

Chapter 9

Children’s Services

This chapter provides policy and billing information for providers of Individualized Education Program (IEP) services, immunizations, and Child and Teen Checkups (C&TC) (Early and Periodic Screening, Diagnosis, and Treatment [EPSDT] program).

Special Notice Regarding Individualized Education Program (IEP) Services

IEP services refer to services included on an IEP or an Individualized Family Service Plan (IFSP). These services are billed directly to the Minnesota Department of Human Services (DHS) for children who are eligible for Medical Assistance (Medicaid) or MinnesotaCare, even if the child/student is enrolled in IMCare.

Definitions

Audiologist: A health care professional who engages in the practice of audiology, meets the qualifications required by [MN Stat. secs. 148.511 – 148.5196](#), and is licensed by the Minnesota Department of Health (MDH), or, where applicable, licensed or registered by the state in which he/she practices. If the state does not license providers of audiology services, the applicant for enrollment with Minnesota Health Care Programs (MHCP) must demonstrate that he/she meets the Certificate of Clinical Compliance (CCC) and practicum requirement listed below:

1. Holds a CCC from the American Speech-Language-Hearing Association (ASHA); **or**
2. Meets the following clinical practicum (practicum requirement) standards:
 - a. Has demonstrated a successful completion of a minimum of 350 clock-hours of supervised clinical practicum (or is in the process of accumulating such experience);
 - b. Has performed not less than nine months of supervised full-time audiology services after obtaining a master’s or doctoral degree; **and**
 - c. Has successfully completed a national exam in audiology approved by the Secretary.

Augmentative Communication Device: A device dedicated to transmitting or producing messages or symbols in a manner that compensates for the impairment and disability of a member with severe expressive communication disorders. Examples of augmentative communication devices are: communication picture books, communication charts and boards, and mechanical/electronic devices.

Certified Occupational Therapy Assistant (COTA): A person who has successfully completed all academic and fieldwork requirements of an occupational therapy assistant program approved or accredited by the Accreditation Council for Occupational Therapy Education (ACOTE) and is currently certified by the National Board for Certification in Occupational Therapy (NBCOT) as an occupational therapy assistant (OTA) and is licensed by the State ([MN Stat. sec. 148.6410](#)).

Clinical Fellowship Licensee: A person who has a master’s degree and is completing a supervised clinical fellowship in speech-language pathology or audiology according to the requirements in [MN Stat. secs. 148.511 – 148.5196](#).

Clinical Supervision for Mental Health Services: The process of control and direction of mental health services by which a mental health professional accepts responsibility for the supervisee’s actions and decisions, instructs the supervisee in the supervisee’s work, and oversees or directs the work of the supervisee. The clinical supervisor accepts full professional responsibility. The clinical supervisor must be present on-site for at least one observation during the first 12 hours in which the practitioner provides services and must be on-site

for observation as clinically appropriate thereafter. On-site observations must be documented in the member’s record and signed by the mental health professional.

Direct Service: Intervention services rendered by the provider in face-to-face contact with the member.

Direction of Mental Health Behavioral Aide (MHBA) Services: The mental health professional or mental health practitioner under the direction of the mental health professional assures that services are given in a manner determined necessary and appropriate by the mental health professional or practitioner. Direction should provide a balance of initial coaching (for those MHBAs who lack skills and experience) and a minimum amount of intrusion in the therapeutic process. Direction of MHBAs includes all of the following: one total hour of on-site observation by a mental health professional during the first 12 hours of service provided to a child, ongoing on-site observation by a mental health professional or mental health practitioner for at least one total hour every 40 hours of service provided to a child, and immediate accessibility of the mental health professional or the mental health practitioner to the MHBA during service provision.

Direction of Physical Therapy Assistant (PTA) and Occupational Therapy Assistant (OTA) Services: The actions of a physical or occupational therapist who instructs the physical or occupational therapy assistant in specific duties to be performed, monitors the assistant’s provision of services, provides on-site observation of the treatment and documentation of its appropriateness at least every sixth treatment session for each member when treatment is provided by an assistant, and meets other supervisory requirements in [MN Stat. sec. 148.6432](#).

Educational Speech-Language Pathologist (ESLP): A person who has a master’s degree in speech/language pathology, is licensed by the Minnesota Board of Teaching as an education speech/language pathologist and either has a certificate of clinical competence from the American Speech-Language-Hearing Association (ASHA), has completed the equivalent education requirements and work experience necessary for the certificate, or has completed the academic program and is acquiring supervised work experience to qualify for the certificate ([MN Stat. sec. 256B.0625, subd. 26](#)).

Indirect Service: Non-direct (not face-to-face) intervention with the member. Examples of indirect services include: attendance at staff meetings; staff supervision; development of instructional and treatment plans or materials; consultation between the service provider and parent, teacher, and other staff; documentation; team meetings; and billing.

Individualized Education Program (IEP): A written, individualized educational program developed annually for a student based on an evaluation of the student’s performance, presenting problems, and the effect on learning in appropriate settings.

Individualized Education Program (IEP) Evaluations: Evaluations that are health related and result in an IEP/IFSP or determine the need for continued services. This includes pre-IEP evaluations that result in an IEP/IFSP, ongoing assessments to determine progress/need for changes in services, and re-evaluations. Activities included are: administering tests, interpreting test results, and writing reports (meetings to discuss evaluations and make recommendations are not included).

Individualized Family Service Plan (IFSP): A written plan for providing services to a child and the child’s family through interagency agreements. Procedural and program requirements for the IEP also apply to the educational components of the IFSP.

Licensed School Nurse (LSN): A person who has a current Minnesota Board of Nursing and Board of Teaching license.

Licensed Practical Nurse (LPN): An individual licensed by the Minnesota Board of Nursing to practice practical nursing ([MN Stat. sec. 148.171, subd. 8](#)).

Mental Health Behavioral Aide (MHBA): A paraprofessional working under the direction of a mental health professional or mental health practitioner who is under the clinical supervision of a mental health professional to implement mental health services identified in a child/student’s IEP/IFSP and individual behavior plan. A Level I MHBA must: be at least 18 years of age, have a high school diploma or general equivalency diploma (GED) or two years of experience as a primary caregiver to a child with serious emotional disturbance within the previous 10 years, and meet orientation and training requirements. A Level II MHBA must: be at least 18 years of age, have an associate or bachelor’s degree or 4,000 hours of experience in delivering clinical services in the treatment of mental illness concerning children or adolescents, and meet orientation and training requirements.

Mental Health Practitioner: A person providing services in the treatment of mental illness under the supervision of a mental health professional and meeting at least one of the following criteria:

1. Is a school psychologist, licensed by the Board of Teaching
2. Is a Licensed Graduate Social Worker (LGSW), licensed by the Board of Social Work
3. Is a Licensed Independent Social Worker (LISW), licensed by the Board of Social Work
4. Has a bachelor’s degree in one of the behavioral sciences or related fields from an accredited college or university and has 2,000 hours of supervised experience in the delivery of clinical services in the treatment of mental illness
5. Has completed 6,000 hours of supervised experience in the delivery of clinical services in the treatment of mental health services to children
6. Is enrolled as a graduate student in one of the behavioral sciences or related fields formally assigned to the center for clinical training by an accredited college or university
7. Has obtained a master’s or other graduate degree in one of the behavioral sciences or related fields from an accredited college or university and has less than 4,000 hours post-master’s experience in the treatment of emotional disturbance

Mental Health Professional: A Licensed Psychologist (LP), Licensed Independent Clinical Social Worker (LICSW), Clinical Nurse Specialist – Mental Health (CNS-MH), Licensed Marriage and Family Therapist (LMFT), Licensed Professional Clinical Counselor (LPCC), or psychiatrist.

1. *Licensed Psychologist (LP):* Licensed under [MN Stat. secs. 148.88 – 148.98](#), stated competencies in the diagnosis and treatment of mental illness to the Board of Psychology.
2. *Licensed Independent Clinical Social Worker (LISCW):* Licensed as an independent clinical social worker under [MN Stat. sec. 148B.21, subd. 6](#).
3. *Clinical Nurse Specialist – Mental Health (CNS-MH):* An advanced practice registered nurse in accordance with [MN Stat. secs. 148.171 – 148.285](#) and certified as a Clinical Nurse Specialist in psychiatric or mental health nursing in accordance with [MN Stat. sec. 148.285, subd. 4](#), or mental health nursing by the American Nurses Association with at least 4,000 hours of post-master’s supervised experience in the delivery of clinical services in the treatment of mental illness.
4. *Licensed Marriage and Family Therapist (LMFT):* Licensed under [MN Stat. secs. 148B.29 – 148B.39](#).
5. *Licensed Professional Clinical Counselor (LPCC):* Licensed under [MN Stat. sec. 148B.5301](#).
6. *Psychiatrist:* Physician licensed under [MN Stat. Chap. 147](#) and certified by the American Board of Psychiatry and Neurology or eligible for board certification in psychiatry.

Occupational Therapist (OT): A person who is certified by the NBCOT and maintains State licensure as an occupational therapist ([MN Stat. sec. 148.6408](#)).

Personal Care Assistant (PCA): An individual employed by a personal care assistance provider agency, enrolled by DHS, and who provides personal care assistance services ([MN Stat. Chap. 245A](#); [MN Stat. sec. 252A.02, subd. 3a](#); [MN Stat. sec. 256B.0659, subd. 11](#)). Qualified professionals include a registered nurse (RN), licensed social worker, mental health professional, or qualified developmental disabilities (DD) specialist.

Physical Therapist (PT): A person who is a graduate of a physical therapy program approved by both the Commission on Accreditation in Physical Therapy Education (CAPTE) and the American Physical Therapy Association (APTA) or its equivalent, is licensed by the State, and meets the requirements in [MN Stat. secs. 148.70 – 148.78](#) and [MN Rules Chap. 5601](#).

Physical Therapy Assistant (PTA): A person who is a graduate of a PTA education program accredited by APTA or a comparable accrediting agency. A PTA performs selected physical therapy treatments and related duties as delegated by the physical therapist ([MN Rules part 5601](#)).

Public Health Nurse (PHN): A person who has a current Minnesota Board of Nursing license and is certified in public health nursing by MDH.

Registered Nurse (RN): Must hold current licensure from the Minnesota Board of Nursing and be enrolled with DHS as an independent nurse.

Serious and Persistent Mental Illness (SPMI): Case management services may continue to be provided for a child with a Severe Emotional Disturbance (SED) who is over the age of 18, but under 21 years of age.

For purposes of case management and community support services, a “person with Serious and Persistent Mental Illness [SPMI]” means an adult who has a mental illness and meets at least one of the following criteria:

1. The adult has undergone two or more episodes of inpatient care for a mental illness within the preceding 24 months
2. The adult has experienced a continuous psychiatric hospitalization or residential treatment exceeding six months’ duration within the preceding 12 months
3. The adult has been treated by a crisis team two or more times within the preceding 24 months
4. The adult:
 - a. Has a diagnosis of schizophrenia, bipolar disorder, major depression, or borderline personality disorder;
 - b. Indicates a significant impairment in functioning; and
 - c. Has a written opinion from a mental health professional, in the last three years, stating that the adult is reasonably likely to have future episodes requiring inpatient or residential treatment, of a frequency described in clause 1 or 2, unless ongoing case management or community support services are provided
5. The adult has, in the last three years, been committed by a court as a person who is mentally ill under [MN Stat. Chap. 253B](#), or the adult’s commitment has been stayed or continued
6. The adult:
 - a. Was eligible under clauses 1 – 5, but the specified time period has expired or the adult was eligible as a child under [MN Stat. sec. 245.4871, subd. 6](#);
 - b. Has a written opinion from a mental health professional, in the last three years, stating that the adult is reasonably likely to have future episodes requiring inpatient or residential treatment, of a frequency described in clause 1 or 2, unless ongoing case management or community support services are provided.

Child with Severe Emotional Disturbance (SED): Case management services may continue to be provided for a child with a SED who is over age 18, but under age 21.

For purposes of eligibility for case management and family community support services, “child with Severe Emotional Disturbance [SED]” means a child who has an emotional disturbance and who meets at least one of the following criteria:

1. The child has been admitted within the last three years or is at risk of being admitted to inpatient treatment or residential treatment for an emotional disturbance
2. The child is a Minnesota resident and is receiving inpatient treatment or residential treatment for an emotional disturbance through the interstate compact
3. The child has one of the following as determined by a mental health professional:
 - a. Psychosis or a clinical depression; or
 - b. Risk of harming self or others as a result of an emotional disturbance; or
 - c. Psychopathological symptoms as a result of being a victim of physical or sexual abuse or of psychic trauma within the past year
4. The child, as a result of an emotional disturbance, has significantly impaired home, school, or community functioning that has lasted at least one year or that, in the written opinion of a mental health professional, presents substantial risk of lasting at least one year.

Speech-Language Pathologist (SLP): A person who has a master’s degree, has a certificate of clinical competence from ASHA, and is licensed under [MN Stat. secs. 148.511 – 148.5196](#) as an SLP.

Specialized Maintenance Therapy: A health service specified in the member’s plan of care by a physician, or other licensed practitioner of the healing arts within the practitioner’s scope of practice under State law, that is necessary for maintaining a member’s functional status at a level consistent with the member’s physical or mental limitations, and that may include treatments in addition to rehabilitative nursing services, as defined in [MN Rules part 4658.0525](#).

Supervision of Personal Care Assistants (PCAs)/Paraprofessionals Services: The qualified professional obtains the required physician’s orders; provides ongoing monitoring and supervision; appropriately delegates tasks; orients and trains the PCA to provide the services; ensures through direct observation or consultation that the person providing the service: is capable of providing the service, is knowledgeable about the plan of services to be provided before the PCA/paraprofessional performs the services, is knowledgeable about the essential needs of the member, and has observed conditions that should be brought to the supervisor’s attention; is knowledgeable about changes in the plan; and keeps records of services provided and time spent providing the services. The supervising professional evaluates the services provided to the member through direct observation or consultation within 14 days after placement of the PCA/paraprofessional with the member, once every 30 days for the first 90 days, and once every 120 days after the first 90 days.

When billing for PCA supervision, do not list the supervising professional’s individual National Provider Identifier (NPI) on the 837P claim format. Please bill using the facility (billing provider) NPI.

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

Definition

Child and Teen Checkups (C&TC): The name for Minnesota’s Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. EPSDT is a required service under [Title XIX of the Social Security Act](#). C&TC is a comprehensive child health program provided to children and teens, newborns through age 20, who are enrolled in Medical Assistance (Medicaid) or MinnesotaCare.

The purpose of the program is to reduce the effect of childhood health problems by identifying, diagnosing, and treating health problems early.

The Federal Centers for Medicare & Medicaid Services (CMS) has set a goal for states to have an 80 percent participation rate in C&TC screening services. Federal law requires states to maintain an 80 percent participation rate in the C&TC screenings. This participation rate is based on eligible children receiving a C&TC screening service during the reporting year. As Minnesota works toward reaching the 80 percent participation rate goal, accurate billing/coding is critical in documenting the screenings that have been provided.

States are also required to follow-up on referrals made as a result of a C&TC screening to ensure that children/families receive the necessary services to correct or improve health problems. It is important that providers report all referrals on C&TC claims using one of the four [Health Insurance Portability and Accountability Act \(HIPAA\)-required referral codes](#).

Coordination of Preventive Health Care

The C&TC program emphasizes the need to avoid fragmentation of care and the importance of continuity of care in comprehensive health supervision. Providers can assist in reducing duplication of services by substituting a C&TC screening service (when appropriate) for other preventive health care visits, such as the following:

1. Newborn or well-baby
2. School, camp, or athletic
3. Routine well-child
4. Family planning visits
5. Special Supplemental Food Program for Women, Infants, and Children program (WIC)
6. Head Start
7. Immunizations
8. Initial prenatal visits
9. Early childhood screening

Eligible Providers

Eligible individual providers include the following:

1. Nurse practitioners (NPs)
2. Physicians
3. Physician assistants (PAs)
4. Public Health Nurses (PHNs) approved by MDH after completing the 2 – 3 day C&TC screening component training
5. Dentists

Public Health nurses not enrolled in C&TC, but approved by the Minnesota Department of Health (MDH) may provide services after completing the two- to three-day C&TC screening component training.

Staff eligible to provide some components under supervision of a physician or dentist include the following:

1. Public health nurses
2. Registered nurses
3. Other staff through delegation by a licensed health professional within their scope of practice

Screening, diagnosis, and treatment can occur during one or more office visits with one or more providers. An example of all services completed at one office visit is: a hemoglobin (Hgb) test indicates a low blood count (screening), the physician decides the child is anemic (diagnosis), and prescribes iron supplements (treatment).

Covered Services

C&TC Screening Components, Standards, and Guidelines

C&TC screening service is reimbursable under IMCare, and the [C&TC Screening Components, Standards, and Guidelines](#) are the standards for C&TC screening services. These standards incorporate the requirements of the Centers for Disease Control and Prevention (CDC), the Centers for Medicare & Medicaid Services (CMS), and MDH guidelines. Included are criteria guidelines for provider documentation.

IMCare has adopted the DHS [C&TC Screening Components, Standards, and Guidelines](#) as a clinical practice guideline for preventive care for children, adolescents, and young adults through age 20. The C&TC screening service consists of all of the following components:

1. Anticipatory guidance and health education
2. Assessment of physical growth and measurements (includes but is not limited to: pulse; respiration; blood pressure; and exam of head, eyes, ears, nose, mouth, pharynx, neck, chest, heart, lungs, abdomen, spine, genitals, extremities, joints, muscle tone, skin, and neurological condition)
3. Health history including mental health, nutrition, and chemical use
4. Developmental/behavioral screening^{***}
5. Social-emotional or mental health
6. Autism spectrum disorder screening
7. Physical examination, including sexual development exam, oral exam
8. Immunizations/review
9. Laboratory tests including blood lead, urinalysis, Hgb/hematocrit (HCT), and other tests as indicated
10. Vision screening
11. Hearing screening
12. Dental checkups – verbal referral required for preventive dental care
13. Newborn screening follow-up (blood spot and critical congenital heart defect)
14. Maternal depression screenings
15. Mental health
16. Substance use assessment
17. Verbal referral to a dental provider at eruption of first tooth or no later than 12 months of age
18. Fluoride varnish application (FVA) starting at eruption of the first tooth, every 3 – 6 months, through age 5

^{**}See *C&TC Screening Service Billing/Coding* section of this chapter.

Refer to the [Minnesota Child and Teen Checkups \(C&TC\) Schedule of Age-Related Screening Standards \(DHS-3379\)](#) for Minnesota’s age-related screening standards schedule details. Refer to the [DHS C&TC Provider Guide \(DHS-4212\)](#) for more information on screening components

Dental Service Components for C&TC

The C&TC dental screening components include:

1. Oral health history
2. Clinical oral examination
3. Assessments/screening
 - a. Oral growth and development
 - b. Caries risk
 - c. Radiographic
4. Prophylaxis and topical fluoride (as indicated by clinical findings)
5. Fluoride supplementation (as indicated by clinical findings)
6. Anticipatory guidance/counseling
7. Counseling
 - a. Oral hygiene

- b. Dietary
 - c. Injury prevention
 - d. Nonnutritive habits
 - e. Speech/language development
 - f. Substance abuse
 - g. Intraoral/perioral piercing
8. Assessment and treatment of developing malocclusion
 9. Assessment for sealants
 10. Assessment and/or removal of third molars
 11. Transition to adult care

Refer to the [Schedule of Age-Related Dental Standards \(DHS-5544\)](#) for Minnesota’s age-related dental standards schedule details.

Primary Care Provider Requirements

1. Provide an oral health exam, anticipatory guidance, and education for children and their families at every C&TC screening
2. Verbally refer children to dentists at the time of the eruption of the first tooth or no later than age 12 months

Blood Lead Test

A blood lead test at ages 12 and 24 months is a Federally required component of C&TC. Research indicates that Medical Assistance (Medicaid)/MinnesotaCare children are at greater risk of lead poisoning. Lead testing can occur at other times within the ranges that are indicated on the [Schedule of Age-Related Screening Standards \(DHS-3379\)](#) and when medically indicated. A blood lead test done between 9 and 15 months of age can fulfill the 12 month screening requirement. A blood lead test completed for a child between 16 months and 30 months of age can fulfill the 24 month screening requirement.

When billing a blood lead test, use the correct Current Procedural Terminology (CPT) code for the lead test. Venipuncture and capillary specimen collection and handling are covered services.

Lab services must be performed by a Clinical Laboratory Improvement Amendments (CLIA)-certified lab.

Lab services provided as part of a C&TC screening must be included on a C&TC screening claim.

Blood Lead Resources

1. [Childhood Blood Lead Screening Guidelines for Minnesota \(PDF\)](#)
2. [Childhood Blood Lead Treatment Guidelines for Minnesota \(PDF\)](#)
3. [Childhood Blood Lead Case Management Guidelines for Minnesota \(PDF\)](#)
4. [Center for Disease Control and Prevention – Blood Lead Poisoning](#)
5. [MDH Lead Poisoning Prevention](#)
6. [MDH Lead Poisoning Prevention Fact Sheets and Brochures](#)
7. [C&TC Lead Screening FACT Sheet](#)

Tuberculosis (TB) Testing

All children/adolescents should be evaluated for their risk of exposure to TB. Children at high risk of TB infection include the following:

1. Children with recent close contact with people with infectious TB disease
2. Foreign-born children and children with foreign-born parents from high-prevalence areas
3. Children who have traveled to foreign areas with endemic TB

4. Children with (or those children in living situations with) socioeconomic risk factors such as homelessness, living in shelters, or incarceration. Any high-risk individual who has not received TB testing previously should be screened.

TB testing is recommended for high-risk children/adolescents only, either by tuberculin skin test (TST) or TB blood test. TB testing is not mandatory but is a covered service if clinical documentation supports the medical need for the test. When TB testing is performed during a C&TC screening, bill with the appropriate CPT code on the C&TC screening claim. For more information review the [TB Screening C&TC FACT Sheet](#).

Developmental and Mental Health Screenings

Developmental and mental health screenings are a C&TC screening component. To receive additional reimbursement for a developmental and/or mental health screening, providers must use a standardized screening instrument. Without the use of a standardized screening instrument, reimbursement for developmental and/or mental health screening is included in the payment of the Evaluation and Management (E/M) code used for a C&TC visit.

Refer to [Developmental and Social-Emotional Screening of Young Children \(0-5 years of age\) in Minnesota](#) for instruments recommended by the Minnesota Interagency Developmental Screening Task Force, including a list of [recommended instruments](#). The Task Force no longer recommends the Denver II, and IMCare will no longer reimburse providers when this tool is used.

Refer to the [Mental Health Screening \(6-20 years\) FACT Sheet](#) for a list of instruments recommended by the DHS Children’s Mental Health Division and MDH.

For more information on developmental and social-emotional screening and recommended instruments, refer to the [DHS Children’s Mental Health Division Screening website](#).

To receive reimbursement for developmental and social-emotional or mental health screenings, use screening instruments recommended by the Minnesota Interagency Developmental Screening Task Force or, in the case of mental health screening, instruments recommended by the DHS Children’s Mental Health Division. Without the use of a standardized screening instrument, reimbursement for these screenings is included in the payment of the evaluation and management (E&M) code used for a C&TC visit.

Providers engaging in screening must meet the instrument-specific criteria, as outlined by the publisher. Providers using the standardized instruments may include physicians, nurse practitioners, physician assistants, nurses, medical assistants or other appropriately trained staff.

Currently, no recommended standardized instrument adequately covers both developmental and social-emotional or mental health screening domains. Two separate screening instruments are needed to adequately screen for potential developmental and social-emotional or mental health concerns.

Maintain required documentation in the child’s health record. Documentation must include, at a minimum, the name of the screening instrument(s) used, the score(s), and the anticipatory guidance provided to the parent or caregiver related to the screening results. If the screening results are abnormal, documentation must include how this is being addressed, such as referral to the local school district (directly or via [Help Me Grow](#)), appropriate medical specialists, follow-up plan of care, and when appropriate, a referral to a local community service agency. For more information, see the [Referral](#) section of the [Developmental and Social-Emotional Screening of Young Children \(0-5 years of age\) in Minnesota](#).

Bill the developmental and social-emotional or mental health screening on the same claim as other C&TC services. If both a developmental and a social-emotional screening are completed, the following would be submitted:

1. CPT code 96110 for a developmental screening with a standardized instrument
2. CPT code 96127 for a social-emotional or mental health screening with a standardized instrument

You may bill for both a developmental and a mental health screening on the same date of service (DOS) on the same claim.

When a developmental and mental health screening is provided at other pediatric visits, bill the developmental and mental health screening on the same claim as the other pediatric services.

Screening for Autism in Toddlers

Providers are encouraged to provide an autism-specific screening only after they have used an approved developmental and social-emotional or mental health screening instrument during the last year.

A standardized screening instrument must be used to be reimbursed for autism screening. Without the use of a standardized screening instrument, reimbursement for autism screening is included in the payment of the E/M code used for the C&TC visit.

1. When an autism screening is completed in addition to another developmental screening using two separate standardized screening instruments, bill for the autism screening on the C&TC claim using CPT code 96110 and modifier U1 (for the ASD-specific screening) and use CPT code 96110 for the developmental screening.
2. If only the autism screening is performed with a standardized screening instrument, bill using CPT 96110 and modifier U1 for the ASD-specific screening.

Beginning January 1, 2016, CPT code 96110 must be billed with modifier U1 when billing for ASD-specific screening.

3. Required documentation must be maintained in the child’s health record and, at a minimum, includes the name of the screening instrument(s) used, the score(s), and the anticipatory guidance related to the results.

Referrals

For more information on referrals, see the [Referral](#) section of the [Developmental and social-emotional screening of young children \(0-5 years of age\) in Minnesota](#).

The following are examples of providers or resources to refer children to when they need additional evaluation:

1. Primary care provider
2. Medical specialist, such as a developmental pediatrician
3. Mental health professional
4. Local school district for educational evaluation (directly or via [Help Me Grow](#))
5. Local community service agency, when appropriate

For more information about autism spectrum disorders, see the [Minnesota Department of Health \(MDH\) Autism](#) website, the [Minnesota Department of Human Services \(DHS\) Children with autism spectrum disorders](#) website, and the [Early Intensive Developmental and Behavioral Intervention \(EIDBI\)](#) section of the MHCP Provider Manual.

Maternal Depression Screening

Maternal depression screening is covered as a separate service when performed during a C&TC or other pediatric visit as follows: the 0-to-1-month visit, the 2-month visit, and either the 4-month or 6-month visit; however, providers may do a screening any time up to 13 months.

Use one of the following standardized screening instruments:

1. [Edinburgh Postnatal Depression Scale \(EPDS\)](#)
2. [Patient Health Questionnaire – 9 \(PHQ-9\) Screener](#)
3. [Beck Depression Inventory \(BDI\)](#)

Providers that meet the instrument-specific criteria for administering the screening tool, as outlined by the publisher, may perform maternal depression screenings. Depending on the tool, this may include physicians, nurse practitioners, physician assistants, nurses, medical assistants, or other appropriately trained staff.

IMCare allows up to six maternal depression screenings for a mother per child under age 13 Months of age. For documenting the maternal depression screening service, record the name of the completed screening instrument and that the screening was performed as a “risk assessment” in the child’s medical record.

You are not required to include the screening score results or a copy of the screening instrument in the child’s record. You may give the mother a paper copy of the screening instrument to bring with her to a referral appointment, or destroy it if she does not want it. For more information on maternal depression screening, refer to the [DHS C&TC Provider Guide \(DHS-4212\)](#).

Bill for the maternal depression screening only when using one of the standardized screening instruments. When billing for a maternal depression screening, do the following:

1. Use CPT code 96161
2. Use the child’s IMCare member ID number
3. Bill it on the same claim as the C&TC screening or other pediatric visit.

Add a modifier to CPT code 96161 on the original claim when using both code 96161 and any of the immunization administration codes (90460, 90461, 90471 – 90474). Also add a modifier to code 96161 if you have any denied claims for this code pair.

A maternal depression screening may be billed on the same date as a child’s developmental screening (96110) and/or social emotional or mental health screening (96127).

Immunization and Vaccinations

The immunization status of a child must be reviewed and compared to the current Recommended Childhood and Adolescent Immunization Schedule from the Advisory Committee on Immunization Practices (ACIP). ACIP is part of the CDC and provides current recommendations for vaccine administration, schedules of periodicity, and appropriate dosage and contraindications. The [MDH Recommended Immunization Schedule for Children and Adolescents](#), which is revised annually, may be used as it incorporates the ACIP schedule.

[MN Stat. sec. 256B.0625, subd. 39](#) requires all MHCP-enrolled providers who administer pediatric vaccines to enroll in the [Minnesota Vaccines for Children \(MnVFC\) program](#). MDH administers MnVFC to provide most pediatric vaccines to participating providers at no cost. Providers must obtain vaccines through MnVFC whenever available.

When billing for immunizations or vaccinations administered during a C&TC screening, enter the correct immunization or vaccination code(s) with the SL modifier when applicable, and add the correct administration

code(s) to the C&TC claim. Refer to Chapter 9A, Immunization & Vaccinations of IMCare’s *Provider Manual* for details on coding and billing criteria.

Immunization and Vaccinations Resources

1. [CDC Child and Adolescent Immunization Schedules](#)
2. [Vaccine Information Statements in Multiple Languages](#)
3. [C&TC Immunizations and Review FACT Sheet](#)
4. [Minnesota Department of Health \(MDH\) Immunization](#)

Health Education/Anticipatory Guidance

Health education is a required component of screening services and includes anticipatory guidance. At the outset, the physical and dental screenings give you the initial context for providing health education. Health education and counseling to both parents (or guardians) and children is required and is designed to assist in understanding what to expect in terms of the child’s development and to provide information about the benefits of healthy lifestyles and practices as well as accident and disease prevention.

Reimbursement for health education and anticipatory guidance is included in the payment of the E/M code used for a C&TC screening.

For more information on health education and anticipatory guidance, refer to the [Child and Teen Checkups Fact Sheets](#) for anticipatory guidance for members ages 0 – 5 years, 6 – 12 years, and 13 – 21 years.

Fluoride Varnish Application (FVA)

FVA services provided to a child at a Head Start agency by a collaborative practice (CP) hygienist may be billed by the Head Start agency, a health care facility, or an enrolled non-profit organization.

IMCare reimburses for FVA completed during a C&TC visit on children from birth to age 21 by nondental health professionals or C&TC providers who have completed an approved FVA training course. The following types of trained staff may perform FVA:

- Physicians
- Physician assistants
- Nurse practitioners
- Nurses
- Clinical staff under the direct supervision of a physician or other qualified health care professional
- In a community setting, other licensed or certified health care professionals under the direct supervision of a treating physician or dentist

Apply FVA in the primary care setting every three to six months starting at tooth emergence and not later than age 12 months, as recommended by the American Academy of Pediatrics (AAP) and the United States Preventive Services Task Force (USPSTF).

In 2014, the USPSTF published the recommendation that "primary care clinicians apply fluoride varnish to the primary teeth of all infants and children starting at the age of primary tooth eruption." In a clinical report published in the September 2014 Pediatrics journal, the AAP stated that, "fluoride is effective for cavity prevention in children." The AAP also issued new recommendations related to fluoride, including one that states "fluoride varnish is recommended in the primary care setting every 3-6 months starting at tooth emergence."

Obtain informed consent for this procedure, either verbally or in writing. Document that you obtained verbal consent, including discussion of benefits and risks of FVA, with each application. Alternatively, a written consent signed by the parent or guardian is valid for up to one year.

Fluoride Varnish Online Trainings

1. **Preferred training** for staff who apply fluoride varnish in the C&TC setting: [Smiles for Life: Module 6, Caries Risk Assessment, Fluoride Varnish and Counseling](#) – provides training on oral screenings, fluoride varnish indications and application, and office implementation.
2. Other FVA online trainings include the following:
 - a. [Smiles for Life: A National Oral Health Curriculum](#) – a broad overview of the Module 6 training; you can complete the entire course for 8.5 hours of free continuing medical education (CME credits).
 - b. The University of Minnesota Fluoride varnish [module Dental Health Screening and Fluoride Varnish Application course](#) – provides a broad overview of oral health and fluoride varnish.

WIC and Head Start agencies may perform FVA after completing the same online course.

FVA is not limited to an office setting and may be provided in all IMCare-allowed places of service. Contact the IMCare Provider Contact Center regarding coverage of FVA.

Billing

Head Start and WIC Programs Billing for FVA

After July 1, 2017, Head Start; Women, Infants, and Children (WIC); and Public Health agencies must bill for FVA using CPT code 99188. Providers should use their Unique Minnesota Provider Identifier (UMPI) if they are the billing provider or use the National Provider Identifier (NPI) of the dentist or collaborative practice dental hygienist as the rendering provider. These agencies may bill at three- to six-month intervals.

FVA Billing by Primary Care Providers

After July 1, 2017, primary care providers or those under the supervision of a treating primary care provider may no longer use Current Dental Terminology (CDT) code D1206 to bill for fluoride varnish application (FVA) and must begin using Current Procedural Terminology (CPT) code 99188.

Primary care providers (physicians, physician assistants [PAs], registered nurses [RNs], or other trained and qualified health care professionals in a primary care setting) administering FVA to IMCare members ages 0 – 20 must bill for FVA using CPT code 99188.

If you are a dental provider, you must use CDT code D1206. You may bill IMCare once every six months.

Vision Screening

When using both the code 99173 and one of the preventive visit CPT codes in the range of 99381 – 99397, providers must add a modifier to 99173 on the original claim. See the [DHS Minnesota NCCI FAQs](#) web page for information on which modifiers to use.

Screening Exceptions

IMCare recognizes that in some situations, it is not possible or appropriate to require C&TC providers to complete certain components of the C&TC screening as outlined in the Schedule of Age-Related Screening Standards. According to Administrative Uniformity Committee (AUC) recommendations, use the following billing guidelines for the situations listed below when screening component(s) cannot be performed or an initial screening is not appropriate.

Claims submitted using the following guidelines for an exception identified below will be recognized as completed C&TC claims.

1. Follow all billing policy requirements for submitting a C&TC screening claim
2. Report one of the HIPAA-compliant referral codes (ST, NU, AV, S2)
3. Use the claim reporting and medical documentation for the exception reasons as appropriate

Exception Reason	Situation	Claim Reporting and Medical Documentation
Condition already identified (screening is not medically necessary)	<p>Out of provider’s control:</p> <ul style="list-style-type: none"> • Child has a diagnosis of a hearing or visual impairment • Child wears/has new glasses (identified visual impairment) • Completing a vision screening may not be indicated at this time • Child/parent has been referred for ongoing monitoring or treatment • Child has been diagnosed as having autism or developmental delay • Completing a developmental screening may not be indicated • Child/parent has been referred for ongoing treatment and/or services for the condition 	<ul style="list-style-type: none"> • Maintain specific documentation of the diagnosis in the medical record of the child • Report the correct CPT code for the screening component on the claim • Enter an additional diagnosis code identifying the condition • Enter \$0.00 or \$0.01 as the submitted charge
Contraindication (service recently performed elsewhere)	<p>Out of provider’s control:</p> <ul style="list-style-type: none"> • Lead screening was performed different agency, clinic, or location • Hearing and vision screening performed at school 	<ul style="list-style-type: none"> • Request and review test results at the time of the visit. If results are within acceptable limits, add specific documentation and maintain a copy of the test results in the medical record of the child. • Report the correct CPT code for the screening component on the claim • Enter \$0.00 or \$0.01 as the submitted charge
Parent refusal	<p>Out of provider’s control:</p> <ul style="list-style-type: none"> • Rescheduling for a later date is not feasible • Against personal or religious belief of the parent or family 	<ul style="list-style-type: none"> • Provide specific documentation of the parent refusal • Report the correct CPT code for the screening component on the claim • Enter \$0.00 or \$0.01 as the submitted charge
Parent refusal	<p>Within the provider’s control:</p> <ul style="list-style-type: none"> • Rescheduling for later date is feasible (parent is willing) • Parent indicates he/she does not want the component completed because of time constraints or mood of the child 	<ul style="list-style-type: none"> • Reattempt the screen component within 30 days • If reattempting to screen, wait to bill the C&TC screening until all components are completed • Bill using the two separate dates if within the same month

		<ul style="list-style-type: none"> • If the second screening attempt crosses over to a new month, use the date the C&TC screening was finally completed
<p>Unsuccessful attempt (child uncooperative)</p>	<ul style="list-style-type: none"> • Rescheduling for a later date is not feasible • A valid attempt was made to complete the service 	<ul style="list-style-type: none"> • Provide specific documentation of the unsuccessful attempt • Report the correct CPT code for the screening component on the claim • Add modifier 52 to the claim • Enter the usual and customary charge
<p>Unsuccessful attempt (child uncooperative)</p>	<ul style="list-style-type: none"> • Rescheduling for later date is feasible • The child is not cooperating well enough to allow component to be completed at that time • Child is emotional and/or stressed • A diagnosis has been found to justify that performing the component would further upset the child (e.g. child has ear infection, pink eye) 	<ul style="list-style-type: none"> • Reattempt the screen component within 30 days • If reattempting to screen, wait to bill the C&TC screening until all components are completed • Bill using the two separate dates if within the same month • If the screening crosses over to a new month, use the date the C&TC screening was finally completed
<p>Screening instrument not reviewed</p>	<p>A developmental screening instrument was sent to parents but not returned for review at the time of the C&TC screening</p>	<ul style="list-style-type: none"> • Do not report the developmental screening code as a separate line item on the claim <p>OR</p> <ul style="list-style-type: none"> • Wait to bill the completed screening until the parent report is received and reviewed • Bill using the two separate dates (the date the C&TC screening was started and the date the completed screening instrument was reviewed) if within the same month. • If the review of the screening instrument, crosses over to a new month, use the date the C&TC screening was finally completed

Other Covered Services.

1. Interperiodic or interim screens may be done as appropriate and are reimbursable as a C&TC screening if all component requirements are met.
2. Additional screening services and/or specific screening components may be provided at other intervals as medically indicated.
3. Diagnosis and treatment of health conditions determined to be medically necessary are covered services through C&TC.

C&TC Screening With an E/M Service

If, at the time of the C&TC screening, a significant, separately identifiable E/M service is provided, that E/M code must be billed with the modifier 25. Documentation in the health record must support key components of billed E/M services. Follow CPT instructions for appropriate coding.

Diagnosis and treatment of health conditions determined to be medically necessary are also covered services. A referral should be made if, for any reason, as a result of the C&TC screening, the child needs to be seen again for follow-up for further evaluation, diagnosis, and/or treatment either by the screening provider or any other provider.

C&TC Screening Service Billing/Coding

For more information on billing, please see electronic data interchange (EDI) requirements in Chapter 4, Billing Policy.

Reimbursement for C&TC screening services is dependent upon referral codes on the 837P claim format. The four C&TC referral codes (AV, ST, S2, and NU) are used to do the following:

1. Identify the claim as a complete C&TC screening
2. Ensure appropriate provider reimbursement
3. Identify referrals for public health follow-up
4. Collect Federally required data

IMCare also requires the S0302 code as a line item on the claim form when billing for a **Complete** C&TC. By submitting the S0302 code, the provider indicates to IMCare that a **full** C&TC screening was completed.

Follow the [Minnesota Child and Teen Checkups \(C&TC\) Schedule of Age-Related Screening Standards \(DHS-3379\)](#) to identify required C&TC screening components for the periodic visit, including a referral to a dentist.

Health Insurance Portability and Accountability Act (HIPAA) C&TC Referral Coding Information

Billing processes include complying with HIPAA and IMCare system and data requirements. This section includes the following information:

1. Two-character C&TC referral codes and HIPAA definitions
2. How to bill a complete C&TC screening electronically
3. Using C&TC referral codes appropriately
4. C&TC referral code priority chart
5. Additional billing information for developmental and social/emotional/mental health screening

How to Bill a Complete C&TC Screening Electronically

The C&TC referral code you choose pertains to the entire claim and is entered at the claim (header) level in loop 2300. Different C&TC referral codes cannot be used on different lines of the same claim. Previously, providers could use more than one referral code on a claim.

The Federal HIPAA format allows only one C&TC referral code to be used per claim.

When billing for a complete C&TC screening, the claim should not include additional non-C&TC procedures. When procedures in addition to the completed C&TC screening components are performed at the same visit (e.g., tympanometry), bill the additional procedures on a separate claim, use modifier 25, and do not include a C&TC referral code on the non-C&TC claim.

IMCare receives EDI 837 claims from Emdeon, IGI, Office Ally, Relay Health, EDS and cross-over claims from CMS.

To set up electronic claims connectivity, please call the IMCare at 1-800-843-9536 (toll free). Also refer to Chapter 4, Billing Policy for more information. Refer to the [Minnesota Administrative Uniformity Committee \(AUC\) Companion Guides](#) for ANSI ASC X12 837P requirements.

Field	Enter
CLM12 – Special Program Indicator: Indicates a C&TC screening was completed	01 for EPSDT/Child Health Assessment Program (CHAP)
CRC02 – Certification Condition Indicator: Indicates whether a referral was made	N for “NO” if a referral was not made Y for “YES” if a referral was made
CRC03 – Condition Indicator: Indicates the outcome of the screening	One of the four new two-character C&TC referral codes (AV, ST, S2, and NU)

Using C&TC Referral Codes Appropriately

Use the following examples and the chart below to determine which code should take precedence, since only one referral code per claim is allowed under the new HIPAA format.

Examples:

When billing for a complete C&TC screening:	Use this referral code on ALL claim lines
For which no referral(s) made (“NU”):	NU
With no referral(s) made (“NU”), and the patient is currently under treatment for a diagnostic or corrective health problem(s) (“S2”):	S2
When one or more referrals were made (“ST”):	ST
When one or more referrals were made (“ST”), and the patient is currently under treatment for a diagnostic or corrective health problem(s) (“S2”):	ST
When one or more referrals were made (“ST”), and the patient refused one or more of the referrals (“AV”):	AV
When one or more referrals were made (“ST”), and the patient refused one or more of the referrals (“AV”), and the patient is currently under treatment for a diagnostic or corrective health problem(s) (“S2”):	AV
When a verbal dental referral was made for preventive dental health care:	NU

Additional Billing Information for Developmental and Social/Emotional/Mental Health Screening

Developmental screening and social/emotional/mental health screening can be billed as separate line items on a C&TC claim **if** standardized tools are used to conduct the assessments. Standardized parent-questionnaire assessment tools are acceptable means of assessment. If both a developmental assessment **and** a social- emotional or mental health assessment are conducted (using appropriate standardized tools), both assessments can be billed as line items on the claim form. The appropriate CPT codes are the following:

1. 96110 – Developmental assessment
2. 96127 – Social-emotional or Mental Health Screening

Do not bill developmental and social/emotional/mental health screenings or surveillance as a separate service performed during a C&TC when no standardized screening instrument was used.

HCPCS Code S0302

IMCare does not require the use of HCPCS code S0302 and considers this code as informational only. If a submitted charge is entered on the same line as HCPCS code S0302, IMCare will deduct that amount from the total charges on the claim.

If HCPCS code S0302 is reported without a HIPAA-compliant referral condition code on that claim, the claim will be denied.

IMCare will only recognize a claim as a C&TC screening when a HIPAA-compliant referral condition code is entered on the claim.

Reference and Outside Lab Services

Effective for dates of service October 1, 2014, and forward, in conjunction with [Section 1902\(a\)\(32\) of the Social Security Act](#), IMCare must only reimburse the provider who personally performed a service. IMCare will no longer reimburse providers for lab tests they did not complete or tests sent to a reference or outside lab provider; therefore, modifier 90 will no longer be allowed. Do not include lab services you did not complete on your claim. When a specimen is sent to a reference or outside lab provider, the ordering provider must also send all necessary information required for the reference or outside lab provider to claim for the service. For policy and billing lab services, refer to the *Reference (Outside) Lab* section in Chapter 11, Laboratory/Pathology, Radiology, and Diagnostic Services.

For dates of services before October 1, 2014, providers may choose to bill for lab tests or services sent to another provider by indicating the reference lab’s NPI as the rendering provider on the 837P. Use modifier 90 and place of service 81 (independent lab).

Other Related Websites

MDH

For specific component training, MDH, under contract with DHS, provides C&TC screening component training at various times and statewide locations throughout the year. C&TC training schedules are found online at the [MDH Child and Teen Checkup website](#).

Minnesota Department of Education (MDE)

[Information on Early Childhood & Family Initiatives and other resources](#)

Resources

Minnesota Department of Human Services (DHS) C&TC resources

Use the *IMCare Provider Manual* in conjunction with the following DHS resources:

1. [DHS C&TC Provider Guide \(DHS-4212\)](#) – the guide offers providers and clinic staff basic information about the C&TC program, component standards, and documentation requirements.
2. [Schedule of Age-Related Screening Standards \(C&TC Screening Component Periodicity Schedule\) \(DHS-3379\)](#)
3. [Schedule of Age-Related Dental Standards \(C&TC Dental Periodicity Schedule\) \(DHS-5544\)](#)
4. [DHS C&TC Screening Components Standards and Guidelines \(DHS-4813A\)](#)
5. [DHS C&TC Documentation Forms for Providers and Clinics](#)
6. [DHS C&TC Coordinators List \(DHS-4212B\)](#)
7. [DHS C&TC Materials and Ordering Information \(DHS-4212A\)](#)
8. [DHS C&TC Helpful Websites](#)

Minnesota Department of Health (MDH) C&TC resources

1. [Minnesota Department of Health \(MDH\) C&TC website](#)
2. [MDH Preventive Health Care for Children, Teens and Young Adults website](#)
3. [C&TC FACT Sheets](#) (provided through a DHS contract with MDH)
 - a. Anticipatory Guidance, Birth to 5 Years
 - b. Anticipatory Guidance, 6-12 Years
 - c. Anticipatory Guidance, 13-21 Years
 - d. Dental Checkups
 - e. Developmental Screening
 - f. Health History
 - g. Hearing Screening
 - h. Hematocrit or Hemoglobin
 - i. Immunizations and Review
 - j. Lead Screening
 - k. Maternal Depression Screening
 - l. Mental Health Screening, 6-21 Years
 - m. Newborn Screening – Blood Spot
 - n. Oral Health
 - o. Physical Examination
 - p. Physical Growth and Measurements
 - q. Sexually Transmitted Infection Screening
 - r. Social-Emotional Screening, 0-5 Years
 - s. Substance Use Assessment, 11-21 Years
 - t. Tuberculosis (TB) Screening
 - u. Vision

Other C&TC resources

1. [Centers for Medicare & Medicaid \(CMS\) Early and Periodic Screening, Diagnosis and Treatment \(EPSDT\) Program](#)
2. [Child and Teen Checkups \(C&TC\) Helpful Websites](#)

Training and E-Learning Modules

1. [C&TC DHS MDH Trainings](#) (provided through a DHS contract with MDH) – These trainings provide the standards and component requirements, and the skills training needed to perform various components, including basic hearing and vision screening.
2. [C&TC DHS MDH E-Learning Training Modules](#) (provided through a DHS contract with MDH) – These

online training programs are designed to provide knowledge and information needed to provide quality health care to Minnesota children eligible for Child and Teen Checkups.

Legal References

[MN Stat. Chap. 147](#) – Board of Medical Practice

[MN Stat. secs. 148.171 – 148.285](#) – Nurses

[MN Stat. sec. 148.285](#) – Transfer of Assets

[MN Stat. secs. 148.511 – 148.5196](#) – Speech-Language Pathologists and Audiologists

[MN Stat. sec. 148.6408](#) – Qualifications for Occupational Therapist

[MN Stat. sec. 148.6410](#) – Qualifications for Occupational Therapy Assistants

[MN Stat. sec. 148.6432](#) – Supervision of Occupational Therapy Assistants

[MN Stat. secs. 148.70 – 148.78](#) – Physical Therapists

[MN Stat. secs. 148.88 – 148.98](#) – Psychologists

[MN Stat. sec. 148.908](#) – Licensed Psychological Practitioner

[MN Stat. sec. 148.925, subd. 7](#) – Supervision: Variance from supervision requirements

[MN Stat. secs. 148B.29 – 148B.39](#) – Board of Marriage and Family Therapy

[MN Stat. sec. 245.4871, subd. 6](#) – Definitions: Child with severe emotional disturbance

[MN Stat. Chap. 253B](#) – Civil Commitment

[MN Stat. sec. 256B.04](#) – Duties of State Agency

[MN Stat. sec. 256B.0625](#) – Covered Services

[MN Stat. sec. 256B.0625, subd. 26](#) – Covered Services: Special education services

[MN Stat. sec. 256B.0625, subd. 39](#) – Covered Services: Childhood immunizations

[MN Rules part 4658.0525](#) – Rehabilitation Nursing Care

[MN Rules Chap. 5601](#) – Physical Therapy

[MN Rules part 5601.0100](#) – Definitions

[MN Rules part 9505.0275](#) – Early and Periodic Screening, Diagnosis, and Treatment

[MN Rules parts 9505.1693 – 9505.1748](#) – Early and Periodic Screening, Diagnosis, and Treatment

[Title 42 Code of Federal Regulations \(CFR\) Part 440.40\(b\)](#) – Nursing Facility Services for Individuals Age 21 or Older (Other than Services in an Institution for Mental Disease), EPSDT, and Family Planning Services and Supplies: EPSDT

[42 CFR 441, subp. B](#) – Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) of Individuals Under Age 21

[Title XIX of the Social Security Act](#) – Grants to States for Medical Assistance Programs

[Title XIX, section 1902\(a\)\(43\) of the Social Security Act](#) – State Plans for Medical Assistance

[Title XIX, section 1905\(a\)\(4\)\(B\) of the Social Security Act](#) – Definitions

[Title XIX, section 1905\(r\) of the Social Security Act](#) - Definitions