therefore: <ul style="list-style-type: none"> • Completing a developmental screening may not be indicated • Refer child or parent for ongoing treatment or services for the condition, or both 	<ul style="list-style-type: none"> • Maintain specific documentation of the diagnosis in the medical record of the child • Report the correct CPT code for the screening component on the claim • Enter an additional diagnosis code identifying the condition. • Enter \$0.00 or \$0.01 as the submitted charge
<p>Screening recently provided</p>	<ul style="list-style-type: none"> • Hearing or vision screening was recently performed at a C&TC visit or by another provider or in another setting, such as at school • Mental health screening was recently performed (within last year) for youth aged 12 and older 	<ul style="list-style-type: none"> • Document or request and review test results at the time of the visit. If results are within acceptable limits, add specific documentation and maintain a copy of the test results in the medical record of the child • Report the correct CPT code for the screening component on the claim • Enter \$0.00 or \$0.01 as the submitted charge
<p>Service is not applicable</p>	<p>Child's teeth have not yet erupted; therefore, fluoride varnish application (FVA) may not be provided.</p>	<ul style="list-style-type: none"> • Report the correct CPT code for the screening component on the claim • Enter \$0.00 or \$0.01 as the submitted charge
<p>Service recently provided elsewhere</p>	<p>FVA was provided in another setting, such as the dental home or public health setting within the last 30 days</p>	<ul style="list-style-type: none"> • Document date FVA was provided in the medical record • Report the correct CPT code for the screening component on the claim • Enter \$0.00 or \$0.01 as the submitted charge
<p>Parent or young adult declined</p>	<ul style="list-style-type: none"> • Rescheduling for a later date is not feasible • Against personal or religious belief of the parent or family 	<ul style="list-style-type: none"> • Provide specific documentation of the parent or teen or young adult refusal • Report the correct CPT code for the screening component on the claim • Enter \$0.00 or \$0.01 as the submitted charge

Parent or young adult declined	<ul style="list-style-type: none"> Rescheduling for later date is feasible (parent or young adult is willing) Parent indicates they do not want the component completed because of time constraints or mood of the child 	<ul style="list-style-type: none"> Reattempt the screen component within 30 days If reattempting to screen, wait to bill the C&TC screening until all components are completed Bill using the two separate dates if within the same month If the second screening attempt crosses over to a new month, use the date the C&TC screening was finally completed
Unsuccessful attempt (Child uncooperative)	<ul style="list-style-type: none"> Rescheduling for a later date is not feasible A valid attempt was made to complete the service 	<ul style="list-style-type: none"> Provide specific documentation of the unsuccessful attempt Report the correct CPT code for the screening component on the claim Add the modifier 52 to the claim Enter your usual and customary charge
Unsuccessful attempt (Child uncooperative)	<ul style="list-style-type: none"> Rescheduling for later date is feasible The child is not cooperating to allow component to be completed at that time A diagnosis has been found that would affect the validity of the screening (that is, child has ear infection, pink eye) 	<ul style="list-style-type: none"> Reattempt to screen the component within 30 days If reattempting to screen, wait to bill the C&TC screening until all components are completed Bill using the two separate dates if within the same month If the screening crosses over to a new month, use the date the C&TC screening was finally completed
Screening instrument not reviewed	A developmental screening instrument was sent to parents but not returned for review at the time of the C&TC screening.	<ul style="list-style-type: none"> Do not report the developmental screening code as a separate line item on the claim ~ or ~ Wait to bill the completed screening until the parent-report is received and reviewed Bill using the two separate dates if within the same month — the date the C&TC screening was started, and the date the completed screening instrument was reviewed If the review of the screening instrument, crosses over to a new month, use the date the C&TC screening was finally completed

Noncovered Services

MHCP does not cover the following services under C&TC:

- Clinic visits or screenings that do not meet C&TC screening requirements may be covered through other MHCP services such as physician services
- Services provided by a non-C&TC provider

Do not bill comprehensive preventive medicine E&M codes because they already include counseling, anticipatory guidance and risk factor reduction as part of the comprehensive exam.

Authorization

C&TC screening services and screening components do not require authorization. For diagnosis and treatment services that may require authorization, refer to the [Authorization Policy](#) section of the MHCP Provider Manual. For clinic or physician services provided to a child not included in the C&TC screening benefit, refer to the [Physician and Professional Services](#) section of the MHCP Provider Manual.

Billing

Use the 837P claim to bill for C&TC services. Refer to the [MN-ITS User Guide for Child and Teen Checkups](#) when submitting claims via [MN-ITS Interactive](#). If billing [X12 Batch](#), follow HIPAA electronic data interchange as outlined in the X12 implementation guides and follow the standards as outlined in the [Minnesota Uniform Companion Guides](#).

C&TC billing processes include complying with HIPAA, AUC and MHCP system and data requirements. Billing C&TC screening services accurately is necessary to do the following:

- Identify the claim as a C&TC screening
- Ensure appropriate provider reimbursement
- Provide public health and tribal health staff the necessary information to follow-up with families, such as helping them access referral services
- Collect federally required data

Follow the [C&TC Schedule of Age-Related Screening Standards \(Periodicity Schedule\) \(DHS-3379\) \(PDF\)](#) to identify required C&TC screening components for the periodic visit, including a referral to a dentist. Enter the appropriate CPT or HCPCS codes for each age-related component provided in MN-ITS 837P claim form. Include the following on claims for C&TC screening services:

- The most appropriate C&TC E&M code
- One of the four HIPAA-compliant referral condition codes

Refer to the [C&TC Schedule of Age-Related Dental Standards \(Dental Periodicity Schedule\) \(DHS-5544\) \(PDF\)](#) for dental screening components.

Refer to the [Dental Services](#) section of the MHCP Provider Manual for policy and billing dental screening components.

Separate E&M Service

If a **significant, separately identifiable** E&M service is provided at the time of the C&TC screening, bill that E&M code with the modifier 25 on a separate claim from the C&TC. Send in electronic attachment supporting key components of the billed E&M. Also, documentation in the member's health record must support key components of the billed E&M services and show that it is **not an extended C&TC visit**. Follow CPT instructions for appropriate coding.

Referrals

A referral for C&TC reporting purposes indicates that the child needs to be seen again for further assessment, diagnosis or treatment of a problem, or a concern that was identified during the C&TC screening. Include the appropriate referral code on the C&TC claim.

The referral can be made to the screening provider or to another provider and can be provided on the same day as the C&TC visit. Bill the referral services visit on a different claim than the C&TC even if the visit occurs on the same day as the C&TC screening.

Two-Character HIPAA-Compliant Referral Condition Codes and Definitions

C&TC HIPAA-compliant referral condition codes (also called referral codes) indicate a referral was made as result of the C&TC screening. C&TC claims must list the most appropriate HIPAA-compliant referral condition code: ST, S2, AV or NU. MHCP C&TC screening payment requires one of the four HIPAA-compliant referral condition codes to be entered at the claim (header) level. When no referral is indicated, use referral code NU.

DHS provides referral codes through a secure data system to C&TC programs throughout Minnesota (local public health and tribal health) under contract with DHS. C&TC program staff provide outreach communications and assistance to families of children younger than age 11 requiring further evaluation, diagnosis and treatment for a condition identified during the C&TC screening visit.

Use the most appropriate referral code from the Two-character referral condition codes table. Refer to the C&TC [HIPAA Compliant Referral Condition Codes fact sheet \(PDF\)](#) for more information.

Two-character referral condition codes

HIPAA-compliant referral condition code	Use this referral condition code for billing when a C&TC screening results in one of the following:
ST (new diagnosis or treatment service requested)	<ul style="list-style-type: none"> One or more referrals were made Patient is referred to another provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service – or – Patient is scheduled for another appointment with the screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service
S2 (continue current services or treatment)	The patient is currently under treatment for diagnostic or corrective health problems
AV (referral recommended but it was declined)	One or more referrals were made and the patient or patient's family declined one or more of the referrals
NU (no referral – not used)	<ul style="list-style-type: none"> No referrals given Only the required verbal dental referral was made for preventive dental health care

HCPCS Code S0302

MHCP does not require the use of HCPCS code S0302 and considers this code as informational only.

If the HCPCS code S0302 is reported without a HIPAA-compliant referral condition code on that claim, the claim will deny.

DHS will recognize a claim as a C&TC screening only when a HIPAA-compliant referral condition code is entered on the claim.

Resources

Department of Human Services (DHS) C&TC resources

Use the MHCP Provider Manual in conjunction with the following resources:

- [C&TC Schedule of Age-Related Screening Standards \(Periodicity Schedule\) \(DHS-3379\) \(PDF\)](#)
- [C&TC Schedule of Age-Related Dental Standards \(Dental Periodicity Schedule\) \(DHS-5544\) \(PDF\)](#)
- [C&TC – EPSDT resources](#) webpage
- [C&TC County and Tribe Contact List \(DHS-7927\) \(PDF\)](#)
- [C&TC Provider Guide \(DHS-4212\) \(PDF\)](#)
- [C&TC PartnerLink](#) webpage
- [C&TC – Abbreviations and Acronyms](#)

Minnesota Department of Health (MDH) C&TC resources

- [MDH C&TC](#) webpages
- [MDH Preventive Health Care for Children, Teens and Young Adults](#) webpage
- [Immunization Materials for the Public and for Professionals](#) webpage
- [C&TC fact sheets](#) (provided through a DHS contract with MDH)
 - Anticipatory Guidance, Birth to 10 Years
 - Anticipatory Guidance, 11-20 Years
 - Autism Spectrum Disorder (ASD) Screening
 - Developmental and Social-Emotional Screening in Early Childhood
 - Dyslipidemia Risk Assessment
 - Health History and Social Determinants of Health
 - Hearing Screening
 - Hemoglobin or Hematocrit
 - Hepatitis C Virus (HCV) Screening
 - HIPAA Compliant Referral Condition Codes (Referral Codes)
 - Human Immunodeficiency Virus (HIV) Screening
 - Immunizations and Review
 - Lead Testing
 - Mental Health Screening, 6-20 Years
 - Newborn Screening
 - Oral Health and Fluoride Varnish
 - Physical Examination
 - Physical Growth and Measurements
 - Postpartum Depression Screening
 - Sexually Transmitted Infection (STI) Risk Assessment
 - Suicide Risk Screening
 - Syphilis Screening
 - Tobacco, Alcohol and Drug Use Risk Assessment
 - Tuberculosis (TB) Risk Assessment
 - Vision Screening

Other C&TC resources

- Centers for Medicare & Medicaid's (CMS) [Early and Periodic Screening, Diagnostics and Treatment \(EPSDT\) Program](#) webpage
- [American Academy of Pediatrics \(AAP\)](#) webpage
- [Centers for Disease Control and Prevention \(CDC\) Growth Charts](#) webpage
- [Minnesota Council of Health Plans](#) webpage

Training

Training and e-learning modules

- [C&TC MDH Trainings](#) webpage (provided through a DHS contract with MDH) – These trainings provide the standards and component requirements, and the skills training needed to perform various components, including basic hearing and vision screening.
- [C&TC MDH Self-Paced Training](#) webpage (provided through a DHS contract with MDH) – These online training programs are designed to provide knowledge and information needed to provide quality health care to Minnesota children eligible for Child and Teen Checkups.
- [Child and Teen Checkups: Building Trust and Respect in Pediatric Care](#) video (provided through a DHS contract with MDH) - Highlights the voices of families who have experienced homelessness.
- [MHCP Provider Training](#) – Training for fee-for-service providers who provide services to enrolled MHCP members.

Fluoride varnish online trainings

Recommended online trainings:

- Medical assistants and other nonlicensed personnel performing fluoride varnish as a delegated task must watch the Minnesota Oral Health Coalition's [Fluoride varnish application and information](#) YouTube video.
- Providers and those who supervise staff applying fluoride varnish should watch the [Smiles for Life: Caries Risk Assessment, Fluoride Varnish Application](#) 30-minute YouTube video training.
- Alternative trainings:
 - [Smiles for Life: Complete Curriculum](#) is a broader overview; the entire course can be completed for free continuing medical education.
 - [Crush Cavities Fluoride Varnish Application Training for Clinics](#) course provides a broad overview of oral health and fluoride varnish.

Silver Diamine Fluoride online training

- [American Academy of Pediatric Dentistry self-guidance for providers](#)
- [Smiles for Life Oral Health](#)
- [Silver Diamine Fluoride \(SDF\) FAQ for Health Professionals](#)

Legal References

[Minnesota Statutes, 144.343](#) (minor consent)

[Minnesota Statutes, 256B.04](#), subdivision 1b (Contract for administrative services for American Indian children)

[Minnesota Statutes, 256B.0625](#), subdivision 14 (Diagnostic, screening, and preventative services)

[Minnesota Statutes, 256B.0625](#), subdivision 39 (Childhood immunizations)

[Minnesota Statutes, 256B.0625](#), subdivision 58 (Early and periodic screening, diagnosis, and treatment services)

[Code of Federal Regulations, title 42, section 441.50-441.62](#) (Early and Periodic Screening, Diagnosis, and Treatment of Individuals Under Age 21)