

HIPAA Compliant Referral Condition Codes

CHILD AND TEEN CHECKUPS (C&TC) FACT SHEET FOR PRIMARY CARE PROVIDERS

C&TC Requirements

General

Documentation of a two-character HIPAA-compliant referral condition code (“referral code”) is required on all C&TC visit claims. When no referral for further evaluation or follow-up is identified, a referral code must still be on the claim.

The primary purpose of referral codes is to ensure that any time a C&TC screening reveals a health concern, the child is referred for appropriate evaluation, diagnosis, and treatment for that condition.

There are four 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.

Refer to the [C&TC HIPAA Compliant Referral Condition Codes \(dhs.state.mn.us\)](https://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 Provider Documentation Forms \(mn.gov/dhs\)](https://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), a referral for a previously identified condition (S2), whether the patient or family declines the referral (AV), or if no referral is made (NU).

If both a new condition and a previously identified condition require a referral, use the ST code to identify the referral for a new condition.

Importance of Referral Codes

Referral codes serve two purposes:

- Documenting that concerns receive appropriate diagnosis, management, and treatment
- Signaling outreach staff to offer follow-up support to the family

In Minnesota, the Department of Human Services contracts with Integrated Health Partnerships (IHPs), county health boards, and tribal agencies 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 monthly through a claims-related data system. The C&TC outreach staff provide follow-up on referral codes to help families with children younger than age 11 access 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.

Resources

Minnesota Department of Human Services

- [C&TC Schedule of Age-Related Screening Standards \(dhs.state.mn.us\)](https://dhs.state.mn.us)
- [Minnesota Health Care Programs \(MHCP\) Provider Manual - C&TC Section \(dhs.state.mn.us\)](https://dhs.state.mn.us)

Minnesota Department of Health

- [Child and Teen Checkups \(C&TC\) \(health.state.mn.us\)](https://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.

For questions about this fact sheet or to obtain this information in a different format, call 651-201-3650 email health.childteencheckups@state.mn.us.

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