C&TC Requirements

General

Documentation of a two-character HIPAA compliant referral condition code (www.dhs.state.mn.us) (“referral code”) is required on all C&TC visit claims.

The primary purpose of referral codes is to ensure that anytime a C&TC screening 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) 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 assistant, or registered or public health nurse (RN, PHN) who has completed the C&TC Comprehensive Screening training through the Minnesota Department of Health (MDH).

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 Documentation Forms for Providers and Clinics (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 for follow-up with 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 both a new condition and a previously identified condition require referral, the ST code should be used to identify the referral for a new condition.

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 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.

**Resources**

**Minnesota Department of Human Services**

- [C&TC Schedule of Age-Related Screening Standards (www.dhs.state.mn.us)](www.dhs.state.mn.us)
- [Minnesota Health Care Programs (MHCP) Provider Manual - C&TC Section (www.dhs.state.mn.us)](www.dhs.state.mn.us)
- [Child and Teen Checkups (C&TC) (www.health.state.mn.us)](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.