

**Minnesota Child and Teen Checkups (C & TC)
Coding Scenarios by Age**

Separately billable Components (if Code is listed)	Infancy					Early Childhood								Late Childhood						Adolescence									
	0-1 mo.	2 mo.	4 mo.	6 mo.	9 mo.	12 mo.	15 mo.	18 mo.	24 mo.	30 mo.	3 yrs	4 yrs	5 yrs	6 yrs	7 yrs	8 yrs	9 yrs	10 yrs	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs	17 yrs	18 yrs	19 yrs	20 yrs	
Complete C&TC	S0302	S0302	S0302	S0302	S0302	S0302	S0302	S0302	S0302	S0302	S0302	S0302	S0302	S0302	S0302	S0302	S0302	S0302	S0302	S0302	S0302	S0302	S0302	S0302	S0302	S0302	S0302	S0302	S0302
Prev Med Visit - New Pt	99381	99381	99381	99381	99381	99382	99382	99382	99382	99382	99382	99382	99383	99383	99383	99383	99383	99383	99383	99384	99384	99384	99384	99384	99384	99384	99384	99384	99384
or																													
Prev Med Visit - Est Pt	99391	99391	99391	99391	99391	99392	99392	99392	99392	99392	99392	99392	99393	99393	99393	99393	99393	99393	99393	99394	99394	99394	99394	99394	99394	99394	99394	99394	99394
(Incl: ht/wt & ht/wt %, BMI, h&p, anticip guidance, subj screens, imm review, and risk assessments)																													
*Developmental/ Behavioral - Soc/Emotional	96110	96110	96110	96110	*96110	96110	96110	*96110	*96110	*96110	*96110	*96110	*96110	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
*Substance Use Risk Assess																			X	X	X	X	X	X	X	X	X	X	
*NB Screening Followup	*	*																											
*Lab Tests: *Blood Lead						83655		*	83655	*	*	*	*																
*Hemoglobin/Hematocrit					85013-85025	85013-85025	85013-85025												*	*	*	*	*	*	*	*	*	*	
*STI																			X	X	X	X	X	X	X	X	X	X	
*HIV																			X	X	X	X	<	<	X	>	X	X	
*Dyslipidemia									X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
*Vision Screening											99173	99173	99173	99173	99173	99173	99173	99173	99173	99173	99173	99173	99173	*99173	99173	99173	99173	*99173	
*Hearing Screening											*92551	92551	92551	92551	92551	92551	92551	92551	92551	92551	92551	92551	92551	*92551	92551	92551	92551	*92551	
*Verbal Referral to Dentist	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
*Fluoride Varnish	99188	99188	99188	99188	99188	99188	99188	99188	99188	99188	99188	99188	99188	99188	99188	99188	99188	99188	99188	99188	99188	99188	99188	99188	99188	99188	99188	99188	
*Mat. Depression Screen	96161	96161	96161	96161	96161	96161																							

C&TC referral (condition) code MUST BE used: **NU** (no referrals made), **ST** (new referral - excludes routine dentist referral), **AV** (parent refused referral), or **S2** (currently being treated)

*Developmental/Behavioral: Can be billed separately if a standardized tool is used to measure development/behavior - 96110 and 96127 can both be billed if performed. Developmental screen rec at 9, 18 and 24-30 mo and at preschool age. If autism screen is done using a standardized tool, report 96110 with mod U1. Behavioral (Soc/Emot) screen is recommended at 6, 12 and 18mo and each visit after, but depression/MH screening using a standardized tool is required beginning at age 12.

*Substance Use Risk Assessment: Should be documented beginning at age 11

*Newborn Screening Followup: If no results available or did not pass, follow up appropriately - Not separately reported (included in the prev med visit)

*Lab Tests: (36415 for venipuncture or 36416 for finger stick) should be reported separately, Annual chlamydia screen required for all sexually active patients

*Blood Lead 83655: Blood lead required at 12 and 24 months (can be done twice-anytime between 9-36 months) -or- once between ages 3-5 if not done at 24 months

*Hemoglobin/Hematocrit 85013-85025: One screening required between 9 - 15 months and required once for menstruating adolescents

*STI / HIV: Risk assess. (sexual activity status) required at every visit starting at age 11 (included in prev visit). Universal HIV screening (lab test) required once between 15-18 yrs.

*Dyslipidemia: Risk assesment required at 24 months and 4, 6, 8 and 9-20 years - Not separately reported (included in the prev med visit). Bill separately for lab if performed in house.

*Vision Screening 99173: Objective screen optional at age 16 and 20 yrs. **(Add modifier -59 to 99173 when reported with the prev med visit codes-eg, 99393)**

Plus Lens (near vision) screening required beginning at age 5 for patients who pass the far vision screening.

*Hearing Screening 92551: Pure tone audiometry should be used. Objective screen optional at age 3, 16 and 20 (although optional, audiometry should still be attempted for 3 yr olds)

Noise Induced Hearing Loss screening (6,000Hz) required starting at 11 years.

*Dental Checkups: Verbal referral required at every visit beginning w/eruption of 1st tooth (no later than 12 mo) - not separately reported (included in the prev medicine visit)

*Immunization status: Included in prev visit - admin and vaccine codes (not on this grid) may also be reported **(Add mod -25 to prev med visit code when vaccine admin is billed on same day)**

*Topical Fluoride Varnish Application 99188: Can be applied to teeth for patients at any age - Required from first tooth eruption thru age 5 - Document that verbal consent was obtained

*Maternal Depression Screen: May be billed separately if an objective tool is used - **NOT** a required C&TC component - Bill 96161 under baby - May report up to 6 X thru 13 months

(Use modifier -59 on 96161 if reporting with a vaccine administration code-eg, 90460 or 90471 or social/emot screen-96127)

Completion of all components are required for each age unless exceptions are met - See the Screening Exceptions grid on DHS website:

Bundling edits currently in effect

https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_150092#exceptions

Diagnosis Coding: Age ICD-10-CM Code/Description

Under 8 days **Z00.110** Health examination for newborn under 8 days old

8-28 days **Z00.111** Health examination for newborn 8 to 28 days old

Over 28 days - 17 years **Z00.121** Encounter for routine child health examination with abnormal findings
If reporting Z00.121, additional ICD-10 code must be used to identify the abnormal findings

Over 28 days - 17 years **Z00.129** Encounter for routine child health examination without abnormal findings

18 and older **Z00.00** Encounter for general adult medical examination without abnormal findings

18 and older **Z00.01** Encounter for general adult medical examination with abnormal findings

If reporting Z00.01, additional ICD-10 code must be used to identify the abnormal findings

Codes listed above can be used for all lines on the C&TC claim

The following codes are not needed if providing these services during a C&TC and submitting the claim to DHS or the PMAPs in MN:

*Immunizations: Z23

Hearing Screening: Z01.10, Z01.110 or Z01.118

Vision Screening: Z01.00 or Z01.01

Developm. Screen: Z13.4

Fluoride Admin Z29.3

* The AAP recommends adding Z23 to the claim anytime an immunization is given.

REMINDER: Primary and Secondary Insurance

When patients are covered by a commercial health plan -AND- state public programs (either by a PMAP or straight Medicaid), the state public coverage will serve as the secondary carrier. After the claim is sent in and processed by the commercial plan (even if the claim is paid in full), it is important to submit the secondary claim (with the alpha referral code and S0302) to the PMAP plan or DHS. This will ensure accurate reporting of C&TCs to the PMAP or DHS. Failure to bill the secondary carrier could result in less clinic revenue. Some PMAP plans provide additional reimbursement for S0302 and some screening services that commercial plans often bundle (eg, 96110 for development). There also could be pay-for-performance programs that include C&TC screenings.