

PROVIDER QUICK POINTS

PROVIDER INFORMATION



August 25, 2021

Referral Codes Required for Complete Child & Teen Checkup Claims for Minnesota Health Care Programs

Blue Cross and Blue Shield of Minnesota and Blue Plus (Blue Cross) requires the submission of a referral code on claims for a Complete Child & Teen Checkup (C&TC).

Blue Cross will pay providers an additional fee for performing a complete C&TC. To receive this additional reimbursement, all required components must be completed and documented with the recommended standardized tools for each age-related C&TC component in the patient's health record. HCPCS code S0302 requires a referral code to be submitted on the claim.

Providers must complete the CRC (EPSDT Referral) segment on the 837P electronic claims transaction. The referral code must be submitted for each complete C&TC claim. Claims submitted with HCPCS code S0302 may be denied if the referral code is not submitted.

Valid referral codes are:

- -NU – No referral was made
- -ST – Referral to another provider for diagnostic or corrective treatment/scheduled for another appointment with screen 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

Products Impacted

- Families and Children [formerly known as Prepaid Medical Assistance Program (PMAP)]
- MinnesotaCare (MNCare)

Questions?

If you have any questions, please contact provider services at **1-866-518-8448**.