Managed Care Organization (MCO) Monthly C&TC CATCH 3 (C3) Data Submission Specifications
Child and Teen Checkups (C&TC) Program
Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program
(ICD-9 and ICD-10 code information included)
June 1, 2015

Claims containing the following CPT-4 Evaluation and Management (E&M) codes to document the receipt of an initial or periodic screen are to be submitted in the MCO C&TC Monthly CATCH 3 Data Submission file.

Please Note: When sending the MCO C&TC Monthly C3 Data Submission file, an email must be sent to notify C3 Support Staff that the file has been submitted and uploaded along with the name of the file being sent to the following DHS email addresses:

dhs.catchsupport@state.mn.us (CATCH Support)
dhs.childteencheckups@state.mn.us (C&TC mailbox)

CPT-4 Codes: Preventive Medicine Services*

- 99381 - New Patient (under one year)
- 99382 - New Patient (ages 1-4 years)
- 99383 - New Patient (ages 5-11 years)
- 99384 - New Patient (ages 12-17 years)
- 99385 - New Patient (ages 18-39 years)
- 99391 - Established Patient under one year
- 99392 - Established Patient (ages 1-4 years)
- 99393 - Established Patient (ages 5-11 years)
- 99394 - Established Patient (ages 12-17 years)
- 99395 - Established Patient (ages 18-39 years)
- 99460 - Initial hospital or birthing center care of normal newborn infant
- 99461 - Initial care in other than a hospital or birthing center of normal newborn infant
- 99463 - Initial hospital or birthing center care of normal newborn infant (admitted/discharged same date)

***These CPT codes *do not* require the use of an ICD-9 V code or an ICD-10 Z code.**

OR

CPT-4 Codes: Evaluation and Management (E&M) Codes**

- 99201- 99205 New Patient
- 99211- 99215 Established Patient

**** These CPT-4 codes must be used in conjunction with ICD-9 codes V20-V20.2, V20.3, V20.31 and V20.32 and/or V70.0 and/or V70.3-V70.9 or the following ICD-10 Z codes:**

ICD-9 Diagnosis Codes:

- V20.0 Health supervision of foundling
- V20.1 Health supervision of other healthy infant or child receiving care
- V20.2 Routine infant or child health check
- V20.31 Health supervision for newborn under 8 days old
- V20.32 Health supervision for newborn 8 to 28 days old
  and/or
- V70.0 Routine general medical examination at health care facility
  and/or V70.3-V70.9
- V70.3 Other general medical examination for administrative purposes
- V70.4 Examination for medicolegal reason
- V70.5 Health examination of defined subpopulation
- V70.6 Health examination in population survey
- V70.7 Examination of participant in clinical trial
- V70.8 Other specified general medical examination
- V70.9 Unspecified general medical examination

ICD-10 Diagnosis Codes: to be used effective 10/01/2015 or upon required ICD-10 implementation date:

Z76.2 Encounter for health supervision and care of other healthy infant and child
Z00.121 Encounter for routine child health examination with abnormal findings
Z00.129 Encounter for routine child health examination without abnormal findings
Z00.110 Health examination for newborn under 8 days old and
Z00.111 Health examination for newborn 8 to 28 days old
and/or
Z00.00-01 Encounter for general adult medical examination without/with abnormal findings
and/or
Z02.0 Encounter for examination for admission to educational institution

ICD – 10 Diagnosis Codes (continued):

Z02.1	Encounter or pre-employment examination
Z02.2	Encounter for examination for admission to residential institution
Z02.3	Encounter for examination for recruitment to armed forces
Z02.4	Encounter for examination for driving license
Z02.5	Encounter for examination for participation in sport
Z02.6	Encounter for insurance purposes
Z02.81	Encounter for paternity testing
Z02.82	Encounter for adoption services
Z02.83	Encounter for blood-alcohol and blood-drug test
Z02.89	Encounter for other administrative examinations
Z00.8	Encounter for other general examination
Z00.6	Encounter for examination for normal comparison and control in clinical research program
Z00.5	Encounter for examination of potential donor of organ and tissue
Z00.70	Encounter for examination for period of delayed growth in childhood without abnormal findings
Z00.71	Encounter for examination for period of delayed growth in childhood with abnormal findings

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File Format Specifications:

This page contains the new data file format specifications for the MCO Monthly C&TC C3 Data Submission.

- All records in the file should be separated by a CARRIAGE RETURN (ASCII 13) followed by a LINE FEED (ASCII 10).
- All fields in a record should be separated by a TAB (ASCII 9). If the last field in the record is blank, there must be a TAB to indicate that the field is there e.g., if there are 14 fields in a record, there must be 13 TABs in the record.
- All fields should be in UPPERCASE and only include PRINTABLE CHARACTERS (ASCII characters 32 through 126).
- The first record in the file should contain all the "Field Names." The field names and order are below. The "Field Names" must be exact as they appear in the first column below. Do not change the "Field Names."
- Only submit one record for each claim. (Please do NOT submit a record for EACH claim line.)

Field Name	Maximum Field Length	Format Example	Description
PMI_NO	8	numeric 00123456	Enrollee/Patient Identification Number (Subscriber ID) (Minnesota Health Care Program enrollee/patient PMI#/ID#)
BIRTH_DATE	10	date MM/DD/YYYY 01/02/2012	Enrollee/Patient Date of Birth (Dates must include the separating SLASH ("/")
REFERRAL_CODE	2	alpha/numeric ST	C&TC Referral Code – 2-digit character (NU, ST, S2 or AV)
SERVICE_DATE	10	date MM/DD/YYYY 01/31/2012	Date of Service (Dates must include the separating SLASH ("/")
HEALTH_PLAN_ID	10	alpha/numeric A123456700	Managed Care Organization NPI/UMPI number This 10-digit field is the National Provider Identifier/Unique Minnesota Provider Identifier number (NPI/UMPI)

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Field Name	Maximum Field Length	Format Example	Description
PROV_FIRST_NAME	14	alpha John	First Name of the "rendering (treating)" provider (FIRST name of the "rendering (treating)" provider performing the service – not the clinic name). Although we are requesting that the FIRST NAME of the "rendering (treating)" provider be submitted, do not change the "Field Name"
PROV_LAST_NAME	14	alpha Smith	Last Name of the "rendering (treating)" provider (LAST name of the "rendering (treating)" provider performing the service – not the clinic name). Although we are requesting that the LAST NAME of the "rendering (treating)" provider be submitted, do not change the "Field Name"
PROV_ID	10	numeric 1234567800	Provider ID Number of the "rendering (treating)" provider This 10-digit number is the National Provider Identifier/Unique Minnesota Provider Identifier number (NPI/UMPI)
PROCEDURE_CODE	5	99381	Procedure Code (Code that describes the procedure(s) provided)
ICD9_1_CODE	8	alpha/numeric V20.2	Diagnosis #1 Code (Appropriate **ICD-9 or ICD-10** diagnosis code #1 – include the decimal as 1 character)
ICD9_2_CODE	8	alpha/numeric Z00.129	Diagnosis #2 Code (Appropriate **ICD-9 or ICD-10** diagnosis code #2 – include the decimal as 1 character)
CLINIC_NAME	24	alpha St. Paul Clinic	Clinic Name (Place of Service) (Clinic name or name of the "pay to" provider)
CLINIC_PHONE	10	numeric 6124549073	Clinic Phone Number (Only include digits "0" through "9")
COUNTY_CODE	3	numeric 001	County Code – Use County of Residence (COR) code provided in the DHS enrollment file (valid county codes are 001- 087 - the first character is always "0".)

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C&TC Health Insurance Portability and Accountability Act (HIPAA) compliant referral condition code (aka- referral codes) and their definitions:

This information applies only to C&TC referral code reporting. The four C&TC referral codes are NU, ST, S2 and AV.

C&TC HIPAA Compliant Referral Condition Code Definitions:

- **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

Note: The C&TC referral code "ST" is the only referral code considered to indicate a referral for a follow-up visit(s) back to the screening provider or to any other provider for assessment, diagnosis or treatment for a problem or concern identified as a result of the C&TC screening. If the claim has any of the four referral codes, it must be included as part of that claim's record, as stated in the data field table.

Naming Convention:
This naming convention must be used when sending the MCO Monthly C&TC C3 Data Submission file for the C&TC C3 download.

1. The MCO's NPI/UMPI number
2. Underscore
3. CTC
4. Underscore
5. The MCO's name
6. Underscore
7. The date - YYYYMMDD

Example:
1234567891_CTC_HealthPartners_ 20150801