

Child and Teen Checkups (C&TC)

[Revised: August 19, 2022](#)

- [Overview](#)
 - [Coordination of Preventive Health Care](#)
- [Eligible Providers](#)
 - [Individual Treating Providers](#)
 - [Facility Types](#)
- [Eligible Members](#)
- [Covered Services – Medical Screenings](#)
 - [Health Education and Anticipatory Guidance](#)
 - [Health History](#)
 - [Developmental and Social-Emotional or Mental Health Screenings](#)
 - [Screening for Autism Spectrum Disorder \(ASD\) in Toddlers](#)
 - [Postpartum Depression Screening](#)
 - [Tobacco, Alcohol or Drug Use Risk Assessment](#)
 - [Immunizations and Vaccinations](#)
 - [Vaccine Counseling](#)
 - [Laboratory Tests or Risk Assessment](#)
 - [Blood Lead Test](#)
 - [Hematocrit or Hemoglobin](#)
 - [Tuberculosis \(TB\) Testing](#)
 - [Sexually Transmitted Infection \(STI\) Risk Assessment and Human Immunodeficiency Virus \(HIV\) Screening](#)
 - [Dyslipidemia Risk Assessment](#)
 - [Vision Screening](#)
 - [Hearing Screening](#)
 - [Oral health, including fluoride varnish application \(FVA\)](#)
- [Covered Services – Dental Screening by a C&TC Medical Provider](#)
- [Other Covered Services](#)
- [Screening Exceptions](#)
- [Noncovered Services](#)
- [Authorization](#)
- [Billing](#)
 - [C&TC Screening with an E&M Service](#)
- [Referrals](#)
 - [C&TC HIPAA-Compliant Referral Condition Codes](#)
 - [Two-Character C&TC HIPAA-Compliant Referral Condition Codes and Definitions](#)
 - [HCPCS Code S0302](#)
- [Resources](#)
- [Training](#)
- [Legal References](#)

Overview

Child and Teen Checkups (C&TC) is the name for Minnesota's Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, a required service under Title XIX of the Social Security Act. C&TC is a comprehensive child health program provided to children and teens (newborn through the age of 20 years) enrolled in Medical Assistance (MA) or MinnesotaCare. 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.

Child and Teen Checkups are based on the recommendations of the American Academy of Pediatrics (AAP) 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 C&TC-eligible population.

Minnesota is required to provide an annual report to Centers for Medicare & Medicaid (CMS) that includes our state's participation rate based on eligible children receiving a C&TC screening service during the reporting year. Therefore, accurate billing and coding is critical in documenting the screenings that have been provided.

States are also required to follow up on referrals made from results of an EPSDT 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 for 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. 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. Refer to the [HIPAA Compliant C&TC Referral Codes Fact Sheet](#) for more information.

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 substituting a C&TC screening service (when appropriate) for other preventive health care visits, such as:

- Newborn and well-baby checkups
- School
- Camp or athletic physicals
- Routine well-child care
- Family planning visits
- Special Supplemental Food 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 C&TC screening providers must be enrolled as either of the following and have a signed [C&TC Provider Agreement Addendum](#):

- A Minnesota Health Care Programs (MHCP) C&TC
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

Non-enrolled public health nurses approved by the Minnesota Department of Health (MDH) may provide services after completing the two- to three-day C&TC screening component training.

Staff eligible to provide some components under supervision of a physician or dentist includes the following:

- Public health nurses
- Registered nurses
- Other staff through delegation by a licensed health professional within their scope of practice

Facility Types

Eligible facility types include the following:

- Clinics
 - C&TC
 - Community health
 - Dental
 - Physicians
 - Public health
 - Public health nursing
 - Rural health
 - School (clinics)
- Family planning agencies
- Federally qualified health centers
- Head Start
- Hospitals

- Indian Health Services
- WIC

Some providers listed can complete only certain components that are 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.

Eligible Members

Children and teens, newborn through the age of 20 years, 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 determinants of health, and nutrition
- Developmental health
- Social-emotional or mental health
- 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 and critical congenital heart defect
- Laboratory tests or risk assessment including:
 - Blood lead test
 - Hemoglobin or hematocrit
 - Hepatitis C
 - Tuberculosis
 - Sexually transmitted infection (STI) risk assessment, with lab testing for sexually active youth
 - Human immunodeficiency virus (HIV) screening lab test
 - Dyslipidemia risk assessment
- Vision screening (visual acuity screening, plus lens, beginning at age 5)
- Hearing screening (addition of 6,000 Hz screening for age 11 and over)
- Oral Health, including fluoride varnish application (FVA) starting at eruption of the first tooth through the age of 5 years. FVA application is limited to four per 365 days

Refer to the [C&TC Schedule of Age-Related Screening Standards \(Periodicity Schedule\) \(DHS-3379\) \(PDF\)](#) for Minnesota's age-related screening standards schedule 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 Healthy Foster Care America Health Information Form \(PDF\)](#) for health visit recommendations and to the [AAP Foster Care](#) website 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.

For more information on health education and anticipatory guidance, refer to the [Child and Teen Checkups Fact Sheets](#) for anticipatory guidance, 0–10 years and 11–20 years.

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 determinants of health. For more information about social determinants of health, refer to the [Health History and Social Determinants of Health Fact Sheet](#).

Developmental and Social-Emotional or Mental Health Screenings

Developmental and social-emotional or mental health screenings are a C&TC screening component. A MN Developmental Screening Task Force recommended screening instrument is preferred, however, a DHS-accepted screening instrument can be used. Also, review [Screening for Autism Spectrum Disorder \(ASD\)](#) information in this manual section.

Refer to the [Developmental, Social-Emotional, and Autism Spectrum Disorder Screening in Early Childhood](#) or [Mental Health Screening, 6-20 Years](#) fact sheets developed by MDH and DHS and the [DHS Children's Mental Health Division Screening](#) webpages 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.

Based on the recommendation by the AAP, The Survey of Well-Being of Young Children (SWYC) may be used only for developmental screening only when performing a complete C&TC exam in a clinic setting. Use of the SWYC is not recommended in the C&TC setting for social-emotional (SWYC Pediatric Symptom Checklist) or autism screening. Refer to the [C&TC Developmental and Social - Emotional Screening Recommendations - Minnesota Department of Health](#) webpage. This webpage has links to two important documents: [Instruments at a glance for C&TC Clinic Settings](#) and [Instructions for Administering The Survey of Well-Being of Young Children screening in the C&TC Clinic Setting](#).

For settings outside of a medical clinic, refer to the [Recommended Screening Instruments](#) 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 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](#)), appropriate medical specialists, follow-up plan of care and, when appropriate, a referral to a local community service agency. For more information, see the Referral section of the [Developmental, Social-Emotional, and Autism spectrum Disorder Screening in Early Childhood](#) or the [Mental Health Screening \(6-20 Years\)](#) Fact Sheets on the MDH website.

Bill developmental and social-emotional or mental health screenings on the same claim as other C&TC services. 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.

Screening for Autism Spectrum Disorder (ASD) in Toddlers

Provide ASD-specific screening only after using an approved developmental and social-emotional screening instrument during the last year. The American Academy of Pediatrics (AAP) and the [C&TC Schedule of Age-Related Screening Standards \(Periodicity Schedule\) \(DHS-3379\) \(PDF\)](#) suggests that autism screenings should be part of standard 18- and 24-month well-child checks.

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 completed 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 instrument(s) used, the score(s) 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, no need to wait.

Referrals

For more information on referrals, see the [Referral and Management](#) section of the Developmental, Social-Emotional, and Autism Spectrum Disorder Screening in Early Childhood C&TC Fact Sheet for Primary Care Providers.

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](#))
- Local community service agency, when appropriate (directly or via [Help Me Connect](#))

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. Another resource with Minnesota-specific screening, identification and referral information is the [First Steps: Pathway to learning, playing and growing \(PDF\)](#), which provides a summary of key developmental milestones that infants and toddlers should be achieving. This resource contains tips, tools and guidance to help aid a child's development. It also explains resources available to parents and caregivers who have questions or concerns about their child's development. The PDF is 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 PDF 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](#).

Refer directly for a comprehensive evaluation or early intervention services using the Pathway to EIDBI Services referral tool. Anyone can make a referral, including the family.

- [Pathway to EIDBI Services for Families - English](#)
- [Pathway to EIDBI Services for Families - Lus Hmoob - Hmong](#)
- [Pathway to EIDBI Services for Families - Af Soomaali - Somali](#)
- [Pathway to EIDBI Services for Families - Español - Spanish](#)

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, and either the 4-month or 6-month visit; however, providers may do screening any time up to 13 months.

Use one of the following standardized screening instruments:

- [Edinburgh Postnatal Depression Scale \(EPDS\) \(PDF\)](#)
- [Patient Health Questionnaire - 9 \(PHQ-9\) Screener](#)
- [Beck Depression Inventory \(BDI\)](#)

Providers that meet the instrument-specific criteria for administering the screening tool as outlined by the publisher may perform maternal 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. For more information on postpartum depression screening, referral and documentation, refer to [Postpartum Depression - Information for Health Professionals](#) and the [Postpartum Depression Screening FACT Sheet](#).

Refer to the DHS Children's Mental Health [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. When billing for a postpartum depression screening, refer to the following criteria:

- Use CPT code 96161
- Use the child's MHCP member ID number
- Bill it 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, therefore, will bypass the PTP edit if you correctly add a PTP-associated modifier. See [Minnesota National Correct Coding Initiative \(NCCI\)](#) page 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. For more information, including recommended risk assessment or screening tools, refer to the [Tobacco, Alcohol or Drug Use Risk Assessment Fact Sheet](#).

Resources for adolescent health include the following:

- American Academy of Pediatrics (AAP) [Bright Futures Guidelines and Pocket Guide](#) which includes information about early to late adolescence visits
- [Bright Futures Tool and Resource Kit](#) – contains previsit questionnaires for the adolescent and for the parent or caregiver
- [C&TC for Adolescents and Young Adults, 11-20 Years - Minnesota Department of Health](#) – 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. You may also use the [Minnesota Department of Health \(MDH\) Childhood and Adult Recommended Immunization Schedules](#), which are revised annually and incorporate the ACIP schedule.

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 vaccines and other recommended vaccinations for adults aged 19 or older.

When billing for immunizations or vaccinations administered during a C&TC screening, 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 [MHCP Provider Manual – Immunizations and Vaccinations](#) section for details on coding and billing criteria.

Vaccine Counseling

Effective Jan. 1, 2022, stand-alone vaccine counseling visits are covered when provided to children and youth under age 21. Providers may counsel for COVID-19 vaccinations or standard pediatric vaccines. 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. These visits are only billable when done outside of routine well visits. Review the [Immunizations and Vaccinations](#) webpage for further 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, 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, 16-30 minutes. (This code is used for Medicaid billing purposes.)
G0314 with CR modifier	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 16-30 minutes. (This code is used for the Medicaid Early and Periodic Screening, Diagnostic, and Treatment Benefit [EPSDT].)
G0315 with CR modifier	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 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 websites for more information:

- [CDC Centers for Disease Control and Prevention Immunization Schedules](#)
- [MHCP Provider Manual – Immunizations and Vaccinations Section](#)
- [Minnesota Department of Health \(MDH\) Immunization](#)
- [Vaccine Information Statements in Multiple Languages](#)
- [C&TC Immunizations and Review Fact Sheet](#)

Laboratory Tests or Risk Assessment

For information about billing for lab services, refer to the [Laboratory/Pathology Services](#) section of this manual. 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

A blood lead test at ages 12 and 24 months is a federally required component of C&TC. (Research indicates that MA and MinnesotaCare children are at greater risk of lead poisoning.) Lead testing can occur at other times within the ranges that

are indicated on the [Schedule of Age-Related Screening Standards \(Periodicity Schedule\) \(DHS-3379\) \(PDF\)](#) and when medically indicated. A blood lead test done between ages 9 and 15 months can fulfill the 12-month screening requirement. A blood lead test completed for a child between ages 18 months and 30 months can fulfill the 24-month screening 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 Screening Fact Sheet \(PDF\)](#)
- [Childhood Blood Lead Screening Guidelines for Minnesota \(PDF\)](#)
- [Childhood Blood Lead Treatment Guidelines for Minnesota \(PDF\)](#)
- [Childhood Blood Lead Case Management Guidelines for Minnesota \(PDF\)](#)
- [Center for Disease Control and Prevention – Blood Lead Poisoning](#)
- [MDH Lead Poisoning Prevention](#)
- [MDH Lead Poisoning Prevention Fact Sheets and Brochures](#)

Hematocrit or hemoglobin

Hemoglobin (Hb) or hematocrit (Hct) screening is required as part of a C&TC visit at these 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 females

For more information, including documentation of results and follow up, refer to the [C&TC Hemoglobin or Hematocrit Fact Sheet](#).

Hepatitis C

Effective Oct. 1, 2022, a Hepatitis C Virus (HCV) screening 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 screening lab test was complete, test results, and any needed treatment or follow up.

For more information, refer to the [C&TC Hepatitis C Virus \(HCV\) Screening Fact Sheet](#).

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. When performing TB testing during a C&TC screening, bill with the appropriate CPT code on the C&TC screening claim. For more information and recommendations, review the [C&TC TB Screening Fact Sheet](#) and the [Pediatric TB Risk Assessment Tool](#).

Sexually transmitted infection (STI) risk assessment and human immunodeficiency virus (HIV) 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 [Child and Teen Checkups Fact Sheet](#) for Sexually Transmitted Infection (STI) Risk Assessment and Human Immunodeficiency Virus (HIV) Screening 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 his or her 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. (Minnesota Statutes 144.343)

Resources for adolescent health include the following:

- American Academy of Pediatrics (AAP) [Bright Futures Guidelines and Pocket Guide](#)
- [Bright Futures Tool and Resource Kit](#) (contains previsit questionnaires for the adolescent and for the parent or caregiver)
- [Minnesota Department of Health Adolescent Health Care](#) website (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 [Schedule of Age-Related Screening Standards \(Periodicity Schedule\) \(DHS-3379\) \(PDF\)](#). For risk assessment guidelines, refer to the [Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents: Summary Report](#). For more information, refer to the [Dyslipidemia Risk Assessment Fact Sheet](#).

Vision screening

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 [Periodicity Schedule \(DHS-3379\) \(PDF\)](#).

Refer to the [MDH Vision Screening](#) website for detailed procedures and [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. For more information, refer to the [Vision Screening Fact Sheet](#).

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, therefore, bypass the PTP edit if you correctly add a PTP-associated modifier. See [Minnesota National Correct Coding Initiative \(NCCI\)](#) page for information about modifiers.

Hearing screening

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 [Periodicity Schedule \(DHS-3379\) \(PDF\)](#). Refer to the MDH [Hearing Screening](#) for detailed procedures and instrument recommendations. For more information refer to the [Hearing Screening Fact Sheet](#).

Oral health

Primary care provider requirements include the following:

- Provide an oral health screening, anticipatory guidance and education for children and their families at every C&TC screening.
- Verbally refer children to dentists at the time of the eruption of the first tooth or no later than 12 months of age.

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. 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, a 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 non-dental providers, refer to [Fluoride varnish in the Child and Teen Checkups \(C&TC\) setting](#) and the [Oral Health Fact Sheet](#) in the MDH C&TC webpages, 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 screening 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.

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

- 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.

Covered Services – Dental Screening by a C&TC Medical Provider

The C&TC dental 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)
- Anticipatory guidance or counseling
- Counseling on the following:
 - Oral hygiene
 - Dietary
 - Injury prevention and mouth guard recommendations
 - Non-nutritive habits
 - Speech and language development
 - Substance abuse
 - Intraoral or perioral piercing
- Transition to adult care

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

For details on dental benefit coverage policy, refer to the [Dental Services](#) section of this manual.

Primary care provider requirements include the following:

- Provide an oral health exam, anticipatory guidance and education for children and their families at every C&TC screening. Refer to the [Oral Health Screening Fact Sheet](#) 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.

Other Covered Services

The following services are also covered:

- Interperiodic or interim screenings may be done as indicated and are reimbursable as a C&TC screening 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

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 Schedule of Age-Related Screening Standards. 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 following guidelines for an exception identified in the 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
Condition already identified (screening is not medically necessary)	<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
Screening recently provided	<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
Service is not applicable	Child's teeth have not yet erupted; therefore, fluoride varnish application (FVA) may not be provided.	<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
Service recently provided elsewhere	FVA was provided in another setting, such as the dental home or public health setting within the last 30 days	<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
Parent or young adult declined	<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 well-child 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 counseling and risk factor reduction E&M codes with comprehensive preventive medicine E&M codes. These codes 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 [MHCP Provider Manual - Authorization Section](#). For clinic or physician services provided to a child not included in the C&TC screening benefit, refer to the [MHCP Provider Manual – Physician Services](#) section.

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 (EDI) 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 [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. On claims for C&TC screening services, include the following:

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

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

For policy and billing dental screening components, refer to the [Dental Services](#) section of this manual.

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.

HIPAA-Compliant Referral Condition Codes

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.

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.

Refer to the [HIPAA Compliant C&TC Referral Codes Fact Sheet](#) for more information.

Two-Character HIPAA-Compliant Referral Condition Codes and Definitions

Use the most appropriate referral code from the table below:

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 (ST) • 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 a diagnostic or corrective health problems

AV – declined referral (referral recommended but it was declined)	One or more referrals were made and the patient declined one or more of the referrals (AV)
NU (no referral – not used)	<ul style="list-style-type: none"> • No referral(s) given (NU) • If only a 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 a submitted charge is entered on the same line as the HCPCS Code S0302, MHCP will deduct that amount from the total charges on the claim.

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 DHS resources:

- [Schedule of Age-Related Screening Standards \(Periodicity Schedule\) \(DHS-3379\) \(PDF\)](#)
- [Schedule of Age-Related Dental Standards \(Dental Periodicity Schedule\) \(DHS-5544\) \(PDF\)](#)
- [C&TC – EPSDT resources](#)
- [C&TC County and Tribe Contact List \(DHS-7927\) \(PDF\)](#)
- [Child and Teen Checkups \(C&TC\) Helpful Websites](#)

Minnesota Department of Health (MDH) C&TC resources

- [Minnesota Department of Health \(MDH\) C&TC website](#)
- [MDH Preventive Health Care for Children, Teens and Young Adults website](#)
- [C&TC Fact Sheets](#) (provided through a DHS contract with MDH)
 - Anticipatory Guidance, Birth to 5 Years
 - Anticipatory Guidance, 6-12 Years
 - Anticipatory Guidance, 13-21 Years
 - Autism Spectrum Disorder (ASD) Screening
 - Dental Checkups Fact Sheet for Dental Providers
 - Developmental Screening
 - Dyslipidemia Risk Assessment
 - Health History
 - Hearing Screening
 - Hematocrit or Hemoglobin
 - HIPAA Compliant C&TC Referral Codes
 - Human Immunodeficiency Virus (HIV) Screening
 - Immunizations and Review
 - Lead Screening
 - Maternal Depression Screening
 - Mental Health Screening, 6-21 Years
 - Newborn Screening
 - Oral Health Fact Sheet for Primary Care Providers
 - Physical Examination
 - Physical Growth and Measurements
 - Sexually Transmitted Infection (STI) Screening
 - Social-Emotional Screening, 0-5 Years
 - Tobacco, Alcohol or Drug Use Risk Assessment
 - Tuberculosis (TB) Screening
 - Vision

Other C&TC resources

- [Centers for Medicare & Medicaid \(CMS\) Early and Periodic Screening, Diagnosis and Treatment \(EPSDT\) Program](#)
- [Health Resources & Services Administration \(HRSA\) Maternal & Child Health Early Periodic Screening, Diagnosis, and Treatment](#)

Training

Training and e-learning modules

- [Child and Teen Checkups training information](#) – links to training available for Child and Teen Checkups providers
- [C&TC DHS MDH Trainings](#) (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 DHS MDH E-Learning Training Modules](#) (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.

Fluoride varnish online trainings

- Recommended online trainings:
 - Medical assistants and other non-licensed 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.

Note: *this training was filmed before the COVID 19 pandemic. Please follow the AAP infection control recommendations.*

- 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.

Note: *Although not demonstrated in these videos, appropriate personal protection equipment including eye shields must be worn during fluoride varnish application.*

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)

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