

Chapter 18

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

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

The purpose of the program is to reduce the impact of childhood health problems by identifying, diagnosing, and treating health problems early.

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 assist in reducing duplication of services by substituting a C&TC screening service (when appropriate) for other preventive health care visits, such as:

- Newborn or well-baby
- School
- camp or athletic physicals
- Routine well-child care
- Family planning visits
- WIC;
- Head Start physicals
- Immunizations
- Initial prenatal visits
- Early childhood screenings

Eligible Providers

Eligible individual providers include the following:

1. Nurse practitioners (NPs)
2. Physicians
3. Physician assistants (PAs)
4. Public Health Nurses (PHNs) approved by MDH after completing the 2 – 3 day C&TC screening component training
5. Dentists

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

1. Public health nurses

2. Registered nurses
3. Other staff through delegation by a licensed health professional within their scope of practice

Screening, diagnosis, and treatment can occur during one or more office visits with one or more providers. An example of all services completed at one office visit is: a hemoglobin test indicates a low blood count (screening); the physician decides the child is anemic (diagnosis); and prescribes iron supplements (treatment).

Covered Services

A C&TC screening service is reimbursable under South Country Health Alliance and consists of the following components as outlined in the current “C&TC Periodicity Schedule of Age-Related Screening Standards” available on DHS website.

- Health education and anticipatory guidance
- Assessment of physical growth and measurements
- Health history including mental health, nutrition, and chemical/substance use
- Developmental and social-emotional or mental health**
- Autism spectrum disorder screening and substance use assessment
- Maternal depression screening
- Physical examination
- Immunizations and review of immunizations
- Newborn metabolic screening
- Laboratory tests and or risk assessments including blood lead, Hgb/hematocrit (HCT), and other tests as indicated
- Vision screening
- Hearing screening
- Verbal referral to a dentist for dental services
- Fluoride Varnish Application (FVA)

Note: Urinalysis is no longer required.

** See billing section of this chapter.

Diagnosis and treatment of health conditions determined to be medically necessary are also covered services. A referral should be made if for any reason, as a result of the C&TC screening, the child needs to be seen again for follow-up for further evaluation, diagnosis and/or treatment either by the screening provider or any other provider.

Federal law requires states to maintain an 80% participation rate in the C&TC screenings. This participation rate is based on eligible children receiving a C&TC screening service during the reporting year. Accurate billing/coding is critical for Minnesota to be able to reach the 80% participation goal.

States are also required to follow-up on referrals made as a result of a C&TC screening to assure that children/families receive the necessary services to correct or improve

health problems. It is important that providers report all referrals on C&TC claims. Codes used to report these referrals are explained in the Billing/Coding section of this chapter.

C&TC Screening Components, Standards and Guidelines

The C&TC Screening Components, Standards and Guidelines are the standards for C&TC screening services. These standards incorporate the requirements of the Centers for Disease Control and Prevention (CDC), the Centers for Medicare and Medicaid Services (CMS) and the Minnesota Department of Health (MDH) guidelines. Included are criteria guidelines for provider documentation. These standards and guidelines are found on the DHS Web site in the C&TC Provider Information Guide. South Country Health Alliance has adopted the DHS C&TC Screening Components, Standards and Guidelines as a clinical practice guideline for preventive care for children, adolescents and young adults.

Fluoride Varnish Application (FVA)

South Country Health Alliance reimburses for FVA completed during a C&TC visit on children, from birth to age 21, by health professional or C&TC providers who have successfully completed an approved FVA training course. FVA may be performed at all locations where C&TC services are rendered.

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 healthcare 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

Fluoride varnish application is required at all C&TC visits. Apply fluoride varnish in the primary care setting every three to six months starting at the eruption of the first tooth or no later than 12 months of age, and continuing through 5 years of age, as recommended by the American Academy of Pediatrics (AAP) and the US Preventive Task Force (USPSTF).

Fluoride Varnish Online Trainings

- **Preferred training** for staff who apply fluoride varnish in the C&TC setting: [Smiles for Life: Module 6 Caries Risk Assessment, Fluoride Varnish and Counseling](#) provide training on oral screenings, fluoride varnish indications and application, and office implementation.

- Other FVA online training: [Smiles for Life: A National Oral Health Curriculum](#) is a broader overview of the Module 6 training; you can complete the entire course for 8.5 hours of free continuing medical education.
- The American Academy of Pediatrics, Oral Health Initiative [Protecting All Children's Teeth \(PACT\): A Pediatric Oral Health Training Program](#) course can be completed for 11 hours of free continuing medical education (CME).
- University of Minnesota Fluoride varnish module [Dental Health Screening & Fluoride Varnish Application](#) course provides a broad overview of oral health and fluoride varnish.

WIC and Head Start agencies may perform FVA after completing the same approved FVA training course.

FVA is not limited to an office setting, and may be provided in all South Country Health Alliance approved service locations. Contact the South Country Health Alliance Provider Services regarding coverage of FVA.

Billing for Fluoride Varnish Application (FVA)

FVA Dental provider billing: Use CDT code D1206 Topical Fluoride Varnish and may bill once every six (6) months.

FVA Physicians and other health care professionals billing: Use CPT code 99188 for primary care providers (physicians or other qualified health care professionals) and trained clinical staff. This code replaces CDT code D1206. You may bill at three (3) to six (6) months intervals.

Primary care providers bill FVA on the same claim as the other C&TC services. When providing FVA at other pediatric visits, bill FVA on the same claim as the other pediatric services.

Head Start, WIC and Public Health Agencies billing for FVA:

- Use CDT code D1206 if you are a trained licensed or certified health care professional in a community setting under the direct supervision of a treating **Dentist** and may bill once every six (6) months.
- Use CPT code 99188 if you are a trained licensed or certified health care professional in a community setting under the direct supervision of a treating **Physician** or other qualified health care professional. You may bill at three (3) to six (6) months intervals.

Beginning July 1, 2017, FVA in the primary care setting and in the community setting under the direct supervision of a treating physician must use CPT code 99188. CDT code D1206 will no longer be allowed in these settings after July 1, 2017.

Hearing Screenings using a Audiometer

Children of all age groups must be subjectively monitored for hearing concerns. The child, parent or guardian must be asked if there are concerns about the child's hearing. Children Age three and older must receive a puretone audiometer test. If it is documented in the child's chart the child received a hearing screening as a newborn, the puretone audiometer can start at age four rather than age three. Beginning at 11 years of age, the addition of 6000 Hz level at 20 dB to the pure tone audiometry screen for noise-induced hearing loss is require.

Hearing and/or Vision Screenings preformed at the School

Health Care providers are advised to review the results of the screenings performed at the school prior to the C&TC visit and document accordingly to be able to bill for a completed C&TC (S0302) provided that all other recommended components are performed. Since the hearing and/or vision screening was not performed, the provider should not bill those specific codes.

The provider can chose to perform the hearing and/or vision screening even if it was done at the school. In doing so, the corresponding codes can then be billed along with the S0302 provided all other recommended components were performed.

Hearing and Vision Training Opportunities for Clinic Professionals

The Minnesota Department of Health holds training sessions each year for professionals to conduct hearing and vision screenings properly. Contact your local public health agency to discuss overcoming the barriers in your clinic.

Developmental Screening Tools

A list of recommended developmental screening instruments, along with other helpful information about developmental screening can be found at

<http://www.health.state.mn.us/divs/cfh/topic/devscreening/instruments.cfm>.

Examples of C&TC Documentation Forms can be found at

<http://www.health.state.mn.us/divs/cfh/program/ctc/content/document/pdf/devscreening.pdf>.

Screening for Autism Spectrum Disorder (ASD) in Toddlers

ASD-specific screening may only be provided after using an approved developmental and social-emotional screening during the last year.

When billing for an ASD-specific screening, use a standardized screening instrument according to the guidelines of the developer. Without the use of a standardized screening instrument, reimbursement for ASD-specific screening is included in the payment of the E&M code used for the C&TC visit. Bill ASD-specific screening on the same claim as other C&TC services; use CPT code: 96110 U1

Providers must retain at a minimum, the name of the screening instrument, the score in the child's medical record and the anticipatory guidance provided to the parent or caregiver related to the screening results.

C&TC Screening Service Billing/Coding

Reimbursement for C&TC screening services is dependent upon referral codes on the claim. The four C&TC referral codes (AV, ST, S2 and NU) are used to:

- Identify the claim as a complete C&TC screening;
- Ensure appropriate provider reimbursement;
- Identify referrals for public health follow-up;
- Collect federally required data.

South Country Health Alliance also requires the HCPCS code S0302 as a line item on the claim form. By submitting the S0302 code, the provider indicates to South Country Health Alliance that a full C&TC screening was completed.

HIPAA C&TC Referral Coding Information

Billing processes include complying with HIPAA and MMSI, Inc/South Country Health Alliance system and data requirements.

1. Two-Character C&TC Referral Codes and HIPAA Definitions

The following two-character C&TC referral codes are to be used on a C&TC Claim in order for the claim to be acknowledged as a C&TC screening. If the HCPCS code S0302 is reported without the referral code on the claim, the claim will be denied

C&TC Referral Codes HIPAA Definitions

AV	Patient refused one or more referral(s)
ST	Referral to another provider for diagnostic or corrective treatment or scheduled for another appointment with screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service (does not include dental referrals).
S2	Patient is currently under treatment for referred diagnostic or corrective health problem(s).
NU	No referral(s) made.

2. How to Bill a Complete C&TC Screening

The C&TC referral code selected pertains to the **entire** claim. Different C&TC referral codes cannot be used on different lines of the same claim. **The federal HIPAA format allows only one C&TC referral code to be used per claim.**

When billing for a complete C&TC screening, the claim should not include additional non-C&TC procedures. When procedures in addition to the completed C&TC screening components are performed at the same visit (e.g., tympanometry), bill the additional procedures on a separate claim, use modifier 25 and do not include a C&TC referral code on the non-C&TC claim.

Electronic claim submission instructions

Field	Data to Enter
CRC02-Certification Condition Indicator: Indicates whether a referral was made.	N for NO if a referral was not made. Y for YES if a referral was made.
CRC03-Condition Indicator: Indicates the outcome of the screening.	One of the four new two-character C&TC referral codes (AV, ST, S2, and NU)

Questions regarding SCHA/MMSI, Inc billing and reimbursement should be referred to SCHA/MMSI, Inc Provider Services at 1-800-995-4543.

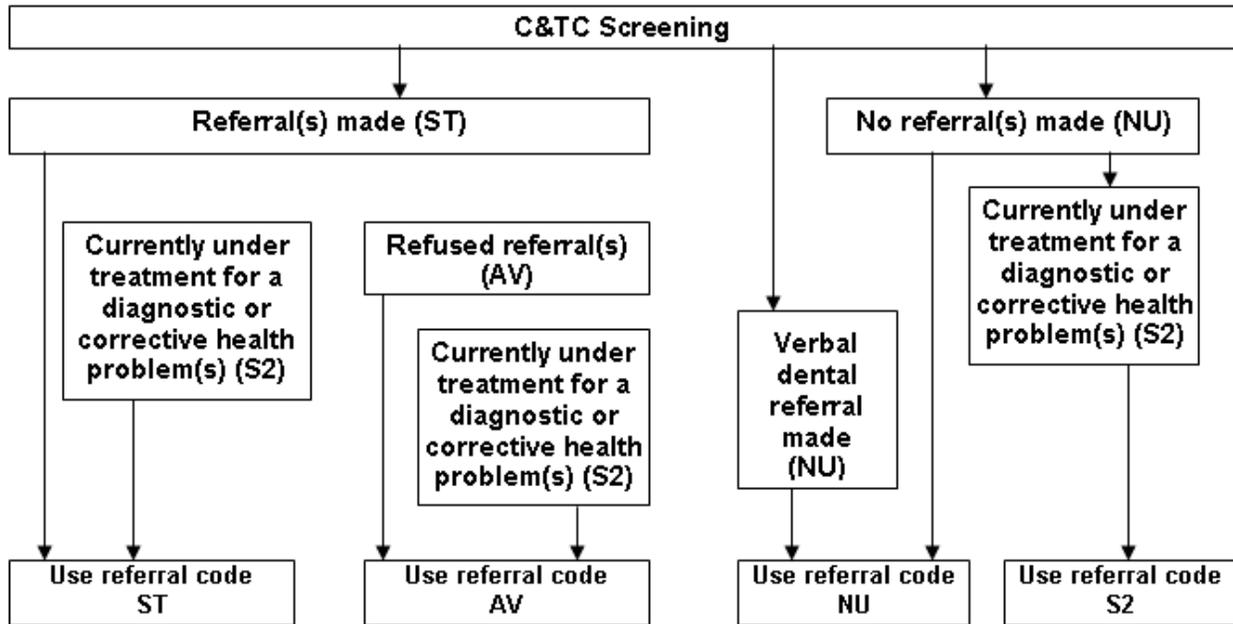
3. Using C&TC Referral Codes Appropriately

Use the following examples and the chart below to determine which code should take precedence, since only one referral code per claim is allowed under the new HIPAA format.

When billing for a complete C&TC screening	Use this referral code on ALL claim lines
For which no referral(s) made (“NU”):	NU
With no referral(s) made (“NU”), and the patient is currently under treatment for a diagnostic or corrective health problem(s) (“S2”):	S2
When one or more referrals were made (“ST”):	ST
When one or more referrals were made (“ST”), and the patient is currently under treatment for a diagnostic or corrective health problem(s) (“S2”):	ST
When one or more referrals were made (“ST”), and the patient refused one or more of the referrals (“AV”):	AV
When one or more referrals were made (“ST”), and the patient refused one or more of the referrals (“AV”), and the patient is currently under treatment for a diagnostic or corrective health problem(s) (“S2”):	AV
When a verbal dental referral was made for preventive dental health care:	NU

4. C&TC Referral Code Priority Chart

When multiple referral codes apply to a claim, the following is the order of priority usage.



5. Additional billing information for Developmental & Social/Emotional/Mental health screening

Developmental screening and Social/Emotional/Mental Health screening can be billed as separate line items on a C&TC claim IF a standardized tool is used to conduct the assessment(s).

Standardized parent-questionnaire assessment tools are acceptable means of assessment. If both a developmental assessment AND a mental health assessment are conducted (using appropriate standardized tools) both assessments can be billed as line items on the claim form. The appropriate CPT codes are:

- 96110 –Developmental assessment with a standardized instrument
- 96127 – Social-emotional or Mental Health screening with a standardized instrument

Do not bill developmental and a social-emotional /mental health screenings or surveillance as a separate service performed during a C&TC when no standardized screening instrument was used.

6. Coordination of Benefits (COB)

SCHA pays for services after the recipient has used all other sources of payment. SCHA is the payer of last resort. The order of payers for a South Country Health Alliance recipient is:

- Third party payers or primary payers to Medicare (e.g., large and small group health plans, private health plans, group health plans covering the beneficiary with End Stage Renal Disease for the first 18 months, workers compensation law or plan, no-fault or liability insurance policy or plan);
- Medicare;

- South Country Health Alliance Medical Assistance, MinnesotaCare; and
- Dual Eligible programs – MSHO – SeniorCare Complete or SNBC - AbilityCare
- If the primary insurance pays a portion or the full amount of the C&TC claim, including the S0302, the provider must continue to coordinate benefits with SCHA.
- Providers must submit the C&TC claim and a copy of the EOB/EOP to SCHA. South Country Health Alliance will reimburse the provider up to the DHS Global Rate for the completion of a Full Child and Teen Checkup. Providers must bill the S0302 to receive full reimbursement.

C&TC Information

The following forms, brochures and information are available on the C&TC Program Web site: <http://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/resources/ctc-publications.jsp>

C&TC Brochures Many C&TC publications are translated into other languages including Hmong, Russian, Somali, Vietnamese and Spanish. For further information refer to: <http://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/resources/ctc-publications-translated.jsp>

- C&TC Health Care Birth to 21 years
- Being Healthy Ages 12-21
- C&TC Your Growing Child (YGC) – A Family Brochure

C&TC Provider Guide: Designed to offer providers and clinic staff basic information about the C&TC Program. This guide is available on the DHS website at <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4212-ENG>

C&TC Screening Information:

- C&TC Periodicity Screening Schedule of Age-Related Screening Standards
- C&TC Screening Components, Standards and Guidelines
- C&TC Documentation Forms for Providers and Clinics
- C&TC Screening Checklists for Parents (available in the many languages: See link in C&TC Brochures)
- C&TC FACT Sheets
- C&TC Coordinators List
- CMS 416 Reports: C&TC participation by state and county
- C&TC Materials List and Ordering Information

Immunization Information and Schedules

2015 Childhood Immunization Schedule

<https://www.cdc.gov/vaccines/schedules/>

Immunization Materials for Public and for Professional Use:

<http://www.health.state.mn.us/divs/idepc/immunize/ordermat.html>

Immunization Materials in Other Languages:
<http://www.immunize.org/catg.d/noneng.htm>

Blood Lead Screening Information

Information and Materials Web site:
<http://www.health.state.mn.us/divs/eh/lead/index.html>

Other Related Web Sites:

Minnesota Department of Health (MDH)

For specific component training, MDH, under contract with DHS, provides C&TC screening component training at various times and statewide locations throughout the year. C&TC training schedules are found online at the MDH Internet site at:
www.health.state.mn.us

- Click on "Prevention and Healthy Living"
- Click on "Preventive Health Care for Children, Teens and Young Adults"
- Click on "Child and Teen Checkups"
- Click on "Training Information"

<http://www.health.state.mn.us/divs/cfh/program/ctc/training.cfm>

Maternal Depression Screenings

SCHA covers maternal depression screening as a separate service when performed during a C&TC or other pediatric visit, as a risk assessment for the child. Providers are encouraged to screen mothers who have an MHCP-eligible child less than one year of age for maternal depression.

Pediatric providers have the opportunity to identify and refer mothers for depression through routine screening at the child's Child and Teen Checkups (C&TC) or other pediatric visit.

Maternal depression screening is covered as follows:

- Screen any time within the child's first 13 months (Suggested screening times are at the 0 to 1-month visit, the 2-month visit, and either the 4-month or 6-month visit or one other subsequent visit before the child turns 13 months of age)
- Use one of the following standardized screening tools:
 - *Edinburgh Postnatal Depression Scale (EPDS)*
 - *Patient Health Questionnaire - 9 (PHQ-9) Screener*
 - *Beck Depression Inventory (BDI)*

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

For service documentation purposes, record the name of the completed screening tool and that the screening 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 tool in the child’s record. You may give the mother a paper copy of the screening tool to bring with her to a referral appointment or destroy it if she does not want it.

Maternal Depression Screening Billing

When billing for the maternal depression screening that occurs during a C&TC or other pediatric visit for an MHCP-eligible child under one year of age, follow these guidelines:

- Bill only when one of the standardized screening instruments is used
- Bill using the child’s SCHA member ID number
- Effective January 1, 2017, use CPT code 96161 (may be billed on the same date as 96110 and 96127)
- Add a modifier to 96161 on the original claim when using both the code 96161 and any of the immunization administration codes. Also add a modifier to 96161 if you have any denied claims for this code pair.

SCHA allows up to three maternal depression screenings for a child under one year of age.

Blood Lead Testing

A blood lead test at ages 12 and 24 months is a federally required component of C&TC. When a blood lead test was performed prior to the C&TC, the provider must note the test and results in the medical chart. Provider may bill the S0302 when all other recommended components were performed.