



Child and Teen Checkups (C&TC) Periodicity Schedule Updates for October 1, 2017

m MINNESOTA

Minnesota Department of Human Services

Minnesota Department of Health

- **Minnesota Department of Human Services (DHS):** Policy, billing and coding questions
- **MHCP Provider Manual C&TC Section** (www.dhs.state.mn.us) website has full policy information for Child and Teen Checkups
- E-mail dhs.childteencheckups@state.mn.us
- Phone 651-431-2633

- **Minnesota Department of Health (MDH):** Clinical questions related to screening and referral
- **Child and Teen Checkups** (www.health.state.mn.us) website has fact sheets & resources for each screening component
- E-mail health.childteencheckups@state.mn.us
- Phone 651-201-3760

Updates based on...

- American Academy of Pediatrics (AAP) Bright Futures [Recommendations for Preventive Pediatric Health Care \(www.aap.org\)](http://www.aap.org), 2017
- United States Preventive Services Task Force (USPSTF)
- Centers for Disease Control and Prevention (CDC)
- Minnesota Community Measurement guidelines
- Minnesota-specific health data for the Medicaid-eligible population birth through 20 years of age

The updated schedule



Minnesota Child and Teen Checkups (C&TC) Schedule of Age-Related Screening Standards

DHS-3379-ENG 10-17

C&TC Screening Components by Age C&TC FACT Sheet for each component	Infancy					Early Childhood					Middle 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	
Anticipatory guidance & health education	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Measurements:																													
■ Head circumference	●	●	●	●	●	●	●	●	●																				
■ Height and weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
■ Weight for length percentile*	●	●	●	●	●	●	●	●																					
■ Body mass index (BMI) percentile									●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
■ Blood pressure																													
Health history, including social determinants of health	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Developmental, social-emotional, mental health:	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
■ Surveillance	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
■ Developmental screening					R			R		R	R	→																	
■ Social-emotional or mental health screening*				R		R		R	R	R	R	R	R	R	R	R	R	R	R	●	●	●	●	●	●	●	●	●	
■ Autism spectrum disorder screening								R	R																				
■ Maternal depression screening	R	R	R	R	→																								
■ Tobacco, alcohol or drug use risk assessment																				X	X	X	X	X	X	X	X	X	
Physical exam: head to toe, including oral exam and sexual development	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Immunizations/review	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Newborn screening follow up: blood spot and critical congenital heart defect	⌘	→																											
Laboratory tests/risk assessment:																													
■ Blood lead test						←	●	→	←	●	→	←	●	→	←	●	→	←	●	→	←	●	→	←	●	→	←	●	→
■ Hemoglobin/hematocrit						←	●	→																					
■ Tuberculosis	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
■ Sexually transmitted infection (STI) risk assessment, with lab testing for sexually active youth																				X	X	X	X	X	X	X	X	X	
■ HIV testing for all youth at least one time*																			X	X	X	X	←	●	→	X	X		
■ Dyslipidemia*									X		X		X		X	←	X	→	←	X	→	←	X	→	←	X	→	←	
Vision screening: distance (3+years) and near (5+years) acuity*	X	X	X	X	X	X	X	X	X	X	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Hearing screening: add high frequency screening at 11+ years*	⌘	X	X	X	X	X	X	X	X	X	R	●	●	●	●	●	●	●	←	●	→	←	●	→	←	●	→		
Oral Health																													
■ Dental Checkups: Verbal referral to dental provider at eruption of first tooth or no later than 12 months of age				●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
■ Fluoride varnish application (FVA) starting at eruption of first tooth*				●	●	●	●	●	●	●	●	●	●	●	●	●	●	●											
All C&TC visits require a HIPAA compliant referral condition code : ST, S2, AV or NU	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	

KEY: ● Required component for the visit
⌘ If no Newborn Screening results on file, or did not pass, follow up appropriately

R Recommended screening for visit
←→ Indicates range to provide component at least one time

X Risk assessment followed by appropriate action
* Refer to back side for more information on new requirements

More frequent visits

- Frequency of visits now aligns with AAP's Bright Futures schedule (but only goes through age 20, due to Medicaid/EPSDT standards)
- **Two critical periods of brain development, two critical periods of prevention, early intervention, and windows of opportunity for effective treatment:**
 - **Adding the 30 month visit:** Greater opportunity to meet screening recommendations and ensure early identification and treatment, particularly for development – a lot of development happens between 2 and 3 years of age!
 - **Changing from biennial (every 2 years) to annual visits from 6-20 years of age:** Greater opportunity for anticipatory guidance, screening, and counseling to prevent or intervene early for high risk behaviors, obesity-related conditions, and emerging mental health issues – as they establish independence as healthcare consumers and develop healthy habits for a lifetime!



Children and youth in foster care or out-of-home placement

- The back side of the C&TC Periodicity Schedule highlights the AAP recommendation for children & youth in foster care to receive well visits twice as often as listed on the schedule
- Resources:
 - [Healthy Foster Care America \(https://www.aap.org\)](https://www.aap.org)
 - [Health Information Form \(https://www.aap.org\)](https://www.aap.org)

What are the new requirements?



Weight for length
percentile



Dyslipidemia risk
assessment



Required mental
health screening for
age 12-20 years



Additions for vision
and hearing
screening



HIV screening once
for 15-18 year-olds



Required fluoride
varnish application
from infancy
through 5 years

Weight for length percentile

Change: Has been on Bright Futures; previously not listed on C&TC Schedule

Age: Birth up to 2 years of age (do BMI starting at 2 years)

Procedure: Accurately measure infant/toddler length and weight, calculate weight for length percentile, and interpret based on growth chart. Ensure appropriate anticipatory guidance and clinical follow-up based on results.

Resources:



- [CDC clinical growth charts \(www.cdc.gov\)](http://www.cdc.gov)
- Most electronic health records can automatically calculate and graph percentiles on growth chart

Mental Health Screening

Change: Was previously recommended for C&TC, now required based on AAP and USPSTF recommendations; aligns with MN Community Measurement standards

Age: 12 through 20 years

Procedure: Provide depression or broader mental health screening at every C&TC visit using a recommended, standardized instrument. Document screening and follow-up.

Resources:



- [List and detailed comparison table of recommended mental health screening instruments for C&TC \(www.dhs.state.mn.us\)](http://www.dhs.state.mn.us)
- [Map and list of agencies \(https://edocs.dhs.state.mn.us\)](https://edocs.dhs.state.mn.us) that provide school-linked mental health services statewide

Change: Has been on Bright Futures; previously not listed on C&TC Schedule. Current Minnesota HIV prevalence data now meets AAP, USPSTF and CDC criteria for routine HIV testing of all youth at least once.

Age: Offer a screening HIV blood test at least once for all youth at 15-18 years.

Procedure: Provide screening according to CDC standards. Test more often based on individual or community risk factors. Make every effort to maintain the young person's confidentiality. Document and follow up on results appropriately.

Resources:



- CDC [HIV Testing \(www.cdc.gov\)](http://www.cdc.gov)
- HIV FAQ and parent confidentiality letter template: [C&TC Information for Providers \(www.health.state.mn.us\)](http://www.health.state.mn.us), under laboratory testing

Dyslipidemia risk assessment

Change: Lipids were previously listed under “Other labs as medically indicated” on the C&TC Schedule. The new schedule and fact sheet provide clarification and guidance.

Age: Age 2, 4, 6, and 8 years, and 9 through 20 years

Procedure: A risk assessment is required for children at the ages indicated on this schedule. The AAP recommends a routine dyslipidemia lab screening on all children and youth at 9-11 years and 17-21 years; however, the US Preventive Services Task Force found insufficient evidence for universal blood testing.

Resources:



- [Dyslipidemia Risk Assessment C&TC Fact Sheet \(www.health.state.mn.us\)](http://www.health.state.mn.us)
- [Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents: Summary Report \(www.nhlbi.nih.gov\)](http://www.nhlbi.nih.gov)

Vision screening: Include plus lens (near vision screening)

Change: Clarifies that near visual acuity (plus lens) screening is a part of the required vision screening. This is based on national recommendations, as well as a Minnesota expert panel including ophthalmology, optometry, and others.

Age: Distance visual screening is required beginning at 3 years, at the ages indicated on the schedule. For children 5 years of age and older who pass this screening and do not have prescription lenses, add near visual acuity (plus lens) screening. This is a requirement.

Procedure: Refer to [Vision Screening Manual \(www.health.state.mn.us\)](http://www.health.state.mn.us)

Resources:



- 2.5 plus lenses can be purchased inexpensively at a local drug store
- [Vision Screening E-learning module \(www.health.state.mn.us\)](http://www.health.state.mn.us)

Hearing screening: Add high frequency screening for NIHL

Change: Add high frequency screening (6000 Hz at 20 dB) for 11 years and older, to identify children who may have noise-induced hearing loss (NIHL).

Age: Beginning at 11 years of age, it is required to add the 6000 Hz level to the required hearing screening.

Procedure: Add 6000 Hz to the pure tone audiometry screening procedure

Resources:



- [Hearing Screening Procedures website \(www.health.state.mn.us\)](http://www.health.state.mn.us)
- [Environmental noise level check \(www.health.state.mn.us\)](http://www.health.state.mn.us)

Fluoride Varnish Application (FVA)

- **Change:** FVA is recommended both by the AAP and USPSTF, and is currently listed as recommended for Child and Teen Checkups. As of October 1, 2017, FVA is required. Medicaid-eligible children are at high risk for dental caries.
- **Age:** Starting at eruption of the 1st tooth (6-12 months), through 5 years of age
- **Procedure:** (no change – follow current staff training, consent, fluoride varnish application, document, coding and billing procedures)

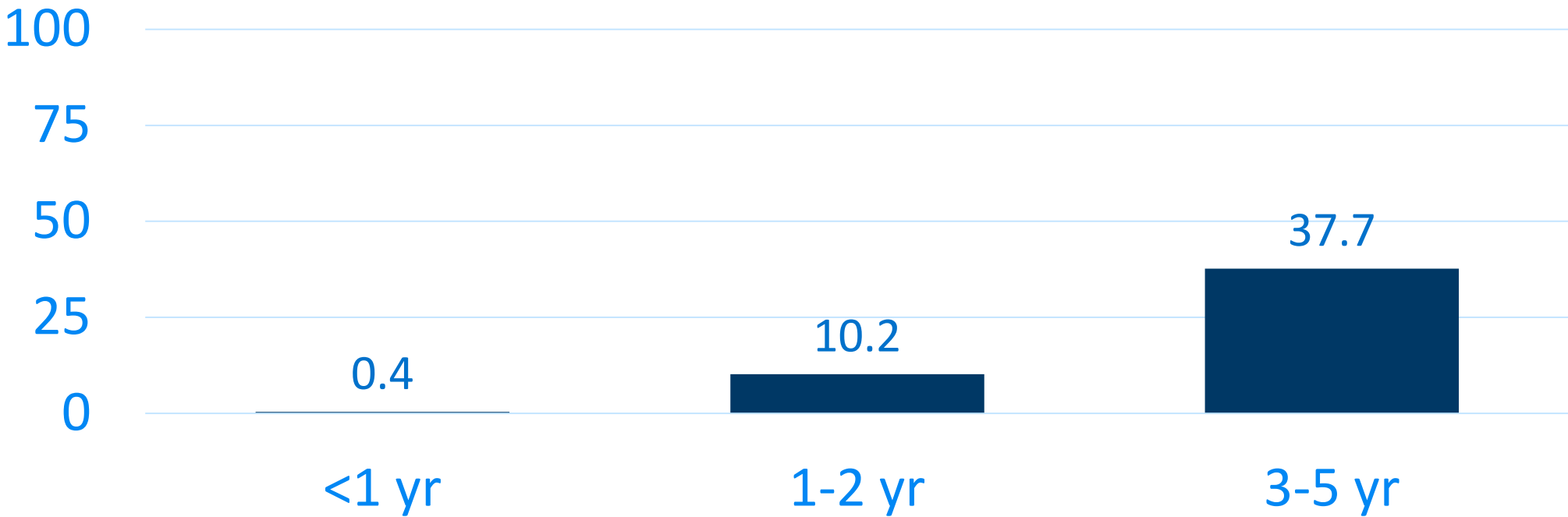
- Resources:



- [Fluoride varnish in the C&TC setting \(www.health.state.mn.us\)](http://www.health.state.mn.us)
- [Oral Health Risk Assessment Tool \(www.aap.org\)](http://www.aap.org)

Preventive dental visit rates for birth through 5 years

Percent of children in MN who received preventive dental services (CMS-416, 2016)



Additional caveats



Health history:
Include social
determinants of
health



**Tobacco, alcohol,
and drug use risk
assessment:**
Similar process,
new wording



**HIPAA compliant
referral codes:**
A new fact sheet
is available
online



**Parent
resources:**
New, some
available, others
coming soon

Question: Billing for a complete C&TC?

Can providers bill for a complete C&TC visit if they are not able to complete all of the component parts?

- Providers may only bill for a complete C&TC visit when all of the required screening components for the age of the individual have been provided according to the new screening requirements; including instruments or tools and the process.
- In this case, the provider would not enter one of the 4 referral codes to indicate that a complete C&TC was provided.

Thank you!

FOR QUESTIONS/CLARIFICATIONS:

DHS: Policy, billing and coding questions

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