

## Chapter 18

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

**Child and Teen Checkups (C&TC):** 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 age 20, 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;
- Well-child;
- Family planning visits;
- WIC;
- Head Start.

### **Eligible Providers**

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.

- Anticipatory guidance and health education;
- Assessment of physical growth and measurements;
- Health history including mental health, nutrition, and chemical use;
- Developmental/behavioral\*\*

- Physical examination including sexual development, oral exam;
- Immunizations/review;
- Laboratory tests including blood lead, urinalysis, hemoglobin/hematocrit and other tests as indicated;
- Vision screening;
- Hearing screening; and
- Dental checkups – verbal referral required for preventive dental care.

\*\* 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 through age 20, by health professional or C&TC providers who have completed the University of Minnesota online Dental Health Screening and Fluoride Varnish Application course.

WIC and Head Start agencies may perform FVA after completing the same course. FCVA is not limited to an office setting, and may be provided in all South Country Health Alliance allowed places of service.

Contact the South Country Health Alliance Provider Services regarding coverage of FVA. Additional information about FVA can be found on the MHCP Provider Update PHY-07-01.

### **Billing for Fluoride Varnish Application (FVA)**

Use code D1206 topical fluoride varnish. FVA may be billed by physicians, nurse practitioners, PHNs, PAs, head start agencies, WIC programs and the dental community. This is the only D code that is billable in the 837P format.

### **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 S0302 code 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. Providers will receive additional reimbursement for completing the full C&TC when submitting the S0302.

### **HIPAA C&TC Referral Coding Information**

Billing processes include complying with HIPAA and MMSI/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.

#### **C&TC Referral Codes HIPAA Definitions**

AV	Patient refused 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.

When appropriate, lab services performed at an outside lab must be included on the C&TC claim to be complete. To indicate lab services were sent to an independent lab, use the appropriate CPT/HCPCS procedure code for the lab service, use modifier 90, use place of service of 81, and enter the MHCP independent lab's NPI number in the appropriate field

*Electronic claim submission instructions*

Field	Data to Enter
<b>CLM12-Special Program Indicator:</b> Indicates a C&TC screening was completed.	<b>01</b> for EPSDT/Child Health Assessment Program (CHAP).
<b>CRC02-Certification Condition Indicator:</b> Indicates whether a referral was made.	<b>N</b> for NO if a referral was not made. <b>Y</b> for YES if a referral was made.
<b>CRC03-Condition Indicator:</b> 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 billing and reimbursement should be referred to SCHA/MMSI Provider Services at 1-800-995-4543.

**3. Using C&TC Referral Codes Appropriately**

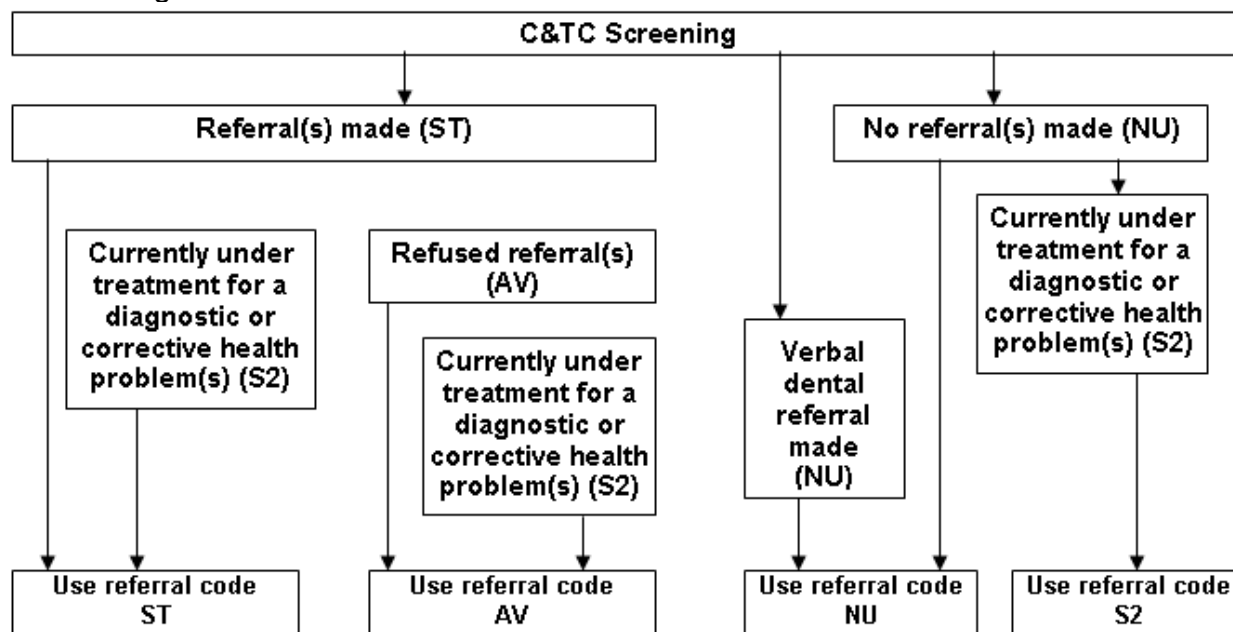
Use the following examples and the chart below to determine which code should take precedence, since only one referral code per claim is allowed under the new HIPAA format.

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	ST

diagnostic or corrective health problem(s) ("S2"):	
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
- 96110 UC – Mental Health screening

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 MMSI/SCHA.
- Providers must submit the C&TC claim and a copy of the EOB/EOP to MMSI/SCHA. South Country Health Alliance will reimburse the provider up to the 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://www.dhs.state.mn.us/main/groups/business\\_partners/documents/pub/dhs\\_id\\_026001.hcsp](http://www.dhs.state.mn.us/main/groups/business_partners/documents/pub/dhs_id_026001.hcsp)

**C&TC Brochures** (available in the following languages: Arabic, English, Hmong, Khmer, Lao, Oromo, Russian, Serbo-Croatian, Somali, Spanish and Vietnamese) The preceding English brochures are also available in (Arabic), Lus Hmoob (Hmong), (Khmer [Cambodian]), (Lao), Oromo, (Russian), Hrvatski (Serbo-Croatian), Soomaali (Somali), Español (Spanish) and (Vietnamese).]

- C&TC Health Care For Kids Brochure
- C&TC Your Growing Child (YGC) – A Family Brochure
- C&TC Being a Teenager ... 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.

## **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 following languages: Arabic, English, Hmong, Khmer, Lao, Oromo, Russian, Serbo-Croatian, Somali, Spanish and Vietnamese)
- 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**

2010 Childhood Immunization Schedule

<http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm>

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](http://www.health.state.mn.us)

- Click on “People and Environment”
- Click on “Child and Teen Checkups”
  - C&TC MDH On-line Training Program  
<http://www.health.state.mn.us/divs/fh/mch/candtc.html>

### **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 year (suggested screening times are at the 1-month visit and either the 4-month or one other subsequent visit before the child's first birthday)
- 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 the maternal depression screening 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
- Use CPT code 99420 (may be billed on the same date as 96110 and 96110 UC)

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