

# 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 \(www.aap.org/en/patient-care/national-center-for-a-system-of-services-for-children-and-youth-with-special-health-care-needs/nom-npm-crosswalk-resource\)](http://www.aap.org/en/patient-care/national-center-for-a-system-of-services-for-children-and-youth-with-special-health-care-needs/nom-npm-crosswalk-resource).

National Performance Measures for CYSHCN	Corresponding Problem Area
Families of children with special health care 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 health care needs receive the services necessary to transition to adult healthcare, work, and independence.	Caretaking/parenting
Children receive early and continuous screening for special health care needs.	Growth and development
Children with special health care 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 \(www.icd10data.com/ICD10CM/Codes/Q00-Q99\)](http://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. 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

Minnesota Department of Health  
Child and Family Health Division  
Children and Youth with Special Health Needs Section  
625 Robert St. N.  
P.O. Box 64975  
St. Paul, MN 55164  
[health.cyshn@state.mn.us](mailto:health.cyshn@state.mn.us)  
[www.health.state.mn.us/cyshn](http://www.health.state.mn.us/cyshn)

7/7/25

*To obtain this information in a different format, call: 651-201-3650.*