

**CHILD & TEEN CHECKUPS (C&TC/EPSTD) Sample Charge Ticket**

✓	CPT	SERVICES	FEE
	S0302	<b>COMPLETE CHILD &amp; TEEN CHECKUPS</b> All components completed & documented in the patient's chart in accordance with the C&TC periodic screening schedule.	

NEW PATIENT		PREVENTIVE MEDICINE	ESTABLISHED PATIENT	
✓	CPT		✓	FEE
	99381	UNDER 1 YEAR	99391	
	99382	1 THRU 4 YEARS	99392	
	99383	5 THRU 11 YEARS	99393	
	99384	12 THRU 17 YEARS	99394	
	99385	18 THRU 39 YEARS	99395	

✓	CPT	IMMUNIZATIONS/ VACCINES	FEE
	90471	One immunization injection	
	90472	Two or more injections	
	90473	One oral admin of immunization	
	90632	Hep A (19 yrs & older)	
	90633-SL	Hep A ( 2 dose, 18 years & younger)	
	90634	Hep A (3 dose, 18 yrs & younger)	
	90636	HepA-HepB (18 yrs +)	
	90645-SL	Hib Hboc Conjugate, 4 dose	
	90647-SL	Hib PRP-OMP Conjugate, 3 dose	
	90648-SL	Hib PRP-T conjugate, 4 dose	
	90649-SL	Human Papilloma Virus (females 9-26 yrs)	
	90655-SL	Influenza, split virus, preservative free (6-35 months)	
	90656-SL	Influenza, split virus, preservative free (3-18 yrs)	
	90656	Influenza, split virus, preservative free (19 yrs +)	
	90657-SL	Influenza, split virus, (6-35 months)	
	90658-SL	Influenza, split virus, (3-18 yrs)	
	90658	Influenza (19 yrs +)	
	90660-SL	Influenza, live, intranasal (5-18 yrs)	
	90660	Influenza, intranasal (19-49 yrs)	
	90669-SL	Prevnar – Pneumococcal (4 yrs & younger)	
	90680-SL	Rotavirus, pentavalent, 3 dose (under 1 yr)	
	90681-SL	Rotavirus, human, attenuated, 2 dose (under 1 yr)	
	90696-SL	DTaP-IPV, when administer to kids 4-6 yrs	
	90698-SL	DTaP-HIB-IPV (under 5 yrs)	
	90700-SL	DTaP (under 7 yrs)	
	90702-SL	DT (under 7 yrs)	
	90707-SL	MMR	
	90710-SL	MMRV (12 yrs & younger)	
	90713-SL	IPV	
	90714-SL	Td, preservative free (7 yrs +)	
	90715-SL	Tdap (10 yrs & +)	
	90716-SL	Varicella (18 yrs & younger)	
	90716	Varicella (19 yrs +)	
	90718-SL	Td ( 7 yrs +)	
	90721-SL	DtaP-Hib (under 7 yrs)	
	90723-SL	DtaP-HepB-IPV (under 7 yrs)	
	90732-SL	Pneumococcal polysaccharide (adult or immunosuppressed) 2- 18 yrs	
	90732	Pneumococcal polysaccharide (adult or immunosuppressed), 19 yrs +	
	90733	MCV4 Meningococcal polysaccharide, subcutaneous	
	90734-SL	MCV4 Meningococcal Conjugate (2 yrs +)	
	90744-SL	HEP B (18 yrs & younger)	
	90746-SL	HEP B (19 yrs & older)	
	90748-SL	Hep B-Hib	

\*Other CPT codes available for administration of vaccine, refer to coding guidelines.

✓	CPT	VISION & HEARING TESTING	FEE
	99173	*Vision Screening Complete 3 years and older	
	92551	*Hearing Screen – screening test, pure tone, air only 3 years and older	
	92552	Hearing Screen – pure tone audiometry threshold; air only accepted for hearing screening if sent with appropriate documentation	
	V5008	Hearing Screen	

\* Blue Plus, MHP & UCare allow you to bill for the service that was not completed only when a valid attempt was made. Use the appropriate code you would bill if component was completed and it must be documented that the screening was attempted and why it was incomplete. Able to bill HealthPartners & Medica for good faith attempts only when the screening accomplished some result, but less than expected for the procedure. Use the appropriate code you would bill if component was completed with the 53 modifier for HealthPartners and the 52 modifier for Medica. All health plans require documentation in the chart that the component was attempted and why it was incomplete.

✓	CPT	DEVELOPMENTAL & MENTAL HEALTH SCREENINGS	FEE
	96110**	Developmental testing	
	96110-UC**	Social-Emotional Screening/Mental Health Screening	

\*\*In order to bill, a standardized screening instruments must be used, either observational or parent report, that are normed for the age of the patient and include an interpretation and report component.

✓	CPT	DENTAL VARNISH	FEE
	D1206	Topical Fluoride Varnish (preferred code)	

✓	ICD-9	DESCRIPTION	FEE
	V20.2	WELL CHILD EXAM	
	V70.0	PHYSICAL, adult	

The vaccines obtained free from the Minnesota Vaccines for Children Program (MnVFC) must be billed to the health plan even though no payment will be made by the health plan. The -SL modifier must be used on all MnVFC vaccines. For the vaccine cost bill:

**HealthPartners \$01      Blue Plus, Medica, MHP & UCare \$00 or \$01**

**PLEASE CIRCLE APPROPRIATE TWO-CHARACTER REFERRAL CODES**

**NU** = No referral was made      **AV** = Patient refused referral  
**ST** = Referral to another provider for diagnostic or corrective treatment/scheduled for another appointment with screening provider for diagnostic or corrective treatment for at least one health problem identified during an initial or periodic screening service (does not include dental referrals)  
**S2** = Patient is currently under treatment for referred diagnostic or corrective health problem

✓	CPT	LABORATORY SERVICES	FEE
	83655	Blood Lead (on-site clinic lab)	
	83655-90	Blood Lead (outside lab & agreement with lab states that clinic is to bill for service)	
	81000	Urinalysis	
	85018	Hemoglobin	
	86580	Mantoux PPD	
	36416	Capillary	
	36415	Venipuncture	

✓	CPT	PREVENTIVE MEDICINE, INDIVIDUAL COUNSELING	FEE
	99401	***Prev. Med Counseling, approx 15 minutes	
	99402	***Prev. Med Counseling, approx 30 minutes	
	99403	***Prev. Med Counseling, approximately 45 minutes	
	99404	***Prev. Med Counseling, approx 60 minutes	

\*\*\*Able to bill Blue Plus, MHP & UCare as separate line item if 15 minutes or more is spent on this component. HealthPartners & Medica will deny code if billed during preventive/C&TC visit.

**AFFIX PATIENT LABEL HERE**