

Child and Teen Checkups (C&TC)



U Care

April 2010

Why preventive health care?

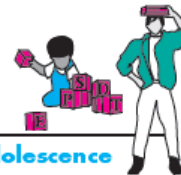
- Without preventative health care, the child is at risk for undetected health issues that include, but are not limited to:
 - Vision and hearing problems.
 - Emotional and behavior issues.
 - Developmental delays.
 - Elevated blood lead levels.
 - Oral health problems.
 - Infections.
- Early discovery and treatment may improve outcomes related to a detected health issue.

EPSDT and C&TC

- Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is the federal name.
- Child and Teen Checkups (C&TC) is Minnesota's name for EPSDT.
- The goals of C&TCs are to prevent disease and detect treatable conditions early to avoid further serious health problems and more costly health services.
- There is no cost to members/patients.
- C&TCs also provides a comprehensive and complete physical exam.
- **All UCare members from birth to 20 years old are eligible for C&TC.**

Minnesota Child and Teen Checkups (C&TC) Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Schedule of Age-Related Screening Standards



Components	Infancy						Early Childhood				Late Childhood				Adolescence					
	0-1 mo.	2 mo.	4 mo.	6 mo.	9 mo.	12 mo.	15 mo.	18 mo.	24 mo.	3 yrs	4 yrs	5 yrs	6 yrs	8 yrs	10 yrs	12 yrs	14 yrs	16 yrs	18 yrs	20 yrs
Anticipatory Guidance & Health Education	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Measurement — height & weight	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
• head circumference	✓	✓	✓	✓	✓	✓	✓	✓	✓											
• blood pressure										✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Health History including- mental health, nutrition, chemical use	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Development: social-emotional/ mental health, cognitive, speech/ language, fine/gross motor	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Physical — including sexual development, oral exam	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Immunizations/Review	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Laboratory Tests																				
• Blood lead										← (if never tested) →										
• Newborn Metabolic (if indicated)																				
• Urinalysis										← (optional) →						← →				
• Hemoglobin/hematocrit							← →						← (menstruating adolescents) →							
• Other: Cholesterol, STD, TB (as indicated)																				
Vision	*S	S	S	S	S	S	S	S	S	**0	0	0	0	0	0	0	0	S	0	S
Hearing	***0/S	S	S	S	S	S	S	S	S	***0/S	0	0	0	0	0	0	0	S	0	S
Dental Checkups — verbal referral							←			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

*S = subjective, by history. **0 = objective, by appropriate standard testing method. ***0/S = either at this age
(Also ask the subjective vision and hearing history questions.)

← → Indicates range to provide service one time.

Additional screening services and/or specific screening components may be provided at other intervals as indicated.

See reverse side for more information.



Developed jointly by the Minnesota Departments of
Human Services and Health

See FACT Sheets in C&TC Provider Guide

When to Get Shots for Children and Adolescents

Age Group	Hep B hepatitis B	DTP diphtheria, tetanus, pertussis (whooping cough)	Polio	MMR measles, mumps, rubella	Hib <i>Haemophilus influenzae</i> , type b	Varicella (chickenpox)	PCV pneumococcal vaccine	Hep A hepatitis A	MCV4 meningococcal conjugate	Rotavirus	HPV Human Papilloma- virus	Influenza (flu)
Birth	✓											
2 months	✓	✓	✓		✓		✓			✓		
4 months	1-2 months after the first hep B shot	✓	✓		✓		✓			✓		
6 months		✓			✓		✓			✓		
12-18 months	✓ 6-18 months	✓ 15-18 months	✓ 6-18 months	✓ 12-15 months	✓ 12-15 months	✓ 12-18 months	✓ 12-15 months	✓✓ 2 shots at least 6 months apart				✓ Each fall 6 months to 5 years*
4-6 years	✓✓✓	✓	✓	✓		✓						
11-12 years	3 shots if child did not get shots previously	✓				✓✓ 2 shots if child did not get shots previously or did not get disease			✓ If child did not receive at 11-12 years, give at high school entry (15 years)		✓✓✓ 3 shots at 0, 2, and 6 month intervals	✓ Each fall*
State law requires these shots for enrollment in:	Grades K&7	Child care Grades K-12	Child care Grades K-12	Child care Grades K-12	Child care	Child care Grades K&7	Child care, ages 2-24 months					

This schedule may vary a bit, depending on your specific doctor and your child.

Children 2 years of age and older may need additional vaccines (e.g., pneumococcal polysaccharide, meningococcal polysaccharide, or influenza). Talk to your doctor or clinic.

* **Influenza:** All children age 6 months to 5 years should get a yearly flu vaccination—especially those age 6 months and older with risk factors like asthma and diabetes. Healthy children 5 years and older may also get flu vaccine to protect themselves and others from flu. If a child is younger than 9 years old and is receiving flu vaccine for the first time, they need 2 shots at least 4 weeks apart.

Minnesota law requires written proof of certain shots for children in licensed child care or school grades K-12. However, if a child has a medical reason or if his/her parents are conscientiously opposed to any or all of the shots, a legal exemption is available. To file an exemption you must fill out a form, which you can get at child care centers and schools.



Immunization Program
P.O. Box 64975

St. Paul, Minnesota 55164-0975
651-201-5503, 1-800-657-3970

www.health.state.mn.us/immunize

IC#141-0196 (6/2007)

C&TC Screening Component Standards and Guidelines

- The C&TC Screening Component Standards and Guidelines for providers is available through the Minnesota Department of Health's (MDH) web site by logging on to:
<http://www.health.state.mn.us/divs/fh/mch/ctc/ctcscreencomp.html>.

- This document will provide you information with the screening component standards and guidelines for:
 - Anticipatory Guidance and Health Education.
 - Physical Growth and Measurements.
 - Health, Developmental and Social-Emotional/Mental Health History.
 - Developmental and Social-Emotional/Mental Health History.
 - Physical Exams.
 - Immunization Review and Administration.
 - Vision.
 - Hearing.
 - Laboratory Tests.
 - Dental Checkup.

Turning school sports exams into a complete C&TC screening

- Minnesota State High School League's (MSHSL) Sports Qualifying Physical Examination Clearance Form was revised in July 2006.
- This is very comprehensive exam tool; however, it is missing six C&TC components:
 1. Verbal referral for preventive dental checkups.
 2. More thorough Developmental Assessment including:
 - Social Development, i.e. school, friends.
 - Motor Skills.
 3. General nutrition assessment and eating habits (intake of fruits, vegetables, dairy, etc, vs. junk food).
 4. Labs
 - Hgb (once during adolescence for menstruating females).
 - Urinalysis (one screening between the ages of 12-20).
 - Cholesterol, STD, and TB (as indicated).

Turning school sports exams into a complete Child & Teen Checkups Screening

5. Hearing Exam, puretone audiometry results (subjective test O.K. at age 16, otherwise, use puretone audiometry for high school age children).

Right Ear				Left Ear			
500	1000	2000	4000	500	1000	2000	4000
<input type="checkbox"/> Normal		<input type="checkbox"/> Abnormal		<input type="checkbox"/> Question validity/retest			
Comments						Staff initials _____	

6. Designated space for documenting referrals.

Supplemental Form for School Sports Physicals

**To be used in conjunction with the
MSHL Sports Qualifying Physical Examination Clearance Form**

Turning school sports exams into a complete Child & Teen Checkups Screening.

- Verbal referral for preventive dental checkups
- More thorough Developmental Assessment including
 - Social Development, i.e. school, friends
 - Motor Skills
- General nutrition assessment and eating habits (intake of fruits, vegetables, dairy etc, vs. junk food)
- Labs
 - Hgb (once during adolescence for menstruating females)
 - Urinalysis (one screening between the ages of 12-20)
 - Cholesterol, STD, TB (as indicated)
- Hearing Exam, puretone audiometry results (subjective test O.K. at age 16, otherwise, use puretone audiometry for high school age children)

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500	1000	2000	4000	500	1000	2000	4000
<input type="checkbox"/> Normal		<input type="checkbox"/> Abnormal		<input type="checkbox"/> Question validity/retest			
Comments				Staff initials			

Referrals:

Student Name: _____ Birth Date: _____

A supplemental form was created to be used in conjunction with the MSHSL Sports Qualifying Physical Examination Clearance Form to turn a sports physical exam (the six missing components) into a complete C&TC screening.



Unsuccessful Attempts

- Document reason component not done or completed:
 - Restless or uncooperative.
 - Valid contraindication to an immunization.
 - Client refused.

- Bill **S0302** to health plan as though a complete C&TC was performed.

- When a valid attempt was made, it is all right to bill for the service that was not completed. 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.

2-Character Referral Codes

- Indicates that a complete C&TC was performed.
- Informs state and county staff client's needs for follow-up care (0-10 yrs.)
- Allows clinics to obtain higher incentive payment package from some payers.
- The Referral Codes are as follows:
 - **NU** - No referral(s) made.
 - **ST** - Referral to another provider for diagnostic or corrective treatment or 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).
 - **AV** - Patient refused referral(s).
 - **S2** - Patient is currently under treatment for referred diagnostic or corrective health problem(s).

S0302

- The S0302 code may be billed when all of the components are completed.
 - It is still considered a complete C&TC screening if a component was done outside the clinic setting (i.e. blood lead testing), as long as it is documented in the chart, and it is still considered a complete C&TC screening for good faith failed attempts (i.e. hearing test), as long as it is documented in the chart.
 - All the components must be documented and the billing includes the 2-character referral codes.
- This code may not be billed to DHS fee-for-service.

Primary & Secondary Insurance

- Minnesota Health Care Programs (MHCP) are always last payers.
- If a MHCP member is enrolled with UCare, you will need to bill UCare last.
- The importance of billing C&TC screenings and blood lead tests to UCare when the primary carrier paid in full are:
 1. Primary carriers do not pay on the **S0302** code.
 2. This affects your clinic's quality improvement performance measurements with us, which may be tied to dollars.
 3. This also affects UCare's testing rates, which are reported to MDH which are be tied to dollars.

Types of Missed Opportunities

- These are some types of missed opportunities that you can use when a patient/member is being seen and turn it into a complete C&TC screening:
 - Camp physicals.
 - Sports physicals.
 - Head Start physicals.
 - Acute only visits.
 - Chronic conditions (e.g. repeat asthma visits).
 - Children with special needs.
 - Prenatal visit.
- Reports are available from UCare. The report is called “Lost Revenue Report.”
- This report indicates missed opportunities information for your clinic.
- Contact your Network Services Coordinator for a copy of the Lost Revenue Report.

Remember that missed opportunity = lost clinic revenue.

Commonly Missed Documentation

- Be sure to document all the components of the C&TC screening.
- Below is a list of the most commonly missed documentation when reviewing member/patient charts:
 - Blood Lead Test.
 - Dental Referral.
 - Hearing Screening.
 - Vision Screening.
 - Review of immunizations (*when none are actually given*).

Clinic Process

- Clinic process helps avoid missed opportunities:
 - Documentation forms designed to capture all components so complete exam can be billed.
 - Charge Ticket - set up to bill both acute and preventive at the same time and set to capture required alpha codes.

“Flag” C&TC Client Charts

- Place C&TC periodicity schedule on chart - highlight the child’s age, or “flag” Electronic Medical Record (EMR).
- Computer scheduling - identify when C&TC due.
- Put a C&TC Stamp on the form used for the visit.
- Use C&TC forms.
- C&TC checklist and billing form on front of chart or EMR.
- C&TC referral code sticker on:
 - Charge slip.
 - Visit form.
 - Chart or EMR.

Health Plans' Role

- Promote the importance of C&TC screenings:
 - Targeted mailings to our members.
 - Articles in our member newsletters.
 - Community outreach.
 - Articles in local newspapers for specific ethnic populations.
 - Stress importance of keeping appointments or calling in advance to cancel.
 - Participate in local, regional and state collaborative.

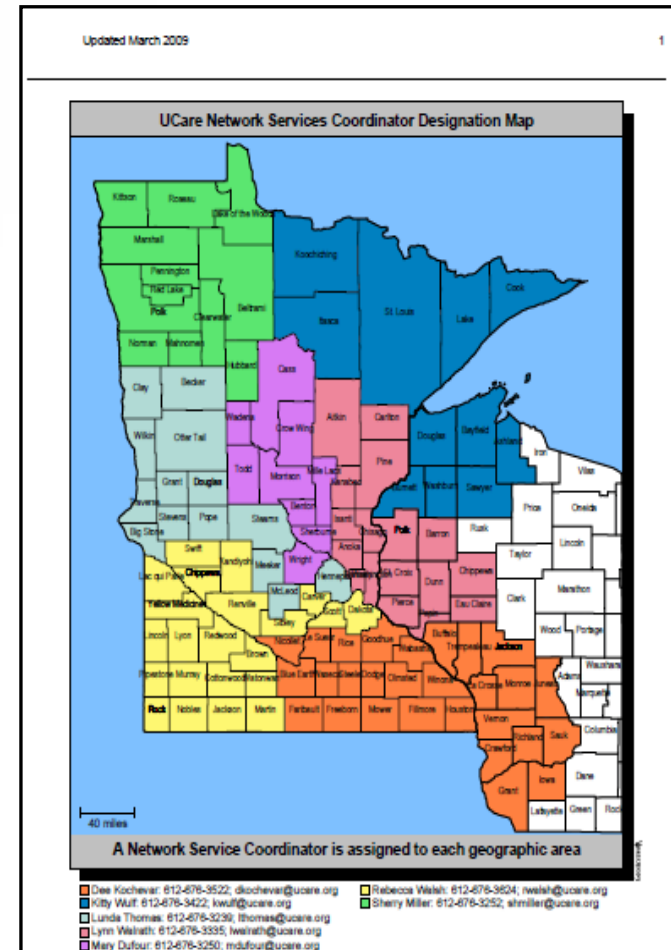
- Provide:
 - Interpreter services.
 - Transportation for eligible members.
 - Incentives.

County's Role

- To break down the barriers preventing families from accessing preventive health services.
 1. Initial notification-letters & phone calls.
 2. Reminder letters.
 3. Referral follow-up.
 4. Assistance finding a clinic, dentist, specialist, scheduling appointment, arranging interpreter, arranging transportation; referrals to other resources in the county.
 5. Community outreach.
 6. Clinic outreach.

Network Services Coordinator

- As a valued provider within the UCare provider network, you have a dedicated Network Services Coordinator to assist you in a variety of ways.
- A Network Services Coordinator is assigned to each provider, health System and/or geographical area. To obtain the name and phone number of your UCare Network Services Coordinator, log on to our web site at <http://www.ucare.org/providers/Pages/NetworkServicesCoordinator.aspx>.



Resources

- C&TC Component training by MDH
 - <http://www.health.state.mn.us/divs/fh/mch/webcourse/intro/index.html>

- Hearing Screening Guidelines
 - <http://www.health.state.mn.us/divs/fh/mch/hlth-vis/hearing.html>

- Vision Screening Guidelines
 - <http://www.health.state.mn.us/divs/fh/mch/hlth-vis/vision.html>

- Health Plan & County C&TC Reference for Providers
 - <http://www.dakotacounty.us/HealthFamily/HealthyLiving/Children/ChildandTeenCheckupsInformationforProviders.html>

Questions?

If you have comments and/or questions, please e-mail us at healthlines@ucare.org.

UCare is committed to providing excellent service to you as a valued provider in our network.