

## Frequently Asked Questions from Local Public Health

### CHILDREN AND YOUTH WITH SPECIAL HEALTH NEEDS

#### Where does the funding for local public health follow-up come from?

- Birth Defects follow-up is **state** funded.
- Heritable Conditions follow-up is **state** funded.
- Congenital Cytomegalovirus follow-up is **state** funded.
- Confirmed Hearing Loss Follow-up is **federally** funded (Universal Newborn Hearing Screening CFDA/ALN # 93.251)
- Newborn Hearing Screening Follow-up is **federally** funded (Early Hearing Detection and Intervention Information System Surveillance Program CFDA/ALN # 93.314)

#### How were the five problem areas from the Omaha System selected for local public health follow-up?

The five problem areas from the Omaha System included in LPH follow-up are aligned with the [National Performance Measures for CYSHCN](#).

National Performance Measures for CYSHCN	Corresponding Problem Area
Families of children with special healthcare needs have adequate health insurance and financing to pay for needed services	Income
Community-based services are organized for easy use by families	Communication with community resources
Families of children with special health care needs partner in decision-making at all levels	Caretaking/parenting
Youth with special healthcare needs receive the services necessary to transition to adult healthcare, work, and independence	Caretaking/parenting
Children receive early and continuous screening for special healthcare needs	Growth and development
Children with special healthcare needs receive coordinated, comprehensive care through a medical home	Health care supervision

#### Will birth defects referrals ever include ICD-10 codes?

- BDMA uses CDC/BPA codes, which are diagnostic codes based on the International Classification of Diseases and the British Pediatric Association Classification of Diseases. ICD-10 codes are billing codes.

- The [2025 ICD-10-CM Codes Q00-Q99: Congenital malformations, deformations and chromosomal abnormalities \(https://www.icd10data.com/ICD10CM/Codes/Q00-Q99\)](https://www.icd10data.com/ICD10CM/Codes/Q00-Q99) may be a useful reference for identifying ICD-10 codes of congenital malformations by body system.

## **Why do some birth defects referrals arrive long after the child's birth date?**

- Some reporting agencies only report on monthly, quarterly, or semiannual basis.
- Abstractors must verify the child's condition meets the coding guidelines which can be a lengthy process.
- MDH's reviewers must then review the codes to validate all information.
- A letter is sent to the parents to inform them that MDH has information about their child/condition in a database. A two-week waiting period must take place to allow time for the parents to opt out, if they chose.
- After the waiting period, a referral to the appropriate agency is sent for follow up.

## **Why doesn't local public health receive some referrals for children with conditions that MDH follows?**

- The baby was not born in Minnesota.
- The facility where the child was born does not report to MDH.
- The child's condition was diagnosed after 1 year of age.
- The child's condition was not diagnosed at birth and the facility that diagnosed the condition does not report to MDH.

## **Why doesn't local public health receive referrals for infants who are very low birth weight (VLBW) only?**

A valid case with our surveillance system must match one of the 50+ conditions we track. If a child does not have one of those conditions, it is an invalid case. VLBW is not a condition, per se, and is not tracked by MDH; however, if the child has a condition we track, and it is noted that the child is VLBW, then it is assigned high acuity (reimbursable).

For example, a set of twins were born and twin A was born with hydronephrosis as well as VLBW. Twin B was VLBW only. Twin A would be referred based on the congenital condition (hydronephrosis). The acuity would be increased because VLBW was noted and is a high probability condition. Twin B did not have any noted conditions but was VLBW. Twin B would be an invalid case for MDH and a referral would not be made to LPH for this infant.

## FREQUENTLY ASKED QUESTIONS FROM LPH

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