

Chapter 17

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

NOTE: Please review the following detail for specific processes and expectations with South Country Health Alliance (South Country). South Country may vary from the MHCP Manual and Minnesota Department of Human Services Guidelines. For additional detail on this chapter, please go to the Minnesota Health Care Programs Provider Manual at [MHCP Provider Manual](#)

Billing Information – Please review the [South Country Provider Manual Chapter 4 Provider Billing](#) for general billing processes and procedures.

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 and to encourage the development of good health habits.

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 check-ups;
- 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 screenings; and
- Foster care evaluation and screening.

Eligible Treating Providers

Eligible individual treating providers include the following:

1. Nurse practitioners (NPs);
2. Physicians;
3. Physician assistants (PAs); and
4. Dentists.

Public health nurses (PHNs) may provide services when approved by MDH after completing the 2 to 3-day C&TC screening component training.

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

1. Public health nurses;
2. Registered nurses; and
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 (South Country) 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:
 - Head circumference.
 - Height and weight.

Weight for length percentile:

- Body mass index (BMI) percentile.
- Blood pressure.
- Health history including social determinants of health, nutrition, and chemical/substance use;
- Developmental, social-emotional, or mental health;
- Suicide Risk Screening;
- Autism spectrum disorder screening;
- Postpartum depression screening;
- Tobacco, alcohol, or drug risk assessment;
- Physical examination (head to toe, including oral exam and sexual development);
- Immunizations and review of immunizations;

- Newborn screening follow up: blood spot and critical congenital heart defect;
- Laboratory tests and or risk assessments including blood lead, Hgb/hematocrit (HCT), Tuberculosis and other tests as indicated;
- Sexually transmitted infection (STI) risk assessment, and Human Immunodeficiency Virus (HIV) lab test;
- Hepatitis C virus screening lab test;
- Syphilis 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 the eruption of the first tooth through the age of 5 years. FVA is limited to four per 365 days.
 - Silver diamine fluoride (SDF) application when necessary.

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.

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 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 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.

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. 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 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. Minnesota Child and Teen Checkups (C&TC) Schedule

of Age- Related Screening Standards can be found at:
<https://edocs.dhs.state.mn.us/lfs/Server/Public/DHS-3379-ENG>.

Hearing Screenings using an 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 pure tone audiometer test. If it is documented in the child's chart the child received a hearing screening as a newborn, the pure tone 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 required.

Vision Screening

Distance visual acuity screening begins at age 3. Beginning at 5 years of age, for children who pass their distance screening and do not already have corrective lenses, the addition of near visual acuity (plus lens) screening is required. Use a wall chart at a 10-foot distance.

Hearing and/or Vision Screenings performed 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 choose 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.

Suicide Risk Screening

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

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

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

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

Universal HIV screening (offering HIV blood testing to all youth, regardless of risk factors) is required at least once between 15 and 18 years of age, as recommended by the American Academy of Pediatrics (AAP) and Centers for Disease Control and Prevention (CDC). Refer to the MDH [Sexually Transmitted Infection Risk Assessment Fact Sheet](#) and [Human Immunodeficiency Virus \(HIV\) Screening Fact Sheet 2025](#) for more information, including appropriate documentation of confidential screening test results in medical records. Providers may screen for STIs without parental knowledge or consent. If the youth declines the HIV test, or if HIV status is already known, document the reason that the HIV blood test was not done. Youth who have risk factors for HIV exposure should be tested at least annually. Refer to Minnesota Statutes, 144.343.

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

Refer to the [Syphilis Screening Fact Sheet](#) for more information.

Resources for adolescent health include the following:

- American Academy of Pediatrics (AAP) [Bright Futures Guidelines and Pocket Guide](#) webpage
- AAP's [Bright Futures Tool and Resource Kit, 2nd Edition](#) webpage (contains previsit questionnaires for the adolescent and for the parent or caregiver)
- [Healthy Children, Youth and Adolescents - MN Dept. of Health](#) webpages (information and resources about the adolescent health visit, including resources for parents)

Developmental Screening Tools

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.

A list of recommended developmental screening instruments, along with other helpful information about developmental screening can be found at <https://www.health.state.mn.us/people/childrenyouth/devscreen/instruments.html>.

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. If the screening results are abnormal, documentation must include a follow-up plan of care, including to whom the child and family were referred and any other ways that abnormal results are being addressed.

Postpartum Depression Screenings

South Country covers postpartum 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 postpartum 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.

Postpartum 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 \(EPDS\) \(PDF\)](#)
 - [Patient Health Questionnaire - 9 \(PHQ-9\) Screener](#) webpage; and
 - [Beck Depression Inventory \(BDI\) on the Pearson Assessments and Solutions webpage](#).

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. It is not required to include the screening score, results, or a copy of the screening tool in the child’s record. A paper copy of the screening tool may be given to the mother to bring with her to a referral appointment or destroy it if she does not want it.

Postpartum Depression Screening Billing

When billing for the postpartum 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 South Country member ID number;
- Bill on the same claim as the C&TC or other pediatric visit, use CPT code 96161 (may be billed on the same date as 96110 and 96127); and
- 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.

South Country allows up to six postpartum depression screenings for a child under 2 years of age.

Blood Lead Testing

A blood lead test at ages 12 and 24 months is a federally required component of C&TC. 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.

Refer to the following website for more blood lead resources:

<https://www.health.state.mn.us/communities/environment/lead/reports.html>

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.

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. Reimbursement is included in the payment of the Evaluation and

Management (E&M) code used for a C&TC screening visit when assessment has been completed using a standardized tool.

For information about recommended risk assessment or screening tools, refer to the [Tobacco, Alcohol or Drug Use Risk Assessment Fact Sheet](#).

Vaccine Counseling

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 [DHS MHCP 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	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	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 Information and Schedules

Children and Adolescents Immunization Schedule <https://www.cdc.gov/vaccines-children/schedules/index.html>

Immunization Materials for Public and for Professional Use: <https://www.health.state.mn.us/people/immunize/basics//index.html>

Immunization Materials in Other Languages: <http://www.immunize.org/handouts>

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. Refer to the [Oral Health Screening Fact Sheet \(PDF\)](#) for more information.

- Verbally refer children to a dentist at the time of the eruption of the first tooth or no later than 12 months of age.

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

- Oral health history.
- Clinical open-mouth assessment.
- Fluoride varnish mandatory at eruption of first tooth through age 5.
- Fluoride supplementation (as indicated by clinical findings).
- Silver diamine fluoride (SDF) (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; and
 - Intraoral and 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 \(PDF\)](#) for more information.

Fluoride Varnish Application (FVA)

Fluoride varnish application (FVA) is required at all C&TC visits starting at the eruption of the first tooth or no later than 12 months of age, continuing through age 5. FVA may be applied for children 6 years and older based on their risk factors for dental caries. Apply fluoride varnish in the primary care setting every three to six months as recommended by the American Academy of Pediatrics (AAP) and the US Preventive Task Force (USPSTF).

South Country reimburses for FVA completed during a C&TC visit on children 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; and

- 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 written 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 is not limited to an office setting and may be provided in all South Country approved service locations. Contact the South Country Provider Contact Center regarding coverage of FVA.

Billing for Fluoride Varnish Application (FVA)

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. You may bill at three (3) to six (6) months intervals, limited to four per 365 days.

Primary care providers should 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, up to four per 365 days.

Silver Diamine Fluoride (SDF)

The American Medical Association (AMA) approved a code for health care professionals to receive reimbursement for the application of SDF to arrest dental caries lesions without the provision of restorative care. Refer to [Silver Diamine Fluoride \(SDF\) Application in the Pediatric Medical Setting](#) webpage for more information.

- Where there is a visible need identified during the open-mouth C&TC visit, providers may apply this solutions to a tooth or teeth.
- Obtain informed consent and provide SDF education.

SDF primary provider billing

- Use CPT code 0792T: Primary care providers (physicians or other qualified health care professionals and trained clinical staff.
- Primary care providers bill SDF on the same claims as the other C&TC services. South Country reimbursement rate is per tooth once per six (6) months. There is no limit on the number of teeth that may be treated per day.

FVA and SDF Dental provider billing:

Use CDT code D1206 for Topical Fluoride Varnish and may bill once every six (6) months. CDT code D1354 should be used for SDF, once per six (6) months per tooth. See [Chapter 20 Dental Services](#) for more information.

Child and Teen Checkup Fact Sheets

A list of Fact Sheets for various C&TC components can be found at <https://www.health.state.mn.us/people/childreneyouth/ctc/factsheets.html>

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; and
- Collect federally required data.

South Country 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 that a full C&TC screening was completed. Submitting Code S0302 on the claim is informational only and will not be reimbursed.

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

Refer to the Claim Guidelines Exception chart on the DHS MHCP Provider Manual on [Child and Teen Checkups \(state.mn.us\)](#) for screening exception guidelines and claim reporting requirements.

HIPAA C&TC Referral Coding Information

Billing processes include complying with HIPAA and South Country system and data requirements. Questions regarding South Country billing and reimbursement should be referred to South Country Provider Contact Center at 1-888-633-4055.

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.

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

HIPAA-compliant referral condition code	Use this referral condition code for billing when a C&TC screening results in one of the following:
	<p>identified during an initial or periodic screening service - or –</p> <ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • The patient is currently under treatment for a diagnostic or corrective health problem(s)
AV – declined referral (referral recommended but it was declined)	<ul style="list-style-type: none"> • 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

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)

3. Using C&TC Referral Codes Appropriately

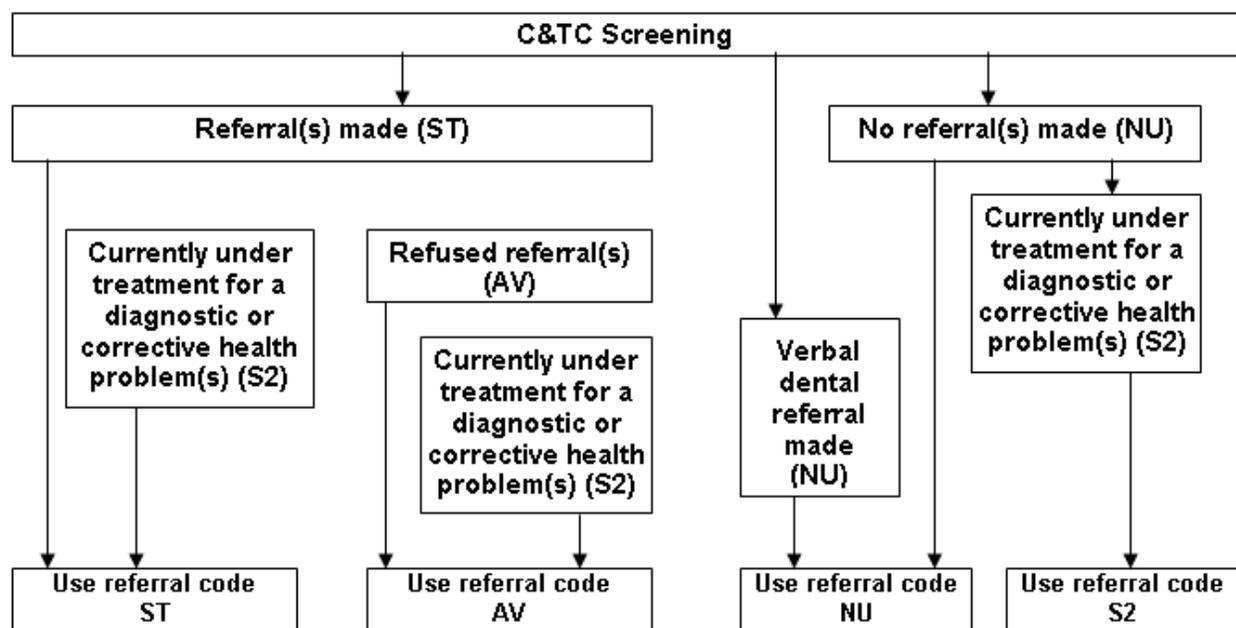
Use the following examples and the chart below to determine which code should take precedence, since only one referral code per claim is allowed under the new HIPAA format.

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 billing for a complete C&TC screening	Use this referral code on ALL claim lines
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.

C&TC Information

The following forms, brochures and information are available on the C&TC Program Web site: [Child and Teen Checkups publications and resources / Minnesota Department of Human Services \(mn.gov\).](#)

C&TC Brochures: Many C&TC publications are translated into other languages including Hmong, Russian, Somali, Vietnamese and Spanish. For further information refer to: [Child and Teen Checkups translated publications / Minnesota Department of Human Services \(mn.gov\).](#)

- C&TC Health Care Birth to 21 years;
- Being Healthy Ages 12-21;
- Birth to 5 months;
- 6 to 15 months;
- 18 to 30 months;
- 3 to 5 years;
- 6 to 10 years;
- 11 to 14 years;
- Youth insert 11 to 14 years;
- 15 to 17 years;
- Teen insert 15 to 17 years; and
- 18 to 20 years.

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/lfsrver/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; and
- C&TC Materials List and Ordering Information.

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/divs/cfh/program/ctc/training.cfm>.