



Important information for clinics and providers in Dakota County



Dakota County Child and Teen Checkups

Updates

August 2016



Important information on the changes and updates on the Minnesota Child and Teen Checkups (C&TC) Schedule of Age-Related Screening Standards.

The Child and Teen Checkups (C&TC) program is Minnesota's Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program. The C&TC Program is a Medicaid benefit for children & teens under 21.

Age related periodic screenings help assure health problems are identified, diagnosed, and treated early, before becoming complex and costly.

For more information or to schedule a consultation or a training for your organization, please contact:

Sue Spector - 952.891.7520
Sue.spector@co.dakota.mn.us

Geri Greeley - 952.891.7518
Gerilee.greeley@co.dakota.mn.us

Sara Brakke - 952.891.7445
Sara.Brakke@co.dakota.mn.us



Dakota County Public Health Department
14955 Galaxie Avenue
Apple Valley, MN 55124
952-891-7500 • www.dakotacounty.us

To sign up for the newsletter, email:
Sara.Brakke@co.dakota.mn.us.

Schedule of Age-Related Screening Standards

The [C&TC periodicity schedule](http://www.dhs.state.mn.us) (www.dhs.state.mn.us) was updated in March, 2016.

Developmental and Mental Health Screening

Developmental and mental health screening using a standardized instrument should be billed on the same claim as any other C&TC services, using **CPT codes**:

- Developmental screening: 96110
- Social-emotional or mental health screening: 96127
- Autism Spectrum disorder screening: 96110 and modifier U1

Developmental and social emotional/ mental health screening will become a **requirement** soon. Clinics will have an 18 month phase in period. Further information should be available soon.

For information about recommended instruments, please refer to the **updated website**: [Developmental and social-emotional screening of young children \(0-5 years of age\) in Minnesota](http://www.health.state.mn.us) (www.health.state.mn.us)

- The **Infant Developmental Inventory** (Ireton or IDI) and **Child Developmental Review-Parent Report** (CDR-PQ) are no longer recommended. Programs should transition to a [recommended instrument](#) by July 1, 2016.
- Programs using the **Ages and Stages Questionnaires: Social-Emotional** (ASQ:SE) should transition to the 2nd edition (ASQ:SE-2) by July 1, 2017.
- The **Survey of Wellbeing of Young Children** (SWYC) is not yet validated, and therefore is not billable.

Maternal Depression Screening

Maternal depression screening is a recommended screening and is covered as a C&TC service at pediatric visits. The screening range has been extended for a mother of a child through the age of 12 months on the C&TC periodicity schedule. MHCP allows up to six maternal depression screenings for a mother for each child she has who is less than 13 months old (previously, maternal depression screening was paid for up to four times for a mother for each child she had younger than 12 months of age).

- Screen any time within the child's first **13** months of life.
- Available standardized tools to complete screening: PHQ-9, Edinburgh and BDI
- Can be billed using CPT code 99420 with modifier UC up to 6 times.

For information on how to implement maternal depression screening in your practice, please see [Clinical Guidelines for Implementing Universal Postpartum Depression Screening in Well Child Checks](http://www.health.state.mn.us) (www.health.state.mn.us)

Autism Screening

Autism spectrum disorder (ASD) screening has been added to the C&TC periodicity schedule as a recommendation at ages 18 and 24 months. A new fact sheet will be available soon. Refer to recommendations of the American Academy of Pediatrics for screening ages and instruments.

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)

You must use the U1 modifier for CPT code 96110 in billing for ASD-specific screening for dates of service beginning Jan. 1, 2016.

Substance Use Assessment

Risk assessment for substance use is recommended at 12 years of age and older. Refer to the new [C&TC Substance Use Assessment Fact Sheet](#). Tool options:

- CRAFFT or CAGE-AID
- SBIRT: Universal Screening for substance use, Brief Intervention, and/or Referral to Treatment (www.niaaa.nih.gov/)

Immunization Review

Immunization status must be reviewed at every C&TC visit and compared to the current recommended [Immunization Schedules](#) (www.cdc.gov) of the Advisory Committee on Immunization Practices (ACIP).

- Timely vaccination remains a challenge in meningococcal disease prevention. More than 70% of those eligible for the second dose at 16 years of age had not received it by 17 years of age according to Centers for Disease Control and Prevention.

Newborn Screening

C&TC providers must ensure follow up on newborn screen results:

- Blood spot
- Critical congenital heart disease
- Newborn hearing

For results (if not available from hospital), call:
Metro: 651-201-5466;
Greater Minnesota: 1-800-664-7772

Sexually Transmitted Infection Risk Assessment

A risk assessment for all adolescents starting at 12 years of age should be done at each C&TC visit to determine if screening for STI is indicated. Tools available to assist in the screening and treatment of STI's include:

- [CDC 2015 STD Screening Guidelines](#)
- [CDC 2015 STD Treatment Guidelines](#)

Blood Lead

C&TC providers are required to screen the blood lead levels in children at 12 and 24 months of age and children up to 6 years of age who have not previously had a blood lead level (BLL) screen. Children should also be screened whenever their history indicates concern for lead poisoning. For more information, refer to Risk Assessment (www.health.state.mn.us).

- Current lead poisoning concerns in Dakota County include [Heavy Metal Toxicity from Ayurvedic Medications](#).

If the capillary lead level is >5.0mcg/dL, a venous level must be completed. Please see [Childhood Blood Lead Clinical Lead Screening Guidelines for Minnesota](#) for further details.

Vision Screening

Vision screening is required for C&TC visits beginning at 3 years of age. The Minnesota Department of Health (MDH) convened a panel of vision screening experts in 2015 who developed [Guidelines for Vision Screening Post Newborn through 20 Years of Age](#). C&TC providers should refer to these guidelines, and to the updated [MDH Vision Screening Procedures Manual](#) for details on how to implement those guidelines. Based on the updated guidelines, the following procedures are recommended to be incorporated into vision screening:

- **Include a risk assessment** using the Bright Futures 2008 risk factors (refer to [Guidelines](#)) for vision problems requiring referral to an ophthalmologist.
- **Eye occlusion:** Do not use hands; kids peek! Refer to guidelines for recommended occlusion methods.
- **Use the Sloan 10 foot LogMar** chart for children 6 years and older. *The Snellen chart is no longer recommended.*
- A **10 foot screening** distance using a 10 foot screening chart is recommended for all children.
- **New passing criteria** for 3 year olds: able to identify any 4 out of 5 HOTV letters or Lea symbols at the 10/25 (20/50) line or better. Four year olds still pass at 10/20 (20/40) line and 5 years and older 10/16 (20/32).
- **Plus lenses** (+2.50) should be included as part of visual acuity screening for children 5 years and older who pass their visual acuity screen. The purpose of this screening is to check for hyperopia (farsightedness).
- Refer to [Guidelines](#) for **updated guidance** on when to rescreen versus when to refer for untestable children.

Resources for vision screening:

- [Guidelines for Vision Screening Post Newborn Through 20 Years of Age \(www.health.state.mn.us\)](#)
- [Vision screening web site \(www.health.state.mn.us\)](#), including [Vision Screening Procedures Manual](#)
- MN AAP Chapter newsletter article on these guidelines changes appeared in the [August 2015 issue \(www.mnaap.org\)](#).
- [Vision Screening C&TC Fact Sheet](#)

Fluoride Varnish Application (FVA)

Application of fluoride varnish is recommended for all children beginning at the eruption of their first tooth. Staff should be properly trained in order to apply fluoride varnish, using this free 20 minute training video [Smiles for Life- Module 6 \(smilesforlifeorhealth.org\)](#).

Staff training other staff is not acceptable.

Document that you have obtained verbal consent, including discussion of benefits and risks of FVA, with each application. Alternatively, a written consent for fluoride varnish signed by a parent or guardian is valid for up to one year.

FVA may be billed as often as four times per year using **CPT code 99188**.

Additional resources for FVA:

- [Fluoride varnish in the C&TC setting \(www.health.state.mn.us\)](#)
- For billing information: [MHCP provider manual \(www.dhs.state.mn.us\)](#)

C&TC HIPAA Compliant Referral Codes

A HIPAA compliant referral code must be included in billing documentation to identify that a C&TC screening has been provided. Please refer to the [MHCP Provider Manual C&TC Section \(www.dhs.state.mn.us\)](#).