

HIPAA Compliant Referral Condition Codes

CHILD AND TEEN CHECKUPS (C&TC) FACT SHEET FOR PRIMARY CARE PROVIDERS

C&TC Requirements

General

Documentation of a HIPAA compliant referral condition code (“referral code”) is required in order to bill for a complete C&TC visit.

The primary purpose of referral codes is to ensure that anytime a screening or C&TC visit reveals a health concern, the child is referred for appropriate evaluation, diagnosis and treatment for that condition.

There are four possible referral codes to choose from:

ST

New diagnosis or treatment service requested.

S2

Continue current services or treatment.

AV

Referral was recommended but it was refused or declined by the patient/family.

NU

No referral provided (not used).

Refer to the [C&TC HIPAA Compliant Referral Condition Codes \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us) in the Minnesota Health Care Programs Provider Manual for more information.

Personnel

The referral code may be selected and documented by coding staff or the licensed health care professional who provided the C&TC service (physician, nurse practitioner, physician’s assistant, or a qualified registered nurse who has completed the 3-day C&TC Comprehensive Training provided by the Minnesota Department of Health).

Documentation

A complete C&TC visit requires one of the four HIPAA compliant referral condition codes to be entered on the claim.

For documentation examples, refer to the [C&TC Provider Documentation Forms \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us).

Procedure

A referral code is chosen based on the outcome of the C&TC visit. If a condition is identified that requires more follow-up or evaluation, a referral should be made (either back to the same provider or to a different provider). The clinician or coder would choose a referral code based on whether it is a first time referral for that condition (ST) or a referral for a previously identified condition (S2), or whether the patient or family declines the referral (AV).

If no condition is identified at the C&TC visit that requires further follow-up or evaluation, then no referral is made, and the clinician or coder would choose referral code NU.

Importance of Referral Codes

Referral codes serve two purposes:

- Documenting that concerns receive appropriate diagnosis, management, and treatment; and
- Signaling local county and tribal public health staff to offer follow-up support to the family.

In Minnesota, the Department of Human Services contracts with every county health board and four tribes to provide C&TC outreach services to individuals eligible for C&TC health services. C&TC Coordinators and outreach staff

receive follow-up referral codes on a monthly basis through a claims-related data system. The C&TC outreach staff provide follow up on referral codes to help families access needed health care services, including assistance with transportation, interpreters, or other needs.

This support does not replace medical care coordination services. C&TC outreach staff only receive the referral codes in the data system; they do not receive any health information related to the referral. C&TC staff do not receive referral codes for children over 10 years of age, due to minors' consent and confidentiality concerns.

Resources

Minnesota Department of Human Services

- [Minnesota Health Care Programs Provider Manual C&TC Section \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us)

Minnesota Department of Health

- [Child and Teen Checkups \(www.health.state.mn.us\)](http://www.health.state.mn.us)

For More Information

The Child and Teen Checkups (C&TC) program is administered through a partnership between the Minnesota Department of Human Services and the Minnesota Department of Health.

For questions about referral codes, contact the Minnesota Department of Human Services: dhs.childteencheckups@state.mn.us

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To obtain this information in a different format, call 651-201-3760.