

# CHILD & TEEN CHECKUPS (C&TC/EPSDT)

This sample charge ticket is made available by PrimeWest Health System. Providers can use this document as a C&TC billing guide for PrimeWest Program members. This document is subject to change.

✓	CPT	COMPLETE CHILD AND TEEN CHECKUPS	FEE
	S0302	All components completed & documented in the patient's chart in accordance with the C&TC periodic screening schedule	

NEW PATIENT		PREVENTATIVE MEDICINE	ESTABLISHED PATIENT		
✓	CPT		✓	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	
	90700-SL	*DTaP	
	90710-SL	*MMRV	
	90712-SL	*OPV	
	90715-SL	*Tdap	
	90718-SL	*Td (Age 7 and older)	
	90645-SL	*Hib Hboc Conjugate (4 dose)	
	90647-SL	*Hib PRP-OMP Conjugate (3 dose)	
	90648-SL	*Hib PRP-T conjugat (4 dose)	
	90713-SL	*IPV	
	90744-SL	*HEP B (Peds/Adoles)	
	90746-SL	*HEP B (20 yrs and older)	
	90721-SL	*Dtap Hib (4th Dose)	
	90748-SL	*Hep B/Hib	
	90707-SL	*MMR	
	90669-SL	*Prevnar – Pneumococcal	
	90716-SL	*Varicella	
	90702-SL	*DT (Peds up to 7 yrs)	

\*The vaccines obtained free from the Minnesota Vaccines for Children Program (MnVFC) must be billed to PrimeWest even though no payment will be made by PrimeWest. The — SL modifier must be used on all MnVFC vaccines. For the vaccine cost bill: \$.00 or \$.01

	90632	Hep A (Adult)	
	90633	Hep A (Ped 2 dose)	
	90634	Hep A (Ped 3 dose)	
	90732	Pneumovax	
	90657	Influenza – under 3 years	
	90658	Influenza – 3 years and up	
	86580	Mantoux PPD	

✓	CPT	LABORATORY SERVICES	FEE
	83655	BLOOD LEAD 12 and 24 months	
	81000	Urinalysis	
	85018	Hemoglobin	
	86580	Montoux 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, approx 45 minutes	
	99404	**Prev. Med Counseling, approx 60 minutes	

\*\* Can be billed as a separate line item if at least 15 minutes is spent on this component.

✓	CPT	VISION/HEARING/DEVELOPMENTAL/ MENTAL HEALTH 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 diagnosis code	
	V5008	Hearing Screen	
	96110	Developmental Testing, limited, with formal interpretation and report (tool required)	
	96110-UC	Mental Health Screening (tool required)	

\*\*\*PrimeWest allows 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.

✓	HCPCS	FLUORIDE APPLICATION	FEE
	D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	

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

## TWO-CHARACTER REFERRAL CODES

### PLEASE CIRCLE APPROPRIATE REFERRAL CODE

NU = No referral was made

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

AV = Patient refused referral

If additional services are performed, attach your main charge ticket to this charge ticket.

## AFFIX PATIENT LABEL HERE