

# **Tennessee Department of Health Billing and Codes Manual**

**11/1/2015**

**Revised 06/20/2016**



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## SECTION 1: INTRODUCTION

11/1/2015

**The Billing and Codes Manual is designed to be a universal tool for all TDH providers. Guidance in this Manual is intended to ensure that providers are coding services consistently and appropriately within all health departments in Tennessee.**

This Manual covers the most frequent services provided in health departments. It is impossible to describe every special circumstance or possible service related to patient care. For coding situations and guidance not listed in this Manual, providers should consult the most current editions of the AMA Current Procedural Terminology (CPT®), International Classification of Diseases (ICD-10-CM), and the Centers for Medicare and Medicaid Services (CMS) Healthcare Common Procedural Coding System (HCPCS) for the clinical situation that best describes the special circumstance. Providers should rely on professional judgment and experience to decide how best to code a service according to the appropriate reference manuals listed above.

When using CPT Evaluation and Management (E/M) codes there are specific CPT (E/M) Services Guidelines that should be followed. Levels of E/M service descriptors and examples in the selected category or subcategories should be reviewed. For example, when selecting a new patient office visit, level 99201 - 99205, the key components of history, exam and medical decision making should be properly determined in the selection of the office visit level **and documented accordingly in the medical record.**

This Manual is the result of continuous input from TDH providers and program staff. Updates and changes to the Manual will be generated as necessary and appropriate.

## SECTION 1: NEW vs. ESTABLISHED PATIENT

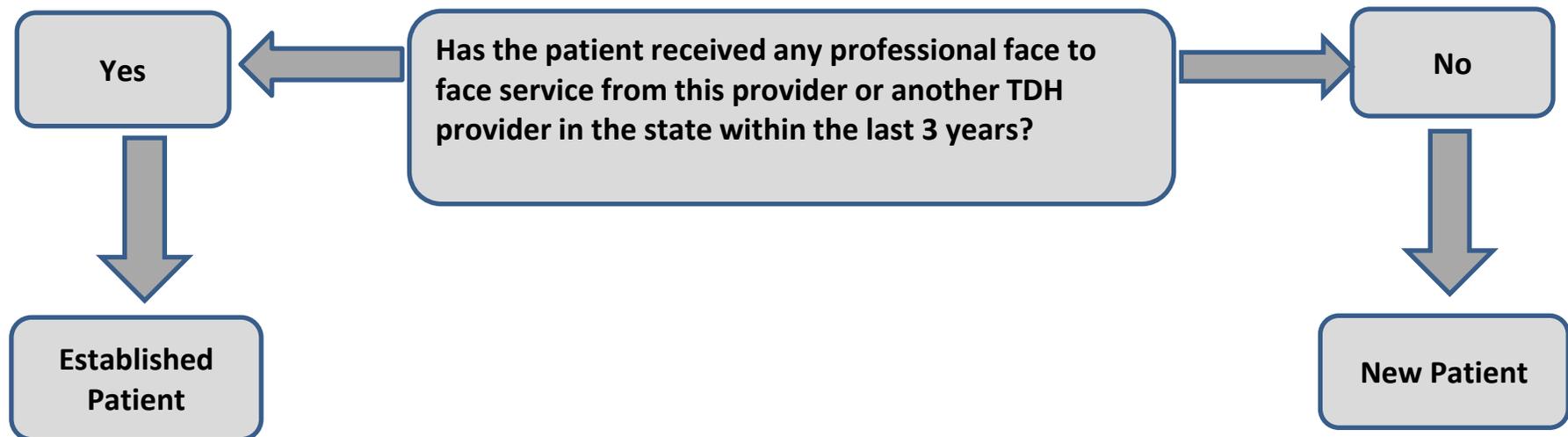
Date: 11/1/2015

A **"New"** patient is one who has not received any professional face to face services from the provider or another provider of the same specialty who belongs to the same group practice (any TDH provider), within the past three years.

An **"Established"** patient is one who has received professional face to face services from the provider or another provider of the same specialty who belongs to the same group practice (any TDH provider), within the past three years. Although groups with multiple practice sites may operate independently, with each caring for its own patient population and maintaining its own medical records, they are considered a single group if they have the same tax identification number.

All TDH health departments file claims under the same state tax ID number and are considered part of the same group.

### Decision Tree for New vs. Established Patients



**Example 1:** Patient was seen face to face on 1/15/2011 for immunizations only and returns 2/15/2014 for STD program services - **"New"** patient office visit is indicated since last visit was **over 3 calendar years** from the initial visit date.

**Example 2:** Patient was seen face to face on 3/1/2011 for EPSDT and returns 2/1/2014 for Family Planning services - **"Established"** patient office visit is indicated since last visit was **less than 3 years** from the 3/1/2011 visit date.

## SECTION 1: PREVENTIVE VISIT GUIDELINES

Date: 11/1/2015; Rev 06/20/2016

Comprehensive Preventive Medical Exams (codes 99381 - 99397) - Evaluation and management of an individual which includes an age and gender appropriate history/exam; comprehensive multi-system evaluation; identification of risk factors; counseling/anticipatory guidance/risk factor reduction interventions and ordering of laboratory/diagnostic procedures.

When performing a preventive exam and a 'significant problem' is found:

- Code the preventive exam (99381 - 99397) AND
- Code an other office visit (99201 - 99215) for the problem
- Add modifier 25 to the office visit

An insignificant problem/abnormality encountered while performing a preventive medicine evaluation and management service which does not require additional work and performance of key components of a problem-oriented other office visit should not be reported.

Refer to codes 99401 - 99412 for reporting counseling/anticipatory guidance/risk factor reduction interventions that are provided at an encounter separate from the preventive medicine examination.

Vaccine/toxoid products, immunization administrations, ancillary studies involving laboratory, radiology, other procedures, or screening tests (i.e., vision, hearing, developmental) identified with a specific CPT code are reported separately. For immunization administration and vaccine risk/benefit counseling, see 90460, 90461, 90471-90474. For vaccine/toxoid products, see 90476-90479.

**Example 1:** 7 year old new patient brought in by mother for a Preventive Medicine Service. The provider found the patient had 1st degree sunburn on face and shoulders. Provider counseled the mother on sun exposure and recommended cool compresses and Aloe Vera gel. **The provider would report a 99383 for preventive medicine because it includes counseling and risk factor reductions.**

**Example 2:** 22 year old established patient presented for a Preventive Medicine Service. During the visit, the patient complained of irregular menses. The provider took a comprehensive history of the problem and wrote a prescription for birth control pills to help regulate her periods. She is to follow-up in 3 months. **The provider would report a 99385 preventive exam and a 99213 with a 25 modifier for the irregular menses.**

# SECTION 1: INITIAL COMPREHENSIVE PREVENTIVE MEDICINE

## NEW PATIENT

Date: 11/1/2015

Code	Description and Documentation Requirements
99381	E/M of an individual including an age and gender appropriate history, exam, counseling/anticipatory guidance/risk factor reduction intervention, and the ordering of lab/diagnostic tests, NEW PATIENT, under 1 YEAR
99382	E/M of an individual including an age and gender appropriate history, exam, counseling/anticipatory guidance/risk factor reduction intervention, and the ordering of lab/diagnostic tests, NEW PATIENT, 1 through 4 YEARS
99383	E/M of an individual including an age and gender appropriate history, exam, counseling/anticipatory guidance/risk factor reduction intervention, and the ordering of lab/diagnostic tests, NEW PATIENT, 5 through 11 YEARS
99384	E/M of an individual including an age and gender appropriate history, exam, counseling/anticipatory guidance/risk factor reduction intervention, and the ordering of lab/diagnostic tests, NEW PATIENT, 12 through 17 YEARS
99385	E/M of an individual including an age and gender appropriate history, exam, counseling/anticipatory guidance/risk factor reduction intervention, and the ordering of lab/diagnostic tests, NEW PATIENT, 18 through 39 YEARS
99386	E/M of an individual including an age and gender appropriate history, exam, counseling/anticipatory guidance/risk factor reduction intervention, and the ordering of lab/diagnostic tests, NEW PATIENT, 40 through 64 YEARS
99387	E/M of an individual including an age and gender appropriate history, exam, counseling/anticipatory guidance/risk factor reduction intervention, and the ordering of lab/diagnostic tests, NEW PATIENT, 65 YEARS AND OLDER

## SECTION 1: PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE

### ESTABLISHED PATIENT

Date:11/1/2015

Code	Description and Documentation Requirements
99391	Reevaluation and management of an individual including an age and gender appropriate history, exam, counseling/anticipatory guidance/risk factor reduction intervention, and the ordering of lab/diagnostic tests, ESTABLISHED PATIENT, under 1 YEAR
99392	Reevaluation and management of an individual including an age and gender appropriate history, exam, counseling/anticipatory guidance/risk factor reduction intervention, and the ordering of lab/diagnostic tests, ESTABLISHED PATIENT, 1 through 4 YEARS
99393	Reevaluation and management of an individual including an age and gender appropriate history, exam, counseling/anticipatory guidance/risk factor reduction intervention, and the ordering of lab/diagnostic tests, ESTABLISHED PATIENT, 5 through 11 YEARS
99394	Reevaluation and management of an individual including an age and gender appropriate history, exam, counseling/anticipatory guidance/risk factor reduction intervention, and the ordering of lab/diagnostic tests, ESTABLISHED PATIENT, 12 through 17 YEARS
99395	Reevaluation and management of an individual including an age and gender appropriate history, exam, counseling/anticipatory guidance/risk factor reduction intervention, and the ordering of lab/diagnostic tests, ESTABLISHED PATIENT, 18 through 39 YEARS
99396	Reevaluation and management of an individual including an age and gender appropriate history, exam, counseling/anticipatory guidance/risk factor reduction intervention, and the ordering of lab/diagnostic tests, ESTABLISHED PATIENT, 40 through 64 YEARS
99397	Reevaluation and management of an individual including an age and gender appropriate history, exam, counseling/anticipatory guidance/risk factor reduction intervention, and the ordering of lab/diagnostic tests, ESTABLISHED PATIENT, 65 YEARS AND OLDER

## SECTION 1: COUNSELING RISK AND BEHAVIOR CHANGE INTERVENTIONS

Date: 11/1/2015

Face to face services provided to new or established patients for the purpose of promoting health and preventing illness or injury.

Risk factor reductions should address such issues as family problems, diet and exercise, substance abuse, sexual practices, injury prevention, dental health and diagnostic/lab test results available at the time of the encounter.

**Behavior change interventions are for persons who have a behavior that is often considered an illness itself, such as tobacco use and addiction, substance abuse/misuse or obesity.**

It may also be reported as part of the treatment of condition(s) related to or potentially made worse by harmful behavior that has not yet caused injury.

## SECTION 1: COUNSELING RISK AND BEHAVIOR CHANGE INTERVENTIONS

Date: 11/1/2015

Code	Description and Documentation Requirements	Time Requirement
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual	15 minutes
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual	30 minutes
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual	45 minutes
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual	60 minutes
99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting	30 minutes
99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting	60 minutes

# SECTION 1: MODIFIERS

## OVERVIEW

Date: 11/1/2015; Rev 06/20/2016

A modifier is used to report or indicate that a service or procedure that has been performed has been altered by some specific circumstances but not changed in its definition or code. Modifiers also enable providers to effectively respond to payment policy requirements established by other entities.

Modifiers that may be commonly used by TDH are:

25 = Significant, separately identifiable Evaluation and Management (E & M) service was performed on the same day by the same provider.

50 = Is used to indicate a procedure has been completed bilaterally.

53 = Indicates that a surgical/diagnostic procedure or service was started but discontinued and not completed.

59 = Indicates that a procedure or service was distinct or independent from other non E & M services performed on the same day. This modifier is used to identify procedures/services, other than E & M services, that are not normally reported together, but are appropriate under the circumstances.

79 = Is used to indicate that the performance of a procedure or service during the postoperative period was unrelated to the original procedure.

91 = Is used when it is necessary to repeat the same laboratory test on the same day to obtain subsequent (multiple) test results. The laboratory test performed can be identified by its usual procedure code with the addition of modifier 91.

## SECTION 1: MODIFIERS

11/1/2015; Rev 07/06/2016

### **25 Modifier**

1. The 25 modifier is used to explain that a significant and separately reportable Evaluation and Management (E/M) service was performed on the same day that a 'procedure is provided' or 'other service is provided', due to the patient's condition.

2. The E/M service must support the key components of an E/M service: history, examination, medical decision making, and/or counseling time. If an insignificant problem/abnormality is discovered in the process of performing the preventive or counseling service, and the problem/abnormality does not warrant additional work, an additional code should not be reported.

3. The 25 modifier is to be used when reporting a vaccine, venipuncture, injection, diagnostic x-rays and other services performed on the same date as other office visits, preventive med, or counseling/behavior modification services.

4. There are 4 scenarios that TDH provides frequently, that will require the use of a 25 modifier. There are different requirements for office visits, preventive med and counseling/behavior modification codes:

#### **a) Injection 96372:**

- The 25 modifier is only required on other office visit codes (99201-99205 & 99212-99215) when reported with an injection administration 96372.
- The 25 modifier is **NOT** required for preventive visit or counseling/behavior modification codes when reporting injections (96372) on the same date.

**Example:** 22 YO female, established patient, presents to clinic with complaint of fever, sore throat, and cough for 2 days which supports a 99213 other office visit code. During the exam the patient mentioned to the APN that she was due for her depo injection.

**Report:** 99213 other office visit (with a 25 modifier attached) for the sick visit and 96372 for the depo injection administration.

**Note:** 99211 should **NOT** be reported with an injection 96372

#### **b) Vaccine administration 90460, 90471, 90473:**

- The 25 modifier is required for other office visits (99201-99205 & 99212-99215), preventive visit (99381-99397), and counseling/behavior modification codes (99401-99409) when reported with a vaccine administration code (90460, 90471 or 90473).
- The 25 modifier should be attached to:
  - Other office visit codes (99201-99205 & 99212-99215),
  - Preventive visits (99381-99397),
  - And counseling/behavior modification visits (99401-99409) when a vaccine administration code (90460, 90471 or 90473) is reported on the same date.

**Example:** 2 year old female, established patient, presents with mother for EPSDT exam. The patient was examined per protocol and flu vaccine was administered.

**Report:** 99392 Comprehensive Preventive Visit (with a 25 modifier attached), the appropriate flu vaccine code and 90460 for flu vaccine administration.

**Note:** 99211 should **NOT** be reported with a vaccine administration 90460, 90471, 90473.

## SECTION 1: MODIFIERS

11/1/2015; Rev 06/20/2016

### c) Venipuncture 36415:

- The 25 modifier is only required on the other office visit code 99211.
- The 25 modifier should be attached to the 99211 when reported with venipuncture 36415.
- The 25 modifier is **NOT** required for other office visit levels, preventive visit, or counseling/behavior modification codes when reporting venipuncture on the same date.

**Example:** 28 year old male, established patient, presents to nurse in STD clinic with symptoms. Per protocol the patient is examined and labs are drawn by venipuncture.

**Report:** 99211 other office visit (with a 25 modifier attached) and 36415 for the venipuncture.

### d) Reporting Preventive med (99381-99397), counseling/behavior modification codes (99401-99409) and/or other office visit on same date:

- If a small or insignificant problem is discovered in the process of performing the preventive or counseling service, that does not require additional work or meet the key components of an E/M service; the other office visit code (99201-99215) should **NOT** be reported separately.
- A 25 modifier should be reported when a significant problem is discovered during the encounter that requires a separate evaluation and management service.
- The 25 modifier should be attached to the 'problem' other office visit code (99201-99215) when reported with a preventive visit (99381-99397) codes or counseling/behavior modification codes (99401-99409).

**Example:** 12 year old female, established patient, presents to clinic for EPSDT exam (periodic comprehensive exam), code 99394. During the annual exam the patient complained of constant moderate pain in right ear since swimming 2 days ago. The provider took a separate history for the ear complaint, physically examined the ears, diagnosed the patient with right middle ear infection and prescribed an antibiotic (which supports Evaluation and Management level 99213).

**Report:** 99394 for the EPSDT exam and 99213 (with a 25 modifier attached) for the ear infection.

## SECTION 1: MODIFIERS

11/1/2015; Rev 06/20/2016

### **50 Modifier**

1. Attach modifier 50 for procedures that are bilateral and performed during the same visit.
2. Some CPT codes are defined as bilateral procedures (i.e. 99173; screening test of visual acuity, quantitative, bilateral). If the CPT code definition indicates it is a bilateral procedure, you do not use a 50 modifier.
- 3) When attaching a 50 modifier, use 1 unit. The modifier identifies the code as being done bilaterally, so there is no need for additional units.

**Example:** 4 YO male, established patient, presents to clinic with complaint of pain in both ears. Upon evaluation by physician/APN, the patient is diagnosed with impacted cerumen in both ears. Cerumen removal with forceps is performed bilaterally.

**Report:** Code 69210 on 1 line with a 50 modifier attached

**Comment:** The 50 modifier indicates that the procedure was performed on both ears on the same date of service.

### **53 Modifier**

1. Modifier 53 is used to indicate that a surgical or diagnostic procedure or service was discontinued and not completed.
2. In extenuating circumstances or those that threaten the well-being of the patient, it may be necessary to indicate that the procedure was started, but discontinued.
3. Add modifier 53 to the procedure code that was attempted, but discontinued.

**Example:** 26 year old female established patient presents to the clinic for IUC insertion (code 58300). The patient had a stenotic cervix and the procedure could not be completed.

**Report:** Code 58300 with modifier 53 attached.

**Comment:** This modifier allows a discounted reimbursement for time and medical decision making involved in the attempt to provide the service.

## SECTION 1: MODIFIERS, cont'd

Date: 11/1/2015; Rev 06/20/2016

### **59 Modifier**

1. The 59 modifier is used to indicate that a procedure or service was distinct or independent from other non-E/M services performed on the same day.
2. It is used to identify procedures/services, other than E/M services, that are not normally reported together, but are appropriate under the circumstances.
3. Do not use modifier 59 with other office visit code. To report a separate and distinct E/M service with a non-E/M service performed on the same date, see previous modifier 25.
4. If a patient is having an injection and vaccine on the same day, a 59 modifier should be attached to the injection.

**Example for FQHC CENTERS:** 69 year old established Medicare patient presents to the FQHC clinic for diabetes foot problems (FQHC code G0467). He returns later on the same day for an injury due to a fall down the stairs at his home. An additional (FQHC code G0467) would be reported on the same claim with a 59 modifier attached to the second code to explain that the patient returned to the clinic for a different problem on the same date of service.

**Report:** G0467 for the foot problem. On the same encounter, on a separate line, report another G0467 with 59 modifier attached (for the injury).

**Comment:** This modifier clarifies that the patient was treated for a problem and left, but the patient returned later that day and received treatment for a different problem.

### **79 Modifier**

1. The 79 modifier is used when an unrelated procedure was provided by the same provider during a post-operative period.
2. The two procedures are performed by the same provider.
3. Used for two services during the post operative period starting the day after the procedure.

**Example:** 29 year old female established patient presents for genital warts located on the vulva (code 56501) on 9/4/2015. She returns to clinic on 9/12/2015 for follow-up exam (code 99213) for diabetes. There is a 10-day global period assigned to code 56501 which disallows any evaluation and management code from being billed if it relates to the genital warts removal. However, attaching the 79 modifier to the follow-up exam for diabetes will clarify that the other office visit code reported on 9/12/2015 was NOT related to the genital warts removal.

**Report:** Code 56501 for date of service 9/4/15

**Report:** Code 99213 with a 79 modifier attached for the follow up exam for diabetes on date of service 9/12/15.

**Comment:** This modifier clarifies that the other office visit code reported on 9/12/15 was NOT related to the genital warts removal on 9/4/15.

## SECTION 1: MODIFIERS, cont'd

11/1/2015; Revised 06/20/2016

### **91 Modifier**

1. The 91 modifier is used when it is necessary to repeat the same laboratory test on the same day to obtain subsequent (multiple) test results.
2. This modifier may not be used when tests are rerun to confirm initial results due to testing problems with specimens or equipment.
3. This modifier may only be used for laboratory tests performed more than once on the same day, on the same patient.

**Example:** 41 year old male presents to clinic for follow up in TB clinic. A peak and trough level is ordered to assess TB drug level. The drug level is drawn when the patient presents for the office visit and the TB drug is administered. The patient returns 3 hours later for the trough level to be drawn. A 91 modifier would be added to the second blood test to explain that two collections on the same date of service are medically necessary.

**Report:** The appropriate code for the drug that is being monitored (codes 80150 through 80299) would be reported to the lab. Two 36415 codes would be reported on separate lines by the clinic. A 91 modifier would be attached to the second 36415 code.

**Comment:** This modifier reports that the repeated labs were medically necessary for this patient.

### **Dual Modifiers**

1. Dual modifiers will be reported when an injection and vaccination are completed on the same date of service.

**Example:** 17 YO female patient presents to clinic for annual EPSDT exam. During the exam she received a HPV vaccine and a Depo injection.

**Report:** 99394 for the EPSDT (with a 25 modifier attached for the vaccine administration), the appropriate vaccine code, 90460 for the vaccine administration, 96372 (with a 59 modifier attached because a vaccine and injection were provided on the same date of service), and the appropriate code for the Depo.

## **SECTION 2: INTERPRETER SERVICES**

Date: 11/1/2015

## SECTION 2: INTERPRETER SERVICES

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Interpreter Services (Time Based)		As Appropriate	6	Administrative Purpose	Z02.9	1
Approximately 15 min.	INT1					
Approximately 30 min.	INT2					
Approximately 45 min.	INT3					
Approximately 60 min.	INT4					

**COMMENTS:**

- 1) INT1, INT2, INT3 and INT4 reflect use of interpreter in approximately 15-minute increments, up to maximum of 60 minutes. Interpreters may be local health department staff working in other areas. Interpreters may include outside contract personnel, voluntary qualified community interpreters and telephonic language interpreter services.
- 2) Provider using interpreter should report appropriate INT code based on time the interpreter spent during procedure(s) on encounter form using provider number. The INT code should be used one time per program per visit, even if multiple providers delivered services in that program. Identity of the interpreter or interpretation service used should be written in visit documentation in medical record.
- 3) If multiple providers in different programs use an interpreter, the INT code may be used more than one time on an encounter by coding to the appropriate program codes. The INT code should not be used for front-desk registration or other activity for which there is no corresponding procedure code, even if an interpreter is involved in the activity.
- 4) If bilingual provider delivers a service to a patient with limited English proficiency without use of interpreter, code is not used.
- 5) For community site visits when an interpreter is used or bilingual provider conducts a session in language other than English, code IN in DISPOSITION field for procedure 78059 with appropriate units of time.

## **SECTION 3: ADMINISTRATIVE SERVICES**

Date: 11/1/2015

## SECTION 3: COPIES/FAX (Per Page)

Date: 11/1/2015

Use Administrative Encounter Form (PH-3309)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
"C" Registration (Community Service) (NO Medical Record)	78020	AM	6	Administrative Purpose	Z02.9	# of Pages
	78020A*					# of Pages >40
"L" Registration (Long) (Has Medical Record)	11005					
<b>COMMENTS:</b>						
1) Copies of medical records for patients and worker's compensation have no charge.						
2) For Attorney Request - use 78020A* for each additional page over 40.						

## SECTION 3: GENERAL ENVIRONMENTAL SERVICES

Date: 11/1/2015

Use Administrative Encounter Form (PH-3309)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Temporary Permit (Food Establishments)	78087	FG	6	Administrative Purpose	Z02.9	# of \$30.00 Increments to Equal Fee
Permit Fees Per \$1.00 Unit	PRMTFEE		6	Administrative Purpose	Z02.9	# of \$1.00 Increments to Equal Fee
<b>COMMENTS:</b>						
1) Use code PRMTFEE for Tattoo Parlors temporary permit.						

## SECTION 3: GROUND WATER SERVICES

Date: 11/1/2015

Use Administrative Encounter Form (PH-3309)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
ENV Installers Permit	78026	EN	6	Administrative Purpose	Z02.9	As Appropriate
ENV Pumper Permit	78028					
ENV Inspection Letter	78030					
Certification of Verification	78032					
ENV Water Sample Total	78036					
ENV Water Sample - Fecal Coliform	78036P					
Sewage Disposal, 1000 GAL	78064					
Construction Inspection, Conventional	78064A					
Sewage Disp, Over 1000 GAL	78066					
Alternative Sewage Disp Base	78068					
Construction Inspection, Alternative and Large	78068A					
Experimental Sewage Disposal	78072					
Subdivision Per Lot (2 or Less)	78084A					
Subdivision Per Lot (3 thru 10 Lots)	78084B					
Subdivision Per Lot (11 Lots or more)	78084C					
Large SSD System Plan Review	78090					

## SECTION 3: BIRTH CERTIFICATES

Date: 11/1/2015

### Use Administrative Encounter Form (PH-3309)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>"C" Registration, (Community Service) (Has NO Medical Record):</b>						
Birth Certificate	78023A	BR	6	Administrative Purpose	Z02.9	# ISSUED
Birth Certificate	78023B	BC				
Birth Certificate - Veteran	78033	BC				
<b>"L" Registration, (Long) (Has Medical Record)</b>						
Birth Certificate	11053a	BR	6	Administrative Purpose	Z02.9	# ISSUED
Birth Certificate	11053B	BC				
Birth Certificate - Veteran	VETBC	BC				
<b>COMMENTS: PATIENT SEARCH MANDATORY</b>						
1) No registration found, use "C" (Community Service) Registration Codes.						
2) Registration found, use "L" (LONG) Codes.						
3) Code two lines to issue copies of birth certificates.						
4) Use program code BR with procedure codes ending with A to deposit the appropriate fee to Vital Records in Nashville						
5) Use program code BC with procedure codes ending with B to deposit the appropriate fee to the local health department account.						

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>EXAMPLE:</b>						
Birth Certificate (Deposits appropriate portion of fee to Vital Records in Nashville)	11053A	BR	6	Administrative Purpose	Z02.9	# ISSUED
Birth Certificate (Deposits appropriate portion of fee to Local Health Department)	11053B	BC	6	Administrative Purpose	Z02.9	# ISSUED

## SECTION 3: DEATH CERTIFICATES

Date: 11/1/2015

Use Administrative Encounter Form (PH-3309)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>"C" Registration, (Community Service) (Has NO Medical Record)</b>		VR	6	Administrative Purpose	Z02.9	# ISSUED
Death Certificate	78022					
Death Certificate - Veteran	78054					
Verify Death Certificate Info	78057					
<b>"L" Registration, (Long) (Has Medical Record)</b>						
Death Certificate	11030					
Death Certificate - Veteran	VETVR					

## SECTION 3: CREMATION PERMITS

Date: 11/1/2015

Use Administrative Encounter Form (PH-3309)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
"C" Registration, (Community Service) (Has NO Medical Record)		VR	6	Administrative Purpose	Z02.9	# Issued
Cremation Permit	CREM					

## SECTION 3: VOLUNTARY ACKNOWLEDGEMENT OF PATERNITY

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
"L" Registration (Long)	VAOP	AM	6	Administrative Purpose	Z02.9	1

### COMMENTS:

- 1) Encounters should be established using the child record. If the child does not have a PTBMIS record, create one using a Long "L" registration.
- 2) Key mother's name in Note/Follow field on EN screen.

## SECTION 4: TENNCARE ADVOCACY

### LEVEL 1 - ACTIVITIES

Date: 11/1/2015

TENNCARE ADVOCACY SHOULD BE ABOVE AND BEYOND WHAT IS NORMALLY PROVIDED TO ANY PATIENT

#### 99401T:

- 1) Identify and assist patients in completing information to file a TennCare application.
- 2) Encourage a parent of a TennCare eligible child 0 to 21 years of age to file a TennCare application for the child and refer to the appropriate agency.
- 3) Provide information about TennCare eligibility and eligibility process.
- 4) Encourage compliance with clinical appointments.
- 5) Assist a TennCare enrollee with TennCare transportation arrangements.
- 6) Provide information about how to access care in the TennCare program (i.e. role of the PCP, how to change MCO and/or PCP).
- 7) Encourage/educate TennCare enrollees on how to report changes in income, name, address, family size, etc. to the appropriate TennCare Unit.
- 8) Provide information to TennCare enrollees about patient co-payments for services.
- 9) Inform and assist a current or prospective TennCare enrollee to appeal decisions about eligibility.
- 10) Conduct immunization follow-up (excludes mass mailings of immunization notices).

**The following activities are Level 1 when the appointment, authorization, or referral is obtained with a phone call requiring no medical justification. When medical justification is needed to obtain the service, the activities automatically transition to Level 2.**

- 1) Inform and assist a patient to appeal MCO decision to deny a service.
- 2) Identify TennCare participating providers for enrollees.
- 3) Obtain referrals and authorizations for medical services, including health department services.
- 4) Make appointments with private providers for patients enrolled in TennCare Presumptive Eligibility (Prenatal or Breast and Cervical).
- 5) Contact patients by phone if due for EPSDT according to periodicity schedule.
- 6) Educate TennCare enrollees about EPSDT benefits and need to comply with periodicity schedule.

## SECTION 4: TENNCARE ADVOCACY

### LEVEL 1 - OVERVIEW

Date: 11/1/2015

#### **99401T - Level 1 - Provider Type:**

Any health department employee.

#### **99401T - Level 1 - Coding Guidance:**

One 99401T activity may be coded per TennCare recipient per clinic visit or per day; can be coded by any provider. Not required to be coded to highest level of provider.

#### **99401T - Level 1 - Documentation Guidance - DOCUMENT ON ONE OF THE FOLLOWING:**

- 1) TennCare Advocacy Encounter/Log for activities not in connection with a visit for which an encounter has been established; or
- 2) Place a dated and signed comment in medical record date of service documentation; or
- 3) TennCare Advocacy Documentation Tool; or
- 4) SOAP clinical note.

## SECTION 4: TENNCARE ADVOCACY

### LEVEL 2 - ACTIVITIES

Date: 11/1/2015

#### 99402T - Level 2:

- 1) Assist with understanding recommended interventions, treatments, medications and/or need for additional appointments.
- 2) Obtain referrals or prior authorizations for prescribed medications, formulas, medical supplies, durable medical equipment, or specialized medical/dental procedures.
- 3) Assist TennCare enrollee to appeal an MCO decision about medical care, including pharmacy benefits. Includes justification required from physician or nurse clinician to submit to an MCO for prior authorization of prescription.
- 4) Assist TennCare enrollee to appeal MCO's lack of timely access to needed services, including provider network inadequacies, inability to obtain a provider appointment within required time frames, etc.
- 5) Assist TennCare enrollee to appeal MCO decision about provision of transportation to provider appointments.
- 6) Patient education above/beyond that which is normally provided to all patients.
- 7) Patient education about appropriate use of Emergency Room Services.

#### The following activities are Level 2 when medical justification or judgment is needed to obtain the service.

- 1) Inform and assist a patient to appeal MCO decision to deny a service.
- 2) Identify TennCare participating providers for enrollees.
- 3) Obtain referrals and authorizations for medical services, including health department services.
- 4) Make appointments with private providers for patients enrolled in TennCare Presumptive Eligibility (Prenatal or Breast and Cervical)
- 5) Contact patients by phone if due for EPSDT according to periodicity schedule.
- 6) Educate TennCare enrollees about EPSDT benefits and need to comply with periodicity schedule.

## SECTION 4: TENNCARE ADVOCACY

### LEVEL 2 - OVERVIEW

Date: 11/1/2015

TENNCARE ADVOCACY SHOULD BE ABOVE AND BEYOND WHAT IS NORMALLY PROVIDED TO ANY PATIENT

#### 99402T - Level 2 - Provider Type:

Administrative Staff and Assistant Staff DO NOT provide Level 2 TennCare Advocacy. Level 2 activities involve obtaining health care services and/or resolving difficult access to care problems. Requires assessment, judgment and justification to obtain the TennCare service.

#### 99402T - Level 2 - Coding Guidance:

One 99402T activity may be coded per TennCare recipient per clinic visit or per day.

#### 99402T - Level 2 - Documentation Guidance:

Level 2 activities must be documented as note in patient medical record.

## SECTION 4: TENNCARE ADVOCACY

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

**COMMENTS:**

- 1) Use TennCare Advocacy Log/Encounter Form for Advocacy activities not associated with visit for which an encounter has been established.
- 2) Multiple providers may provide Advocacy and document on TennCare Advocacy Documentation Tool. Only one provider number can be recorded.
- 3) 99401T - Code one time per encounter.
- 4) 99402T - Code one time per encounter.

# SECTION 4: TENNCARE ADVOCACY

## FIELD SERVICE

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>Field Service</b>		TO	6	Administrative Purpose	Z02.9	# 30 Min. Increments
"C" Registration ( Community Service) Has NO Medical Record	78059					
"L" Registration (Long) Has Medical Record	3560					

**COMMENTS:**  
 1) Use for health fairs, community presentations, dislocated worker presentations

# SECTION 5: TENNCARE PRESUMPTIVE ENROLLMENT

## OVERVIEW

Date: 11/1/2015

### **MOVO - Motor Voter Registration:**

Used when offering patients the opportunity to register to vote.

### **MOVO DISPOSITION CODES:**

RG - Registered at Health Department today

CR - Currently registered to vote

TF - Took registration form home.

DD - Declined; declination form signed.

NE - Not eligible due to age or lack of citizenship

### **TCPRES - TennCare Presumptive:**

Used when Presumptive Eligibility activity is completed.

### **COMMENTS:**

- 1) A person who will be at least 18 years old on or before the next election who applies for WIC certification or recertification, CSFP or Presumptive Eligibility, must be offered the opportunity to register to vote. Use the MOVO procedure code and disposition code to indicate patient response.
- 2) For those who complete and submit the form at the Health Department, the receipt number from the form must be entered in Notes/Follow field at bottom left of encounter screen.
- 3) Refer to TennCare Prenatal PE Desk Guide for instructions on eligibility and the TennCare Prenatal Eligibility application process.

## SECTION 5: TENNCARE PRESUMPTIVE ENROLLMENT

### PRENATAL

Date: 11/1/2015; Rev 06/20/2016

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TennCare Presumptive (Prenatal)	TCPRES	CH (Birth thru 20) or WH (21 and over)	6	Administrative Purpose	Z02.9	1

#### COMMENTS:

- 1) TCPRES should be used to capture all activities related to TennCare Presumptive Enrollment. Refer to TDH PE Guide.
- 2) **Do Not Use Advocacy Code 99401T or 99402T in addition to TCPRES.**
- 3) If pregnancy is determined elsewhere and prenatal counseling is provided, codes 99401 - 99404 may be used. Diagnosis code Z32.01 (positive pregnancy test) may be applied to counseling using CH or WH program codes.
- 4) The staff person who determines the presumptive eligibility should apply the code.

Motor Voter Registration	MOVO	AM	6	Administrative Purpose	Z02.9	1
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#### MOVO DISPOSITION CODES:

- RG - Registered at Health Department today
- CR - Currently registered to vote
- TF - Took registration form home.
- DD - Declined; declination form signed.
- NE - Not eligible due to age or lack of citizenship

## SECTION 5: TENNCARE PRESUMPTIVE ENROLLMENT

### BREAST AND CERVICAL CANCER

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TennCare Presumptive (Breast and Cervical Cancer)	TCPRES	BCS	6	Administrative Purpose	Z02.9	1

**COMMENTS:**

- 1) TCPRES should be used to capture all activities related to TennCare Breast and Cervical Cancer Presumptive Enrollment.
- 2) **Do Not Use Advocacy Code 99401T or 99402T in addition to TCPRES.**
- 3) If patient is already enrolled in TBCSP, use code 99080B with TCPRES when activities are performed to collect and transfer data related to procedures performed on patient.
- 4) The staff person who determines the presumptive eligibility should apply the code.

Motor Voter Registration	MOVO	AM	6	Administrative Purpose	Z02.9	1
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**MOVO DISPOSITION CODES:**

- RG - Registered at Health Department today
- CR - Currently registered to vote
- TF - Took registration form home.
- DD - Declined; declination form signed.
- NE - Not eligible due to age or lack of citizenship

## SECTION 6: LAB

### OVERVIEW

Date: 11/1/2015; Rev 07/06/2016

Health departments refer lab specimens to various labs, including the TDH State Lab, the state contracted lab vendor (AEL) and exclusive reference labs for certain insurance plans (example - Quest for TennCare Select and BlueCare).

TDH State Lab - Health departments send specimens to the State Lab through Lab Order Entry (LOE). Refer to LOE TOR Tests for specimens that go to the State Lab.

AEL - State Contracted Lab Vendor. Specimens are sent to AEL for patients when TDH is responsible for payment directly to AEL (payer 6).

Quest - Quest is the exclusive reference lab for BlueCare and TennCare Select. Specimens for health department patients covered by these plans must be sent to Quest.

Check Member Plan for Covered Reference Lab: For patients covered by Medicare Advantage plans and private insurance that TDH does not contract with.

## SECTION 6: LAB

### LAB - GENERAL

Date: 11/1/2015; Rev 06/20/16

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Code each lab procedure done	As Appropriate	1				
Venipuncture	36415					
Ear, Finger or Heel Stick	36416					
Lab Handling (if outside lab)	99000					

**Coding Venipuncture with 99211 Visit:**

If a patient receives a venipuncture (36415) in conjunction to a 99211 visit, a 25 modifier should be attached to the 99211 code. This rule only applies to 99211 E/M code. Refer to Section 1: Modifier for additional guidance.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					
Advocacy may be coded as appropriate. See TennCare Advocacy Section.						

## SECTION 6: LAB

### ELECTRONICALLY ORDERED STATE LAB TESTS

Date: 11/1/2015

**Tests ordered electronically on PTBMIS LOE (Lab Order Entry) screen and sent to the State Lab.**

CODE	DESCRIPTION
AFBOT	OTHER/AFB SM CULTURE
AFBIS	IND SPUT/AFB SMEAR
AFBNS	NAT SPUT/AFB SMEAR
AFBST	STOOL/AFB SM CULTURE
AFBUR	URINE/AFB SM CULTURE
GENPU	GEN PROBE, URINE
GENPE	GEN PROBE, ENDO
GENPP	GEN PROBE,UROGENTIAL
GENPO	GEN PROBE, THROAT
GENPV	GEN PROBE,SELF-OBTAINED VAGINAL
GENPA	GEN PROBE, ANAL
87389	HIV1/2 AG/AB
87081	GC CULTURE
87045	STOOL CULTURE
87070	BACTERIAL CULTURE
87177	OVA AND PARASITE
86592	RPR (SYPHILIS TEST)
86480	TB BLOOD TEST QUANTEFERON
INFLU	ANTIBODY, INFLUENZA
VIRAL	VIRAL CULTURE
HERP	CULTURE, HERPES

**COMMENTS:**

- 1) Once a test is ordered electronically the system automatically populates the test code on the encounter which then creates a place for the electronic result to post.
- 2) Electronically ordered tests will only accept electronic results. The results cannot be entered manually.
- 3) Electronic test results are returned to the health department each evening and post into PTBMIS patient records at 6:00 a.m. the following morning.
- 4) Reflex tests triggered by the result of an electronically ordered test will automatically be run, resulted and posted into PTBMIS. There is no manual intervention in this process.
- 5) Use venipuncture code 36415 if blood is drawn for lab or 36416 for capillary specimen.
- 6) Use lab handling 99000 for lab tests sent outside the health department.

## SECTION 6: LAB

### LAB TESTS ORDERED FROM OUTSIDE VENDOR

Date: 11/1/2015; Rev 07/06/2016

Lab tests are ordered using the appropriate vendor based on patient's third party payer.

Lab tests ordered from outside labs (AEL, Quest, etc.) must also be entered on patient encounter using PTBMIS code for the test.

PTBMIS charge file codes differ from the AEL or Quest test numbers but are shown on the PTBMIS charge record.

#### EXAMPLE: Screen Shot of PTBMIS Charge File

PTBMIS CODE		QUEST CODE	TEST	AEL EAST TN	AEL CODE MEMPHIS
Procedure Code: 84550			Description: URIC ACID, BLOOD		
Effective Date: 02/15/2016			Q 905	905ET	URA
Standard Fee: 1.3500			Thru: 12/31/2099		Sent Date:
Minimum Fee:			Max Units/Encounter : 99		
RVS:			S/S Discountable (Y/N): Y		
			Sales Taxable (Y/N) : N		
			Unit-Based Min (Y/N) :		
			Copay		
Alternate (1)	Code:	84550	Descr: URIC ACID, BLOOD		
(2)					
(3)		84550	URIC ACID, BLOOD		
(4)					
<b>Financial-Code/Charge</b>					
A	S		2		5
<b>3-rd Party Reimbursable (Y/N)</b>					
M-Care	M-Caid	Ins-1	Ins-2	Ins-3	Ins-4
Y	Y	Y	Y	Y	Y
<b>Service Type : LA</b>		<b>BCRR-Type-1</b>	<b>F/P Type :</b>		
<b>Accounting (Department/Account)</b>					<b>HIS Action :</b>

#### Using the above example to order a URIC Acid, Blood test.

Determine to which Lab (**AEL or Quest**) the test should be sent, based on patient's third party payer.

If test is sent to **AEL**, order test number **905ET** or **URA** in **AEL ordering system**.

If test is sent to Quest, order test number **905** in **Quest ordering system**.

Enter **PTBMIS procedure/charge code 84550** on the encounter.

## SECTION 6: LAB

### IN HOUSE LABS

Date: 11/1/2015

In house labs are initiated and resulted within the health department clinic.

In house labs are identified in the PTBMIS charge file with an **IH** in the description field.

#### EXAMPLE: Screen Shot of PTBMIS Charge File

<b>Procedure Code:</b> 85018		<b>Description:</b> HEMOGLOBIN, (HGB) BLOOD COUNT				
		IH				
<b>Effective Date:</b> 07/01/2013		<b>Thru:</b> 12/31/2099		<b>Sent Date:</b>		
<b>Standard Fee:</b> 4.2900		<b>Max Units/Encounter :</b> 1				
<b>Minimum Fee:</b>		<b>S/S Discountable (Y/N):</b> Y				
<b>RVS:</b>		<b>Sales Taxable (Y/N) :</b> N				
		<b>Unit-Based Min (Y/N) :</b>				
		<b>Copay</b>				
<b>Alternate (1)</b>	<b>Code:</b>	85018QW	<b>Descr:</b> HGB HEMOGLOBIN			
(2)						
(3)			85018	HGB HEMOGLOBIN		
(4)						
<b>Financial-Code/Charge</b>						
A	S		2	5		
<b>3-rd Party Reimbursable (Y/N)</b>						
<b>M-Care</b>	<b>M-Caid</b>	<b>Ins-1</b>	<b>Ins-2</b>	<b>Ins-3</b>	<b>Ins-4</b>	
Y	Y	Y	Y	Y	Y	
<b>Service Type : LA</b>		<b>BCRR-Type-1</b>	<b>F/P Type :</b>			
<b>Accounting (Department/Account)</b>		<b>HIS Action :</b>				

Code 99000, lab handling, **should not be used** when performing an in house lab.

## SECTION 7: DENTAL

### DEFINITIONS

Date: 11/1/2015

Dental Clinical - Provides comprehensive dental care to children and emergency care for adults

**D9430** - Office Visit - Observation, no other services performed.

**3734** - Re-check - Assess the status of a previously existing condition of an established patient.

**78059** - Field Service - Performed by dental clinical staff providing mass screenings, mass education and health fairs

# SECTION 7: DENTAL

## DENTAL CLINICAL

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Diagnostic	D0120 - D0330	DN or DT*	Private Ins (5XXX) or Ryan White Program or TennCare (ADDS) or Private Pay 6	Diagnostic and Prevention	Z01.20	As Appropriate
Preventive	D1110 - D1555			All other services excluding emergencies	Z01.21	
Restorative	D2140 - D2954			Emergencies	K08.9	
Endodontic	D3110 - D3330					
Periodontic	D4210 - D4910					
Removable Prosthetics	D5110 - D5851					
Fixed Prosthetics	D6210 - D6930					
Surgical	D7111 - D7971					
Adjunctive General Services	D9110 - D9951					
Office Visit (Observation)	D9430					
Re-check	3734					

**COMMENTS:**

- 1) \*DT - patients seen in the mobile or school-transport program.
- 2) Private Pay Adult Dental Services -Private pay adult dental services require minimum fee of \$5.00 per visit to be paid at time of visit. Before the patient leaves the Health Department, the encounter should be keyed and UPDATED - BUT NOT FINALIZED. If the balance due from the patient for services received is less than \$5.00, the command "MINF DN" (MINF space prg DN code) should be entered while on the encounter screen. The difference between the patient's charge(s) for the day's visit and the \$5.00 minimum will be calculated by the system and applied to the balance due. The "Update Complete" message will be shown and the encounter can be finalized.
- 2) Private Pay Adult Dental Services With Lab: Use the appropriate procedure code followed by "A" modifier. Charges full costs of lab to patient.
- 3) Private Pay Adult Dental Services Without Lab: No modifier is used with appropriate procedure code. Charges will be based on sliding fee scale.
- 4) EMERGENCY DENTAL SERVICES - use diagnosis code K08.9.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.

**SECTION 7: DENTAL**

**FIELD SERVICE**

Date: 11/1/2015

<b>PROCEDURE</b>	<b>CODE</b>	<b>PROGRAM</b>	<b>RE</b>	<b>DIAGNOSIS</b>	<b>CODE</b>	<b>QTY</b>
Field Service	78059	DN	6	Administrative Purpose	Z02.9	30 Min. Increments

## SECTION 8: EARLY PERIODIC SCREENING, DIAGNOSIS and TREATMENT (EPSDT)

TENNCARE - AGES 0 THROUGH 20

Date: 11/1/2015; Rev 06/20/2016

TennCare/Medicaid covers EPSDT services for eligible children 0 through 20 years of age. EPSDT services include 7 components. If a TennCare covered child has private insurance primary and TennCare secondary, the private insurance plan must be billed first.

### When performing an EPSDT and a 'significant' problem is found:

Code the preventive exam (99381 - 99395) AND

Code an other office visit (99201 - 99215) for the problem

Add modifier 25 to office visit.

**Comment:** Refer to Section 1 Modifiers for explanation to report EPSDT and other office visits on the same date of service.

### Coding EPSDT with Vaccines:

If vaccines are given with an EPSDT, the EPSDT diagnosis code should be coded first.

A 25 modifier should be attached to the 99381-99395 code.

### Coding EPSDT with abnormal screening(s):

If a patient has an abnormal EPSDT screening(s), the entire EPSDT service would be considered abnormal. Report the appropriate "**with abnormal findings**" diagnosis code. Identify the abnormal screen, and attach the appropriate R code as a second diagnosis code to the abnormal screen code.

## SECTION 8: EARLY PERIODIC SCREENING, DIAGNOSIS and TREATMENT (EPSDT)

TENNCARE

Date: 11/1/2015; Rev 07/06/2016

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>New Patient:</b>						
Infant or Child (<1year)	99381	EP	TennCare (AXXX) or Private Ins (5XXX) * or DCS Custodial (5DCS)	Encounter for Health Exam	<8 days - Z00.110	1
1 through 4 years	99382			8 to 28 days - Z00.111		
5 through 11 years	99383			>28 days-17 yrs, abnormal-Z00.121 (Use additional code to identify abnormal findings)		
12 through 17 years	99384			>28 days- 17 yrs, normal - Z00.129		
18 through 20 years	99385			Adult abnormal - Z00.01 (Use additional code to identify abnormal findings)		
				Adult normal - Z00.00		
<b>Established Patient:</b>						
Infant or Child (<1year)	99391	EP	TennCare (AXXX) or Private Ins (5XXX) * or DCS Custodial (5DCS)	Encounter for Health Exam	<8 days - Z00.110	1
1 through 4 years	99392			8 to 28 days - Z00.111		
5 through 11 years	99393			>28 days-17 yrs, abnormal-Z00.121 (Use additional code to identify abnormal findings)		
12 through 17 years	99394			>28 days-17 yrs, normal - Z00.129		
18 through 20 years	99395			Adult abnormal - Z00.01 (Use additional code to identify abnormal findings)		
				Adult normal - Z00.00		
<b>Additional Components Performed, As Appropriate</b>						
Developmental Screen (PEDS and MCHAT)	96110	EP	TennCare (AXXX) or Private Ins (5XXX) * or DCS Custodial (5DCS)	Enc. - Screening developmental disorder	Z00.110-Z00.129 as appropriate; (Use additional code to identify abnormal findings)	Qty = 2 if both performed
Behavioral Screen (PSC-17, Y-PSC, Adolescent)	96127			Enc. - Screening for Other Disorder	Z00.00-Z00.129 as appropriate; if abnormal also report R46.89	
Hearing Screen	92551			Hearing	Z00.00-Z00.129 as appropriate; if abnormal also report R94.120	1
Vision Screen	99173			Vision	Z00.00-Z00.129 as appropriate; if abnormal also report R94.118.	
Immunizations	See Vaccines Immunizations Section			Encounter for Immunization	Z23	
Lead	83655 or 83655IH			Lead Screening	Z13.88	
Ear, Finger or Heel stick	36416					
Venipuncture	36415			Labs	As Appropriate	
Lab Handling	99000					
Fluoride Varnish	D1203N			Encounter for other health care	Z41.8	
Oral Screening	D0190N			Encounter for screening for dental disorders	Z13.84	

# SECTION 8: EARLY PERIODIC SCREENING, DIAGNOSIS and TREATMENT (EPSDT)

TENNCARE

Date: 11/1/2015; Rev 07/08/2016

**COMMENTS:**

- 1) EPSDT includes:
  - a. Comprehensive health and development history
  - b. Comprehensive unclothed physical exam
  - c. Appropriate immunizations
  - d. Appropriate laboratory tests
  - e. Health education
  - f. Hearing assessment
  - g. Vision assessment
- 2) \* Bill private insurance first and TennCare second, if applicable.
- 3) Vision Screen (99173) - Physician, nurse or nursing assistant screens a child during an EPSDT visit for an OBJECTIVE vision screen using a Snellen, Snellen ABC, Tumbling E Chart, Titmus, photo screener or Sure Sight machine.
- 4) Hearing Screen (92551) - Physician, nurse or nursing assistant screens a child during an EPSDT visit for an OBJECTIVE hearing screen using an audioscope, EROscan, or an audiometer.
- 5) Developmental Screen (96110) - Provide a development screen at each EPSDT preventive exam to a child according to the AAP Periodicity Schedule. The Screening instrument should be the Parents Evaluation of Development Status (PEDS), 0 through 4 years; or Modified Checklist for Autism in Toddlers (M-CHAT), 18 and 24 months. Code quantity of 2 for 96110 when both PEDS and M-CHAT are done at same visit.
- 6) Behavioral Screen (96127) -Code 96127 in addition to the EPSDT exam code when the PSC-17, Y-PSC or Adolescent Developmental Behavioral Questionnaire is performed. \*\*If more than one behavior screening is completed, please code additional 96127 with 59 modifier attached.
- 7) If applicable, the BMI diagnosis code may be reported for ages 2 through 20 years only. Do not report BMI for children under 2 years.
- 8) An assessment is made when a child is present in clinic (or during a home visit, if appropriate) to determine if the child is due for the EPSDT screen according to the AAP Periodicity Schedule. If the child is present in clinic and due a screen, the child is offered a screen by the discipline that can conduct the screening. If the screening cannot be done that day, an appointment should be scheduled for a later date with the health department or with the child's Primary Care Physician (PCP).
- 9) TennCare now reimburses for Fluoride Varnish for ages 6 months through 5 years of age. Both the fluoride varnish application(D1203N) and oral screening (D0190N) must be coded, and the payer for these codes must be changed to ADDS.
- 10) Refer to Section 1: Modifiers for guidance on reporting vaccines, injections, and venipunctures with other office visits, preventive visits, and/or counseling codes.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.

# SECTION 9: VACCINES/IMMUNIZATIONS

## OVERVIEW

Date: 11/1/2015; Rev 07/06/2016

### Federal Vaccines:

The TDH Immunization Program (TIP) provides federally funded vaccines to county health departments from two programs - Vaccines for Children (VFC) and Section 317 of the Public Health Service Act.

Federal criteria determine who is eligible to receive VFC vaccines and 317 vaccines.

TIP oversees federally funded vaccines and makes them available to county health departments.

Federal vaccines are coded with standard numeric CVX codes.

See Federal Vaccine Code List.

### State Purchased Vaccines:

TDH purchases vaccines with state funds and makes them available to county health departments for persons not eligible for federally funded

The TDH Director of Pharmacy and Regional Pharmacists order state purchased vaccines for county health departments.

State purchased vaccines are coded with alpha characters.

See State Purchased Vaccine Code List.

### Coding Vaccines and Other Office Visits/Preventive Visits/Counseling:

When an other office visit (99201-99205 and 99212-99215), or preventive visit (99381-99397), counseling (99401-99404), or behavior change intervention (99406-99409) service is provided on the same day as a vaccine, add modifier 25 to the other office visit/preventive/counseling code to explain that both services were provided. Refer to Section 1: Modifiers for additional guidance.

Do not report 99211 in conjunction with vaccine administration as the work value has been included with the vaccine administration code.

If vaccines are given with a E/M or EPSDT, the E/M or EPSDT diagnosis code should be reported first.

### Coding Vaccines and Other Injectable:

When a vaccine administration code 90460 or 90471 and an injection code 96372 are administered on the same date of service, add modifier 59 to the injection code 96372. Refer to Section 1: Modifiers for additional guidance.

### Limits on Vaccine Administrations on the Same Date of Service:

A Medically Unlikely Edit (MUE) in payer claim systems limits the number of vaccine administrations that can be reimbursed on the same date of service. Vaccine administration code 90460 has a limit of six (6); vaccine administration code 90471 has a limit of one (1). To report vaccine administrations greater than these quantities:

90460	Quantity = 6	90460 59	Number of units greater than 6
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90471	Quantity = 1	90472	Quantity = 4	90472 59	Number of units greater than 4
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## SECTION 9: VACCINES/IMMUNIZATIONS

### VACCINE CODES - FEDERAL VACCINE (VFC and 317) - ON SITE CLINICS

Date: 11/1/2015

<b>VFC Vaccines - Age 0 through 18</b>			
<b>Vaccine</b>	<b>CVX Code</b>	<b>Vaccine</b>	<b>CVX Code</b>
Intranasal Flu LAIV4 (FluMist®)	149	PCV13 – Prevnar-13	133
Quad Flu-IIV4 (Pres. Free)	150	Polio Inactivated IPV	10
Quad Flu-IIV4 MDV	158	Rotavirus RV5 Rotateq	116
Quad Flu - Pediatric (Pres. Free)	161	Rotavirus RV1 Rotarix	119
Hep A Pediatric (child)	83	Varicella – Chickenpox VAR Varivax	21
Hep B Pediatric (child)	08	DTaP Pediatric	28
Hib - ActHIB or HIBERIX	48	DTaP Infanrix	20
Hib - PedVaxHib	49	DTaP Daptacel	106
HPV4 Gardasil	62	DTaP-IPV-Kinrix	130
HPV9 Gardasil 9	165	DTaP-HepB-IPV Pediarix	110
Meningococcal MCV4 – Menactra	114	DTaP-IPV/Hib – Pentacel	120
Meningococcal MCV4 – Menveo	136	Measles Mumps Rubella MMR	03
Meningococcal B Trumenba	162	MMR+Varicella MMRV ProQuad	94
Meningococcal B, OMV Bexsero	163	Td Decavac or Tenivac	113
PPSV23 Pneumovax	33	Tdap Adacel or Boostrix	115
<b>317 Vaccines - Age 19 and Over</b>			
<b>Vaccine</b>	<b>CVX Code</b>	<b>Vaccine</b>	<b>CVX Code</b>
Trivalent Flu-IIV3 MDV	141	Meningococcal MCV4 – Menactra	114
Trivalent Flu-IIV3 (Pres. Free)	140	Meningococcal MCV4 – Menveo	136
Trivalent Flu-cclIV3 (Pres. Free)	153	Td Decavac or Tenivac	113
Hep A Adult	52	Tdap Adacel or Boostrix	115
Hep B Adult	43	Varicella – Chickenpox VAR Varivax	21
Measles, Mumps, Rubella (MMR)	03		

## SECTION 9: VACCINES/IMMUNIZATIONS

### VACCINE CODES - STATE PURCHASED VACCINE - ON SITE CLINICS

Date: 11/1/2015; Rev 06/20/2016

#### State Purchased Vaccines - 0 through 18 years

Vaccine	Code	Vaccine	Code
Flu - Multi-dose	FLZ	Polio Inactivated	IPV
Flu - Intranasal FluMist®	FLM	Rotavirus Rotategq	RTA
Hep A Pediatric	HAS	Rotavirus Rotarix	RV1
Hep B Pediatric	HBS	Varicella - Chickenpox Varivax	VVC
Hep A & B Twinrix (18 years)	HAB	DT Pediatric	DT
Hib Pedvax Hib	HI3	DTaP	DTA
Hib ActHib	HI4	DTaP-IPV-Kinrix	DTI
Human Papillomavirus	HPA	DTaP-HepB-IPV - Pediarix	DHI
HPV9 Gardasil 9	HP9	DTaP-Hib-IPV-Pentacel	DHV
Meningococcal MCV4	MVO	Measles Mumps Rubella	MMA
Meningococcal B Trumenba - full charge, no slide for any patient	TRU	Td	TD
Meningococcal B, OMV Bexsero - full charge, no slide for any patient	BEX	Tdap	TD2
Pneumococcal Polysaccharide	PNE		
PNE Conj. Prevnar 13	P13		

#### State Purchased Vaccines - 19 years and older

Vaccine	Code	Vaccine	Code
Flu - Multi-dose	FLZ	Meningococcal MCV4	MVO
Flu - Intranasal FluMist®	FLM	Meningococcal B Trumenba - full charge, no slide for any patient	TRU
Hep A Adult	HAA	Meningococcal B, OMV Bexsero - full charge, no slide for any patient	BEX
Hep B Adult	HBB	Pneumococcal Polysaccharide	PNE
Hep A & B (18 years and older)	HAB	PNE Conj. Prevnar 13	P13
Human Papillomavirus	HPA	Td	TD
HPV9 Gardasil 9	HP9	Tdap	TD2
Measles Mumps Rubella	MMA	Varicella - Chickenpox Varivax	VVC
		Zoster Zostavax - full charge, no slide for any patient	ZOS

## SECTION 9: VACCINES/IMMUNIZATIONS

### VACCINE ADMINISTRATION

Date: 11/1/2015; Rev 06/20/2016

Code	Definition
<b>90460</b>	Immunization Administration, any route, 0 thru 18 years, with counseling, first or only component of each vaccine
<b>90461</b>	Immunization Administration, any route, 0 thru 18 years, with counseling, each additional component
<b>90471</b>	Immunization Administration (percutaneous, intradermal, subcutaneous, intramuscular injections); 1 vaccine
	DO NOT REPORT 90471 in conjunction with 90473
<b>90472</b>	Immunization Administration (percutaneous, intradermal, subcutaneous, intramuscular injections); each additional vaccine (single or combination)
<b>90473</b>	Immunization Administration (intranasal or oral route); 1 vaccine (single or combination)
	DO NOT REPORT 90473 in conjunction with 90471
<b>90474</b>	Immunization Administration (intranasal or oral route), each additional vaccine (single or combination)
<b>90471CD</b>	Federal vaccine given due to outbreak, PEP or wound
<b>90471NC</b>	Single Immunization Administration, No Charge
<b>G0008</b>	Medicare - Influenza Administration
<b>G0009</b>	Medicare - Pneumococcal Administration

#### Comments:

- 1) Refer to Section 1: Modifiers for guidance on reporting vaccines, injections, and venipunctures with other office visits, preventive visits, and/or counseling codes.
- 2) Do not report 99211 in conjunction with vaccine administration as the work value has been included with the vaccine administration code.

## SECTION 9: VACCINES/IMMUNIZATIONS

### Multi Component Vaccine Administration

Date: 06/20/2016

CPT codes 90460 and 90461 require each component of a vaccine to be reported separately. CPT defines a component as all antigens in a vaccine that prevents disease(s) caused by one organism. Combination vaccines are those vaccines that contain multiple vaccine components.

- Use code 90460 to report the first (or only) vaccine/toxoid component of each vaccine.
- Use code 90461 to report each additional component of that particular vaccine.

Codes 90460 or 90461 should not be listed on a claim more than once. Repeated administration code(s) will deny as duplicate services.

**Example:**

Vaccine Code	Descriptor	Number of Components	Code	
90670	Pneumococcal Conjugate Vaccine	1	90460 x 1	
90723	DtaP-HepB-IPV (Pediarix)	5	90460 x 1	90461 x 4
90658	Influenza Virus Vaccine	1	90460 x 1	

**Multiple units should be reported as:**

90460 x 3 units	The 3 units represent the only component for pneumococcal and influenza and first component for DtaP-HepB-IPV the 4 units represent each additional component of DtaP-HepB-IPV; no other vaccine has more than one component to report.
90461 x 4 units	

**Comments:**

- 1) Refer to Section 1: Modifiers for guidance on reporting vaccines with other office visits, preventive visits, and/or counseling codes.
- 2) 90460, 90471, 90472, and 90473 (vaccine administration) do not report with 99211.

## SECTION 9: VACCINES/IMMUNIZATIONS

### VACCINE CODES - HISTORY ONLY VACCINES

Date: 11/1/2015

History Only Vaccine	Code	History Only Vaccine	Code
Chickenpox Disease	CPD	Mumps	MUM
Hep B (Dialysis/Immune Suppressed)	HPD	Polio, Oral	OPV
Hep B, Adolescent, 2 Dose	HB2	Respiratory Syncytial Virus	RSV
Measles	MEA	Rotavirus - Rotashield	RTV
Measles and Rubella	MR	Rubella	RUB
Measles, Mumps, Rubella Varicella	MMV	Zoster (Shingles)	ZOS

Polio unspecified formulation	89
Rotavirus, history brand unknown	122
DTaP history brand unknown	107
Influenza vaccine formulation unknown	88
Hib history brand unknown	17
Pneumococcal vaccine formulation unknown	109
HPV history brand unknown	137
Meningococcal vaccine formulation unknown	108

#### COMMENTS:

1) Note: Some history codes are alpha and some are numeric. Alpha codes crosswalk in PTBMIS to CVX numeric codes.

## SECTION 9: VACCINES/IMMUNIZATIONS

### VACCINE CODES - TRAVEL VACCINES

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Hepatitis A Adult (19 and over)	HAA	IT	As Appropriate	Encounter for Immunization	Z23	1
Inactivated Polio	IPV					
Typhoid	TPN					
Yellow Fever, Single Dose	YFS					
Hepatitis A, 1 - 18	HAS					
Hepatitis A & B (Twinrix)	HAB					
Meningococcal	MVO					

## SECTION 9: VACCINES/IMMUNIZATIONS

### MASS IMMUNIZATION CLINIC

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Flu Vaccine	78088	CH (Birth thru 20) or MH (21 and over) or WH (21 and over)	As Appropriate	Encounter for Immunization	Z23	# Given
Pneumonia Vaccine	78086 (Strep-Pneumonia) or 90669 (PNE conj.)					
Hepatitis A Vaccine	78089					
Hepatitis B Vaccine	78094					
Hepatitis B Vaccine - Adult No Charge	78094NC					
Flu Administration	78091F					
Pneumonia Administration	78091P					
Mass Administration - all other vaccines	78091		6			

**COMMENTS:**

1) Do not use code 78059 for Mass Immunization Clinics.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. See TennCare Advocacy Section.

## SECTION 9: VACCINES/IMMUNIZATIONS

**IMMUNIZATION ONLY VISIT (No Exam)**

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Vaccines	See Vaccine Codes List	CH (Birth thru 20) or MH (21 and over) or WH (21 and over)	As Appropriate	Encounter for Immunization	Z23	

**COMMENTS:**

1) Vaccine Administration - See Vaccine Administration Code List

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. See TennCare Advocacy Section.

## SECTION 9: VACCINES/IMMUNIZATIONS

MEDICARE FLU and/or PNEUMONIA VACCINES ONLY VISIT

HEALTH DEPARTMENTS - EXCEPT FQHC

Date: 11/1/2015; Rev 07/06/2016

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Flu	FLZ	CH (Birth thru 20) or	S	Encounter for Immunization	Z23	1
Flu Administration	G0008	MH (21 and over) or				
Pneumonia	PNE or P13	WH (21 and over)				1
Pneumonia Administration	G0009					

**COMMENTS:**

- 1) If both Flu and Pneumonia vaccines are given at same visit, enter both administration codes (G0008 and G0009).
- 2) PNE or P13 must be administered 1 year apart from each other according to Medicare guidelines.

## SECTION 9: VACCINES/IMMUNIZATIONS

### FIELD SERVICES

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>Field Service (Audit/Contact/Mass Screening/Mass Education)</b>		IM	6	Administrative Purpose	Z02.9	#30 Min Increments
"C" Registration (Community Service) - Has NO Medical Record	78059					
"L" Registration (Long) - Has Medical Record	3560					

**COMMENTS:**

1) Field representatives should use 78059 for school and day care audits, 24 month surveys, field visits and mass screenings using facility as "patient" with a "C" registration. Field visits made to individual patients who have a "L" registration should be coded using 3560 to capture the visit. Both 78059 and 3560 are coded in 30 minute increments in quantity column.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. See TennCare Advocacy Section.

## SECTION 10: CLINIC VISITS

### OVERVIEW

Date: 11/1/2015

**MOVO:**

Use when offering patients the opportunity to register to vote.

**3734 - Recheck:**

Assess status of previously existing condition of established patient to be used by a licensed provider and/or public health representative.  
Nurse Assistant should use venipuncture code 36415 when drawing blood and Nurse will use recheck code 3734.

## SECTION 10: CLINIC VISITS

### INJECTABLE DRUGS (not VACCINES)

Date: 11/1/2015; Rev 07/06/2016

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Injection	96372	CH (Birth thru 20) or MH (21 and over) or WH (21 and over)	Private Pay 6 or Private Ins (5XXX) or TennCare (AXXX)	As Appropriate	As Appropriate	1
Recheck Visit	3734		6			

**COMMENTS:**

- 1) Code 96372 may be coded with other office visits (99201-99205 and 99212-99215), preventive visits (99381-99397), counseling (99401-99404) and behavior change intervention (99406-99409). Modifier 25 would only be added to the other office (99201-99205 and 99212-99215) visits if billed with 96372. Preventive visits, counseling, and behavior change intervention does not require a 25 modifier.
- 2) Do not report 99211 in conjunction with injection code as the work value has been included with the injection code.
- 3) Refer to Section 1: Modifiers for reporting injections with other office visits, preventive visits, and/or counseling codes.
- 4) Injectable drugs are issued from the Pharmacy Module.

## SECTION 10: CLINIC VISITS

### INJECTION ONLY VISITS - ALLERGY

Date: 11/1/2015; Rev 06/20/2016

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Allergen Immunotherapy - one injection OR	95115	CH (Birth thru 20) or MH (21 and over) or WH (21 and over)	Private Ins (5XXX) or TennCare (AXXX) or Private Pay 6	As Appropriate	As Appropriate	1
Allergen Immunotherapy - multiple injections	95117					1

**COMMENTS:**

- 1) Code quantity of 1 for multiple injections, allergen immunotherapy
- 2) Allergy injections are an elective service given at the discretion of the Medical Director.
- 3) Refer to Section 1: Modifiers for reporting injections with other office visit, preventive visits, and/or counseling codes.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					
Advocacy may be coded as appropriate. See TennCare Advocacy Section.						

## SECTION 10: CLINIC VISITS

### BLOOD PRESSURE CHECK ONLY

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Recheck Visit	3734	CH (Birth thru 20) or MH (21 and over) or WH (21 and over)	6	BP Elevated Without Hypertension	R03.0	1
Blood Pressure Check	5002			Hypertension	I10	
BP - Record in multipurpose field for tracking	BP					

**COMMENTS:**

1) Evaluation and management of hypertension should be coded as Office Visit.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. See TennCare Advocacy Section.

## SECTION 10: CLINIC VISITS

### BLOOD PRESSURE CHECK WITH COUNSELING

Date: 11/1/2015; Rev 06/20/2016

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	CH (Birth thru 20) or MH (21 and over) or WH (21 and over)	Private Pay 6 or Private Ins (5XXX) or TennCare (AXXX)	Other Specified Counseling	Z71.89	1
Blood Pressure Check	5002					
BP - Record in multipurpose field for tracking	BP					
<b>COMMENTS:</b>						
1) Evaluation and management of hypertension should be coded as Other Office Visit.						
2) Refer to Section 1: Modifiers for reporting counseling with other office visit codes.						
TennCare Advocacy	99401T 99402T	TO	6	Administrative Purpose	Z02.9	1
Advocacy may be coded as appropriate. See TennCare Advocacy Section.						

## SECTION 10: CLINIC VISITS

### BLOOD WORK ONLY

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Recheck Visit	3734	CH (Birth thru 20) or MH (21 and over) or WH (21 and over)	6	As Appropriate	As Appropriate	1
Venipuncture	36415		Private Ins (5XXX) or TennCare (AXXX) or Private Pay 6			
Ear, finger or heel stick	36416					
Labs	See Lab Section					
Lab Handling	99000					
TennCare Advocacy	99401T 99402T	TO	6	Administrative Purpose	Z02.9	1

Advocacy may be coded as appropriate. See TennCare Advocacy Section.

## SECTION 10: CLINIC VISITS

### PROBLEM VISIT

Date: 11/1/2015; Rev 07/06/2016

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>Therapeutic Office Visit:</b>		CH (Birth thru 20) or MH (21 and over) or WH (21 and over)	Private Ins (5XXX) or TennCare (AXXX) or Private Pay 6	As Appropriate	As Appropriate	1
New Patient	99201 - 99205					
Established Patient	99211 - 99215					
Venipuncture, if done	36415					
Labs	See Lab Section					
Lab Handling	99000					
Pharmacy	Use Pharmacy Module					
Injection Administration	96372					

**COMMENTS:**

1) Code 96372 may be coded with other office visits (99201-99205 and 99212-99215). Modifier 25 would be added to these office visit codes if billed with 96372. Refer to Section 1: Modifiers for additional guidance.

2) Do not report 99211 in conjunction with injection code as the work value has been included with the injection code.

3) If a patient receives a venipuncture (36415) in conjunction to a 99211 visit, a 25 modifier should be attached to the 99211 code. This rule only applies to 99211 E/M code.

TennCare Advocacy	99401T 99402T	TO	6	Administrative Purpose	Z02.9	1

Advocacy may be coded as appropriate. See TennCare Advocacy Section.

## SECTION 10: CLINIC VISITS

### ANNUAL WELLNESS EXAMS

Date: 11/1/2015; Rev 07/06/2016

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY			
<b>New Patient:</b>									
Infant or Child (<1year)	99381	CH (Birth thru 20) or MH (21 and over) or WH (21 and over)	Private Ins. (5XXX) * or TennCare (AXXX) or Private Pay 6	Encounter for Health Exam	<8 days - Z00.110	1			
1 through 4 years	99382				8 to 28 days - Z00.111				
5 through 11 years	99383				>28 days - 17 yrs, abnormal - Z00.121				
12 through 17 years	99384				>28 days - 17 yrs, normal - Z00.129				
18 through 39 years	99385				Adult abnormal - Z00.01				
40 through 64 years	99386				Adult normal - Z00.00				
65 Years and Older	99387								
<b>Established Patient:</b>									
Infant or Child (<1year)	99391								
1 through 4 years	99392								
5 through 11 years	99393								
12 through 17 years	99394								
18 through 39 years	99395								
40 through 64 years	99396								
65 Years and Older	99397								
<b>Additional Components Performed</b>									
Developmental Screen (PEDS and M-CHAT)	96110			Enc. - Screening developmental disorder	Z00.110-Z00.129 as appropriate	Qty = 2 if both performed			
Behavioral Screen (PSC-17, Y-PSC, Adolescent)	96127			Enc. - Screening for Other Disorder	Z00.00-Z00.129 as appropriate; if abnormal also report R46.89	Qty= 1 (If more than one behavioral screen is completed, code additional 96127 with 59 modifier attached on the second line.)			
Hearing Screen	92551			Hearing	Z00.00-Z00.129 as appropriate; if abnormal also report R94.120	1			
Vision Screen	99173			Vision	Z00.00-Z00.129 as appropriate; if abnormal also report R94.118				

## SECTION 10: CLINIC VISITS

### ANNUAL WELLNESS EXAMS, cont'd

Date: 11/1/2015; Rev 07/06/2016

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Lead Screen, if done	83655 or 83655IH (in house)	CH (Birth thru 20) or MH (21 and over) or WH (21 and over)	Private Ins. (5XXX)* or TennCare (AXXX) or Private Pay 6	Lead Screening	Z13.88	1
Finger or heel stick	36416			Labs	As Appropriate	
Venipuncture	36415					
Lab Handling	99000					
Immunizations	See Vaccines/Immunizations Section			Encounter for Immunization	Z23	
Fluoride Varnish	D1203N			Encounter for other health care	Z41.8	
Oral Screening	D0190N			Encounter for screening for dental disorders	Z13.84	
Pharmacy Issued	Use Pharmacy Module					

**COMMENTS:**

- 1) For Medicare Patient Initial Preventive Physical Exam (IPPE) and Annual Wellness Visit (AWV) - See FQHC Medicare Section.
- 2) Patients with private insurance should receive written prescription for any medications needed. When written prescription is not possible, medications issued from TDH drug room should be coded to Payer 5. This includes injectable drugs (Depo).
- 3) \* Bill private insurance first and TennCare second, if applicable.
- 4) When performing a preventive exam and a 'significant' problem is found:
  - Code the preventive visit (99381 - 99397) AND
  - Code an other office visit (99201 - 99215) for the problem
  - Add modifier 25 to the other office visit
- 5) When an other office visit service is provided on the same day as a vaccine, injection, or other non-E/M service, add modifier 25 to the other office visit. Refer to Section 1: Modifiers for additional guidance.

## SECTION 10: CLINIC VISITS

### PHYSICALS BY SPECIAL AGREEMENT CONTRACTS ONLY

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Special Physicals	3678	CH (Birth thru 20) or MH (21 and over) or WH (21 and over)	As Appropriate	According to Exam Type	As Appropriate	1
Venipuncture	36415					
Ear, Finger or Heel Stick	36416					
Labs Completed	See Lab Section					
(Includes routine labs. Adjust off lab procedures included in price of contract.						

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					
Advocacy may be coded as appropriate. See TennCare Advocacy Section.						

## SECTION 10: CLINIC VISITS

**PHYSICALS - NON-CONTRACT (SCHOOL, CAMP, Etc.)**

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>Preventive Visit - Age Specific</b>		CH (Birth thru 20) or MH (21 and over) or WH (21 and over)	As Appropriate	According to Exam Type	As Appropriate	1
New Patient	99381 - 99387					
Established Patient	99391 - 99397					
Venipuncture	36415					
Ear, Finger or Heel Stick	36416					
Labs	See Lab Section					
Lab Handling (outside labs)	99000					
* School Physical	SCHOOL		6			

**COMMENTS:**

1) \* SCHOOL - Use this code instead of an Office Visit for private pay patients with no third party insurance who need a physical to get into school.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. See TennCare Advocacy Section.

## SECTION 10: CLINIC VISITS

### PEDICULOSIS - INITIAL VISIT

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>Therapeutic Office Visit:</b>		CH (Birth thru 20) or MH (21 and over) or WH (21 and over)	Private Ins. (5XXX) or TennCare (AXXX) or Private Pay 6	Pediculosis - head louse infestation	B85.0	1
New Patient	99201 - 99205			Contact with and exposure to pediculosis	Z20.7	
Established Patient	99211 - 99215					
Pharmacy	Use Pharmacy Module					

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. See TennCare Advocacy Section.

## SECTION 10: CLINIC VISITS

### PEDICULOSIS - SUBSEQUENT VISIT

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Recheck OR	3734	CH (Birth thru 20) or MH (21 and over) or WH (21 and over)	6	Pediculosis - head louse infestation	B85.0	1
Office Visit - Established Patient	99211 - 99215		Private Ins. (5XXX) or TennCare (AXXX) or Private Pay 6	Contact with and exposure to pediculosis	Z20.7	

**COMMENTS:**

- 1) Use this recheck visit to evaluate effectiveness, regardless of who provided original treatment.
- 2) Code office visit if treatment or prescription is necessary.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. See TennCare Advocacy Section.

## SECTION 10: CLINIC VISITS

### FQHC MEDICARE MEDICAL VISITS

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
New Patient Medical Visit	G0466	CH (Birth thru 20) or MH (21 and over) or WH (21 and over)	S	As Appropriate	As Appropriate	1
Est. Patient Medical Visit	G0467					
Preventive IPPE or AWW	G0468					
Labs	See Lab Section					
Lab Handling	99000					
Venipuncture	36415					
Pharmacy	Use Pharmacy Module					

**COMMENTS:**

1) Claims with FQHC Medicare G codes (G0466, G0467, G0468) must contain a qualifying service to qualify for reimbursement from Medicare.

Qualifying Services are:

**G0466:** 99201 - 99205, G0108, 97802, G0101-2, G0442-5 and G0447, Q0091

**G0467:** 99212-99215, G0108, 97802-97803, G0270, G0101-5 and G0447, Q0091

**G0468:** G0402, G0438-9

2) Only physicians and Nurse Practitioners should code FQHC G codes. FQHC G codes should be submitted on the encounter. All other services provided should be included on the encounter in addition to the FQHC G codes.

3) Nurse only encounters will not contain FQHC G codes but should be coded to payor 2 (Ex - lab visits).

4) Modifier 59 is attestation that the patient, after leaving the health department, suffered illness or injury that required additional diagnosis or treatment the same day. The subsequent FQHC G code should have the 59 modifier added.

## SECTION 10: CLINIC VISITS

**PKU, T4, HEMOGLOBINOPATHY and SIMILAR TESTS - INITIAL or REPEAT**

**Date: 11/1/2015**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Recheck	3734	CH	6	Encounter for screening for diseases of blood	Z13.0	1
Sickle Cell	85660					
Ear, Finger or Heel Stick	36416NB					
Labs	See Lab Section					
Lab Handling	99000NB			Encounter for screening for other metabolic disorders	Z13.228	
Newborn Screen	NEWB					
Newborn Screen Ear, Finger or Heel Stick	36416NB					
Newborn Screen Lab Handling	99000NB					

**COMMENTS:**

- 1) Do not code Office Visit.
- 2) Newborn screen codes should be used for all initial or repeat Newborn Screening tests and will not generate a charge for the patient.
- 3) There is no charge for sickle cell 85660.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. See TennCare Advocacy Section.

## SECTION 10: CLINIC VISITS

### PREVENTIVE COUNSELING ONLY

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	As Appropriate	As Appropriate	As Appropriate	As Appropriate	1

**COMMENTS:**

1) Separate encounter for purpose of promoting health and/or preventing illness or injury/risk factor reduction.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. See TennCare Advocacy Section.

## SECTION 10: CLINIC VISITS

### RECHECK VISIT

Date: 11/1/2015; Rev 06/20/16

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Recheck	3734	As Appropriate	6	As Appropriate	As Appropriate	1

**COMMENTS:**

1) Visit to confirm treatment/service initiated at previous visit was successful, or to complete recent previous visit (i.e., draw fasting blood, give Depo when menses begin).

2) 3734 is used to assess status of previously existing condition of established patient. Nurse Assistant should use venipuncture code 36415 when drawing blood and Nurse should use Recheck code 3734.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. See TennCare Advocacy Section.

## SECTION 10: CLINIC VISITS

### TETANUS - WOUND MANAGEMENT

Date: 11/1/2015; Rev 06/20/2016

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
New Patient	99201 - 99205	CH (Birth thru 20) or MH (21 and over) or WH (21 and over)	Private Ins (5XXX) or TennCare (AXXX) or Private Pay 6	As Appropriate	As Appropriate	
Established Patient	99211-99215			Encounter for Immunization	Z23	
Vaccine Administration	See Vaccine Administration Code List					
Vaccine - Federal	113 (Td)					
	115 (Tdap)					
	20 (DTaP)					
	106 (DTaP)					
Vaccine - State	TD					
	TD2					
	DTA					

**COMMENTS:**

- 1) When an other office visit (99201-99205 and 99212-99215) service is provided on the same day as a vaccine, add modifier 25 to the other office visit to explain that both services were provided. Refer to Section 1: Modifiers for additional guidance.
- 2) Do not report 99211 in conjunction with vaccine administration as the work value has been included with the vaccine administration code.
- 2) For Tetanus Vaccine Only, see Vaccines/Immunizations Section 9.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. See TennCare Advocacy Section.

## SECTION 10: CLINIC VISITS

EMPLOYEE HEALTH

DEPARTMENT of HEALTH EMPLOYEES

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TB Skin Test	86580	EH	6	TB Skin Test Negative	Z11.1	1
				TB Skin Test Positive	R76.11	
TB Skin Test Read	3734	EH	6	As Appropriate	Z23	
X-Ray if indicated						
Prophylactic Treatment for LTBI New Converter						
Hepatitis B Vaccine	HBB					
MMR Vaccine	MMA					
Varicella Vaccine	VVC					
HBIG Vaccine	HIG					
Tetanus, Diphtheria, Acellular Pertussis (Tdap) Vaccine	TD2					
Tetanus Vaccine	TD					
Vaccine Administration	90471					
<b>COMMENTS:</b>						
1) State purchased vaccine should be used for Employee Health.						
2) All other services provided to health department employees will follow CHS Policy, will be coded to Program Codes MH,CH OR WH and billed to the appropriate party.						
3) For antibody testing and HIV exposure prophylaxis, refer to Infection Control Manual.						

## SECTION 10: CLINIC VISITS

### TOPICAL APPLICATION of DENTAL FLUORIDE VARNISH

Date: 11/1/2015; Rev 07/08/2016

#### Non-TennCare Patients and/or Patients greater than 5 years of age

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Fluoride Varnish	D1203N	CH	6	Encounter for other health care	Z41.8	1
Screening (oral health assessment)	D0190N			Encounter for screening dental disorder	Z13.84	

#### TennCare Patients 6 month through 5 years of age

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Fluoride Varnish	D1203N	CH	ADDS	Encounter for other health care	Z41.8	1
Screening (oral health assessment)	D0190N			Encounter for screening dental disorder	Z13.84	

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. See TennCare Advocacy Section.

#### Comments:

1) TennCare will reimburse for fluoride varnish for children 6 months through 5 years of age. The fluoride varnish and oral screening must be coded to receive reimbursement. Payer for these patients must be changed to ADDS.

# SECTION 11: OTHER SERVICES

Date: 11/1/2015

## SECTION 11: OTHER SERVICES

### MASS SCREENING/EDUCATION - NO CHARGE

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>Field Service (Audit, Contact, Mass Screening/Mass Education</b>		As Appropriate	6	As Appropriate OR Other Specified Counseling	Z71.89	#30 Min. Increments
"C" Registration (Community Service) - NO Medical Record	78059			Dietary Counseling	Z71.3	
"L" Registration (Long) - Has Medical Record	3560					

**COMMENTS:**

1) If multiple providers see the same patient during mass screening, only the highest level provider codes the encounter. If each provider does individual screening, each provider should code on the encounter showing time in 30 minute increments. If multiple presenters provide mass education, each provider should code his/her specific presentation time. If multiple providers share responsibility for mass education but work separately to provide a service (i.e., CPR class divided in groups), each provider should code a line on the encounter showing time spent in 30 minute increments in the QTY column and number of people trained in margin.

2) 78059 and 3560 have same description and should be coded in 30 minute increments in QTY column on encounter form. Number of participants should be written on the encounter. Keyer of encounter should enter number of participants on EN screen in MILE column. If the same service is provided more than one time per day, the total time spent should be entered in QTY column and Grand Total of participants served should be entered on encounter and will be keyed in the MILE column. If at least one group participant is female, use WH Program Code.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. See TennCare Advocacy Section.

## SECTION 11: OTHER SERVICES

**BABY and ME**

**Date: 11/1/2015**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Prenatal Counseling	99401BA	CH (Birth thru 20) or WH (21 and over)	6	Administrative Purpose	Z02.9	1
Post Delivery CO2 Testing and Diaper Voucher Issuance (Mother)	BABYPST					
Post Delivery CO2 Testing and Diaper Voucher Issuance (Partner)	BABYPTR					

**COMMENTS:**

1) The following diagnosis codes related to tobacco use can be assigned if users wish to record a more specific diagnosis:

Z71.6 - Tobacco Abuse Counseling (report additional nicotine dependence code F17.-)

F17.210 - Nicotine dependence, cigarettes, uncomplicated

F17.211 - Nicotine dependence, cigarettes, in remission

F17.213 - Nicotine dependence, cigarettes, with withdrawal

Z72.0 - Tobacco use, unspecified

Z77.22 - Contact with/exposure to second hand tobacco use; passive smoking

Z87.891 - History of tobacco dependence

## SECTION 12: BREASTFEEDING

### OVERVIEW

Date: 11/1/2015

#### **Code 99350H - Initial Home Visit Includes:**

Complete breastfeeding assessment in patient home as related to documented problem or medical diagnosis  
Development of Care Plan  
Provision of breastfeeding counseling  
Any necessary referrals  
Documentation in medical record

#### **Code 99349H - Follow up Home Visit Includes:**

Update to previous breastfeeding assessment in patient home  
Review and update of the Care Plan  
Counseling  
Documentation in medical record

#### **Code 99348A - Attempted Home Visit:**

Unsuccessful home visit attempt. Worker traveled to the participant's residence but was not able to complete the home visit.

#### **Code 78059 - (No medical record) and Code 3560 (has medical record) Field Service:**

Provide mass education at health fairs, presentations in the community or workshops for other agencies about the WIC program and its benefits.

#### **Code 1009 - Breastfeeding Peer Counseling Activity**

Document all Breastfeeding Peer Counseling activities (individual counseling, breastfeeding survey, breast pump issuance, home visit, hospital visit, or group counseling/classes) done by Breastfeeding Peer Counselor funded with WIC Breastfeeding Peer Counseling Grant. Peer counseling activities must be documented in the patient medical record. Counseling activities may be face-to-face, on-site, off-site or by telephone.

## SECTION 12: BREASTFEEDING

### COUNSELING

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	BF	6	Dietary Counseling	Z71.3	1

**COMMENTS:**

- 1) Counseling must be documented in the patient medical record.
- 2) Counseling may be face-to-face, on-site or off-site.
- 3) Counseling must be provided by a health professional trained to do Breastfeeding counseling (i.e., Breastfeeding Coordinator, Nutritionist, Registered Nurse, Nutrition Educator)

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.

## SECTION 12: BREASTFEEDING

### BREAST PUMP ISSUANCE

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Electric Breast Pump Issuance	10708	BF	6	Encounter for care and examination of lactating mother	Z39.1	1
Manual Breast Pump Issuance	10708M					

**COMMENTS:**

1) Code as "stand alone" procedure when breast pump issuance is only service provided.

2) Do not code counseling.

3) If pump is issued during another type visit, add code **10708** or **10708M** to encounter using **BF** program code.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.

## SECTION 12: BREASTFEEDING

### BREASTFEEDING INTERVIEW (SURVEY)

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Breastfeeding Survey and Counseling	99401 - 99404	BF	6	Dietary Counseling	Z71.3	1

**COMMENTS:**

- 1) Face-to-face visit with patient to do breastfeeding survey and determine needs.
- 2) Provider should be a Registered Nurse, Nutrition Educator, Nutritionist, Breastfeeding Coordinator.
- 3) May be coded individually or in conjunction with other services.
- 4) When extensive breastfeeding counseling is done during the same visit that the survey is completed, the appropriate level of counseling code should be used. Example: Late-term prenatal patient who is planning to breastfeed receives counseling to address concerns uncovered in the survey and in-depth counseling on mechanics of breastfeeding.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.

## SECTION 12: BREASTFEEDING

### BREASTFEEDING HOME VISITS

Date: 11/1/2015; Rev 06/20/2016

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Home Visit - Initial Visit	99350H	BF	6	Dietary Counseling	Z71.3	1
Home Visit - Follow-Up Visit	99349H			Encounter for care and examination of lactating mother	Z39.1	
Attempted Home Visit	99348A			Administrative Purpose	Z02.9	

**COMMENTS:**

- 1) Change site code to reflect off-site location of visit.
- 2) Provider should be a Registered Nurse, Nutrition Educator, Nutritionist, Breastfeeding Coordinator.
- 3) Home visits for non-WIC patients should be referred to HUGS Program.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					
Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.						

## SECTION 12: BREASTFEEDING

### BREASTFEEDING GROUP EDUCATION (ON-SITE)

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Group Counseling (30 minutes)	99411	BF	6	Dietary Counseling	Z71.3	1
Group Counseling (60 minutes)	99412					

**COMMENTS:**

1) Establish the appropriate encounter (group or individual) for each educational session and code the appropriate counseling code.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.

## SECTION 12: BREASTFEEDING

### BREASTFEEDING GROUP EDUCATION (OFF-SITE)

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE
<b>Field Service (Audit, Contact/Mass Screening, Mass Education</b>		BF	6	Dietary Counseling	Z71.3
"C" Registration (Community Service) has NO medical record	78059				

**COMMENTS:**

- 1) For off-site group presentations use code 78059 in 30 minute increments in QTY column.
- 2) Write number of participants in group on the encounter form. Number of participants to be keyed in MILES column.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9
	99402T				
Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.					

## SECTION 12: BREASTFEEDING

### BREASTFEEDING PEER COUNSELING

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Peer Counseling	1009	BF	6	Administrative Purpose	Z02.9	1

**COMMENTS:**

- 1) Breastfeeding Peer Counseling activities should be documented in patient medical record.
- 2) Record disposition code on the encounter to identify which Breastfeeding Peer Counseling activity has been completed.
- 3) Enter the disposition code in the disposition field on Encounter screen.
- 4) Counseling activities may be face-to-face, on-site, off-site, or by telephone.
- 5) 1009 code should only be used by Breastfeeding Peer Counselor funded by the WIC Breastfeeding Peer Counseling Grant. No other providers should use 1009 code.

DISPOSITION CODE	DESCRIPTION
FS	Breastfeeding Survey
IC	Individual Counseling
BP	Breast Pump Issuance
HV	Home Visit or Hospital Visit
GC	Group Counseling

## SECTION 13: FAMILY PLANNING

### OVERVIEW

Date: 11/1/2015; Rev 06/20/2016

#### **3734 - Recheck:**

Assess status of previously existing condition of established patient. Nurse should use Recheck code 3734, Nurse Assistant should not bill for recheck.

#### **Coding Venipuncture with 99211 Visit:**

If a patient receives a venipuncture (36415) in conjunction to a 99211 visit, a 25 modifier should be attached to the 99211 code. This rule only applies to 99211 E/M code. Refer to Section 1: Modifier for additional guidance.

## SECTION 13: FAMILY PLANNING

### COMMON FAMILY PLANNING DIAGNOSIS CODES

Date: 11/1/2015; Rev 06/20/2016

Diagnosis Code	Description
Z00.00	Encounter for general adult medical examination, normal - male
Z00.01	Encounter for general adult medical examination, abnormal - male
Z30.09	General Counseling on Contraception
Z30.011	Encounter for Initial Prescription of Contraceptive Pills
Z30.012	Encounter for Prescription of Emergency Contraception
Z30.013	Encounter for Initial Prescription of Injectable Contraceptive
Z30.014	Encounter for Initial Prescription of Intrauterine Contraceptive Device
Z30.018	Encounter for Initial Prescription of Other Contraceptives
Z30.41	Encounter for Surveillance of Contraceptive Pills
Z30.42	Encounter for Surveillance of Injectable Contraceptive
Z30.430	Encounter for Insertion of Intrauterine Contraceptive Device
Z30.431	Encounter for Routine Checking of Intrauterine Contraceptive Device
Z30.432	Encounter for Removal of Intrauterine Contraceptive Device
Z30.49	Encounter for Surveillance of Other Contraceptives
Z30.433	Encounter for Removal and Reinsertion of Intrauterine Contraceptive Device
Z32.01	Encounter for Pregnancy Test (Positive Result)
Z32.02	Encounter for Pregnancy Test (Negative Result)
Z71.89	Other Specified Counseling
Z20.2	Contact with and (suspected) exposure to infections with predominantly sexual mode of transmission
Z11.3	Encounter for Screening for infections with a predominantly sexual mode of transmission
Z11.51	Screening for Human Papillomavirus
Z11.4	Encounter for Screening for HIV
Z01.419	Encounter for gynecological exam - normal
Z01.411	Encounter for gynecological exam with abnormal findings
Z01.42	Encounter for cervical smear to confirm findings of recent normal smear following initial abnormal smear
Z12.4	Encounter for screening for malignant neoplasm of cervix
Z12.39	Encounter for other screening for malignant neoplasm of breast
B37.3	Candidiasis of vulva and vagina
N76.0	Acute vaginitis
A59.01	Trichomoniasis vulvovaginitis
Z98.51	Tubal ligation status
Z98.52	Vasectomy Status
Z31.69	Encounter for other general counseling and advice on procreation
Z31.61	Procreative counseling and advice using natural family planning

COMMENT: Refer to ICD10 Diagnosis Code Manual for Other Appropriate Diagnosis Codes

## SECTION 13: FAMILY PLANNING

**COUNSELING ONLY - NO EXAMINATION**

Date: 11/1/2015; Rev 06/20/2016

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	FP	Private Ins (5XXX) or TennCare (AXXX) or Private Pay 6	See Common Diagnosis List	As Appropriate	1

**COMMENTS:**

- 1) Do not code Counseling Visit for Abnormal Pap Smear follow up when a repeat pap smear is collected.
- 2) Use Counseling code only for counseling and referral.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.

## SECTION 13: FAMILY PLANNING

### INITIAL OR ANNUAL COMPREHENSIVE PREVENTIVE EXAMINATION VISIT FOR MALE OR FEMALE

Date: 11/1/2015; Rev 06/20/2016

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>Preventive Visit, Age Specific</b>		FP	Private Ins (5XXX) or TennCare (AXXX) or Private Pay 6	See Common Diagnosis List	See Common Diagnosis List	1
New Patient	99383 - 99386					
Established Patient	99393 - 99396					
<b>Other Office Visit</b>						
New Patient	99201-99205					
Established Patient	99211-99215					
<b>Additional Services</b>						
Labs	See Lab Section					
Lab Handling	99000					
Pregnancy Test	81025					
Pharmacy Issued	Use Pharmacy Module					
Administration, Injectable Drug (Not Vaccines)	96372					
Liquid based Pap Smear	88142 or *88142NC					
HPV Test	87624					
GenProbe	Order in LOE	ST				
Wet Prep	87210	CH (birth thru 20) or WH (21 and over) or ST				

**COMMENTS:**

- 1) Mark "Y" for "Breast Exam Referral" on Family Planning Supplemental when breast exam result requires referral.
- 2) Pap smears, pregnancy test, hemoglobin (if indicated) and HPV are the only labs assigned to FP. All others should be coded to appropriate program.
- 3) Use Z01.419 for female annual physical exam, normal or Z01.411 for female annual physical exam, abnormal. Use Z00.00 for male annual physical exam, normal or Z00.01 for male annual physical exam, abnormal.
- 4) Refer to Section 1: Modifiers for guidance on reporting vaccines, injections, and venipunctures with other office visits, preventive visits, and/or counseling codes.
- 5) \*88142NC should only be used if patient is required to return if the sample is insufficient for testing.

	99401T	TO	6	Administrative Purpose	Z02.9	1
TennCare Advocacy	99402T					

Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.

## SECTION 13: FAMILY PLANNING

### QUICK START VISIT

Date: 11/1/2015; Rev 06/20/2016

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	FP	Private Ins (5XXX) or TennCare (AXXX) or Private Pay 6	Encounter for initial prescription of pills	Z30.011	1
Pregnancy Test	81025			Encounter for pregnancy test, neg.	Z32.02	
				Encounter for pregnancy test, pos.	Z32.01	
Administration, inj. drug	96372			Encounter for initial prescription of injectable contraceptive	Z30.013	
Pharmacy Issued	Use Pharmacy Module			Encounter for prescription of emergency contraception	Z30.012	
Labs	See Lab Section	FP or ST		Encounter for initial prescription of other contraceptives	Z30.018	
Lab Handling	99000					
GenProbe	Order on LOE	ST		Encounter for screening for infections with sexual mode of transmission	Z11.3	

**COMMENTS:**

- 1) If medical problem is treated during counseling visit, appropriate other office visit code should be used instead of counseling.
- 2) Refer to Section 1: Refer to Section 1: Modifiers for guidance on reporting vaccines, injections, and venipunctures with other office visits, preventive visits, and/or counseling codes.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					
Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.						

## SECTION 13: FAMILY PLANNING

### SUPPLY VISIT

Date: 11/1/2015; Rev 06/20/2016

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	FP	Private Ins (5XXX) or TennCare (AXXX) or Private Pay 6	Encounter for surveillance of contraceptive pills	Z30.41	1
				Encounter for surveillance of other contraceptives	Z30.49	
Pregnancy Test	81025			Encounter for pregnancy test negative	Z32.02	
Pharmacy Issued	Use Pharmacy Module			Encounter for pregnancy test positive	Z32.01	
Administration, injectable drug	96372			Encounter for surveillance of injectable contraceptive	Z30.42	
Labs	See Lab Section	FP or ST		Encounter for screening for sexual mode of transmission	Z11.3	
Lab Handling	99000					
GenProbe	Order on LOE	ST				

**COMMENTS:**

1) Refer to Section 1: Modifiers for guidance on reporting vaccines, injections, and venipunctures with other office visits, preventive visits, and/or counseling codes.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.

## SECTION 13: FAMILY PLANNING

**GYNECOLOGICAL EXAM OR FOLLOW UP VISIT (INCLUDES REPEAT PAP SMEAR OR HPV OR STERILIZATION POST OP)**

Date: 11/1/2015; Rev 06/20/2016

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Other Office Visit	99201 - 99205 99211 - 99215	FP	Private Ins (5XXX) or TennCare (AXXX) or Private Pay 6	See Common Diagnosis List	See Common Diagnosis List	1
Liquid based Pap Smear	88142 or *88142NC					
HPV Test	87624					
Labs	See Lab Section					
Lab Handling	99000					
Pharmacy Issued	Use Pharmacy Module	FP				

**COMMENTS:**

- 1) Mark "Y" for "Breast Exam Referral" on Family Planning Supplemental when breast exam result requires referral.
- 2) For Depo User - if woman chooses to wait for menses to occur versus the Quick Start method and returns for initial Depo injection, code Recheck 3734 and injection 96372.
- 3) \*88142NC should only be used if patient is required to return if the sample is insufficient for testing.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.

## SECTION 13: FAMILY PLANNING

### IMPLANT INSERTION/REMOVAL/MAINTENANCE

Date: 11/1/2015; Rev 06/20/2016

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401-99404	FP	Private Ins (5XXX) or TennCare (AXXX) or Private Pay 6	See Common Diagnosis List	See Common Diagnosis List	1
Implant Insertion	11981			Encounter for initial prescription of other contraceptives	Z30.018	
Nexplanon	NEXPLAN - Use Pharmacy Module					
Nexplanon (Free) **	NEXPLAF					
Labs	See Lab Section					
Lab Handling	99000					
Implant Removal and Reinsertion *	11983			Encounter for surveillance of other contraceptives	Z30.49	
Implant Removal	11982					
Pharmacy Issued	Use Pharmacy Module					

**COMMENTS:**

- 1) \* For new patient - code both surveillance and initial prescription.
- 2) \*\* Use for Metro Health Departments and Special Patient Assistance Programs only.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.

## SECTION 13: FAMILY PLANNING

### IUC INSERTION/REMOVAL/ROUTINE CHECK

Date: 11/1/2015; Rev 06/20/2016

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401-99404	FP	Private Ins (5XXX) or TennCare (AXXX) or Private Pay 6	Initial prescription of IUC without insertion *	Z30.014	1
Labs/Lab Handling	See Lab Section			IUC Insertion only *	Z30.430	
IUC Insertion	58300			Routine Checking of IUC	Z30.431	
IUC Removal	58301			Removal of IUC	Z30.432	
IUC Paragard	IUDP			Removal and reinsertion of IUC	Z30.433	
IUC Mirena	IUDM					
IUC Skyla	SKYLA					
IUC Liletta	LILETTA					
IUC Paragard (Free) **	IUDPF					
IUC Mirena (Free) **	IUDMF					
IUC Liletta (Free) **	LILETAF					
Pharmacy Issued	Use Pharmacy Module					

#### COMMENTS:

- 1) Record issuing of IUC in Pharmacy Module.
- 2) If medical problem is treated during counseling visit, appropriate other office visit code with Modifier 25 should be used instead of counseling code. Refer to Section 1: Modifiers for additional guidance.
- 3) \*Z30.014 should only be used if a patient has their first consultation for the prescription of an IUC, but there was no insertion. Z30.430 should be used if the patient receives the prescription and insertion on the same date of service.
- 4) \*\*Use for Metro Health Departments and for special patient assistant programs only.

	99401T	TO	6	Administrative Purpose	Z02.9	1
TennCare Advocacy	99402T					

Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.

## SECTION 13: FAMILY PLANNING

### PREGNANCY TEST

Date: 11/1/2015; Rev 07/06/2016

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401-99404	FP or CH (birth thru 20) or WH (21 and over)	Private Ins (5XXX) or TennCare (AXXX) or Private Pay 6	Pregnancy Test Positive	Z32.01	1
Pregnancy Test	81025			Pregnancy Test Negative	Z32.02	
				General counseling/advice on procreation	Z31.69	
				Initiate Contraceptive Method	As Appropriate	
				Procreative counseling and advice on procreation using natural family planning	Z31.61	
Labs	See Lab Section					
Lab Handling	99000					
Pharmacy	Use Pharmacy Module					
GenProbe	Order on LOE	ST		Screening STD	Z11.3	

**COMMENTS:**

1) If pregnancy test is positive and patient is uninsured, see TennCare Prenatal Presumptive Eligibility.

2) Most pregnancy tests are coded to FP; code to CH or WH, as appropriate.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. See TennCare Advocacy Section.

## SECTION 13: FAMILY PLANNING

### EMERGENCY CONTRACEPTIVE PILLS

Date: 11/1/2015; Rev 06/20/2016

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401-99404	FP	Private Ins (5XXX) or TennCare (AXXX) or Private Pay 6	Encounter for emergency contraception	Z30.012	1
Pregnancy Test (if indicated)	81025			Pregnancy Test Negative	Z32.02	
				Pregnancy Test Positive	Z32.01	
Pharmacy	Use Pharmacy Module	Initiate Contraceptive Method		As Appropriate		
Labs	See Lab Section	FP or CH (birth thru 20) or WH (21 and over)				
Lab Handling	99000					
GenProbe	Order on LOE	ST		Screening STD	Z11.3	

**COMMENTS:**

1) If medical problem is treated during counseling visit, use appropriate other office visit code.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					
Advocacy may be coded as appropriate. See TennCare Advocacy Section.						

## SECTION 13: FAMILY PLANNING

### COUNSELING AND CONSENT FOR STERILIZATION

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401-99404	FP	Private Ins (5XXX) or TennCare (AXXX) or Private Pay 6	Encounter for other general counseling and advice on contraception	Z30.09	1

**COMMENTS:**

1) Consent for sterilization must be signed for a minimum of 30 days prior to procedure. Consent expires 180 days after it is signed.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. See TennCare Advocacy Section.

## SECTION 13: EPSDT Done in Conjunction with Family Planning

TENNCARE

Date: 06/20/2016

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY				
<b>New Patient:</b>										
5 through 11 years	99383	FP	TennCare (AXXX) or Private Ins (5XXX) * or DCS Custodial (5DCS)	Encounter for Health Exam	>28 days-17 yrs, abnormal-Z00.121	1				
12 through 17 years	99384				>28 days- 17 yrs, normal - Z00.129					
18 through 20 years	99385				Adult abnormal - Z00.01					
					Adult normal - Z00.00					
<b>Established Patient:</b>										
5 through 11 years	99393								See common diagnosis list for family planning diagnosis codes	
12 through 17 years	99394									
18 through 20 years	99395									

<b>Additional Components Performed, As Appropriate</b>						
Behavioral Screen (PSC-17, Y-PSC, Adolescent)	96127	EP	TennCare (AXXX) or Private Ins (5XXX) * or DCS Custodial (5DCS)	Enc. - Screening for Other Disorder	Z00.00-Z00.129 as appropriate; if abnormal also report R46.89	1**
Hearing Screen	92551			Hearing	Z00.00-Z00.129 as appropriate; if abnormal also report R94.120	
Vision Screen	99173			Vision	Z00.00-Z00.129 as appropriate; if abnormal also report R94.118	
Immunizations	See Vaccines/Immunizations Section			Encounter for Immunization	Z23	
Venipuncture	36415					
Finger Stick	36416					
Lab Handling	99000			Labs	As Appropriate	
Flouride Varnish	D1203N			Encounter for other healthcare	241.8	
Oral Screening	D0190N			Encounter for screening for dental disorders	Z13.84	

## SECTION 13: EPSDT Done in Conjunction with Family Planning

**TENNCARE**

**Date: 06/20/2016**

**COMMENTS:**

- 1) EPSDT includes:
  - a. Comprehensive health and development history
  - b. Comprehensive unclothed physical exam
  - c. Appropriate immunizations
  - d. Appropriate laboratory tests
  - e. Health education
  - f. Hearing assessment
  - g. Vision assessment
- 2) \* Bill private insurance first and TennCare second, if applicable.
- 3) Vision Screen (99173) - Physician, nurse or nursing assistant screens a child during an EPSDT visit for an OBJECTIVE vision screen using a Snellen, Snellen ABC, Tumbling E Chart, Titmus, photo screener or Sure Sight machine.
- 4) Hearing Screen (92551) - Physician, nurse or nursing assistant screens a child during an EPSDT visit for an OBJECTIVE hearing screen using an audioscope, Tetratone II, or an audiometer.
- 5) Behavioral Screen (96127) -Code 96127 in addition to the EPSDT exam code when the PSC-17, Y-PSC or Adolescent Developmental Behavioral Questionnaire is performed. \*\*If more than one behavioral screen is completed, code additional 96127 with 59 modifier attached.
- 6) If applicable, the BMI diagnosis code may be reported for ages 12 through 20 years only.
- 7) An assessment is made when a child is present in clinic (or during a home visit, if appropriate) to determine if the child is due for the EPSDT screen according to the AAP Periodicity Schedule. If the child is present in clinic and due a screen, the child is offered a screen by the discipline that can conduct the screening. If the screening cannot be done that day, an appointment should be scheduled for a later date with the health department or with the child's Primary Care Physician (PCP).
- 8) EPSDT diagnosis codes must be coded first on the encounter form.
- 9) Refer to Section 1: Modifiers for guidance on reporting vaccines, injections, and venipunctures with other office visits, preventive visits, and/or counseling codes.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					
Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.						

# SECTION 14: BREAST AND CERVICAL CANCER SCREENING PROGRAM

## EXPLANATION OF CODES

Date: 11/1/2015

### **99080A - New Enrollment for BCS includes (used one time only) - FOLLOW PROGRAM GUIDELINES**

Verification of eligibility for the service  
Completion of data entry for initial screening and lab results  
Education about prevention services and particular screening methods that will be used  
Authorization and referral for routine or diagnostic services according to protocol  
Schedule with the referral provider  
Follow-up to assure that patient kept referral appointment  
Arrange transportation, if necessary  
Arrange for interpreter services, if necessary

### **99080B - Referral Reports and Documentation (Requires documentation by nurse in patient record; can be used more than one time)**

Tracking and follow-up with referral provider to collect diagnostic information, results and recommendations  
Enter case specific information into PTBMIS in the required data fields  
Locate missing information prior to submission to Central Office  
Contact patient about next steps for diagnosis and / or treatment  
Schedule with provider  
Assure that patient kept the referral / treatment appointment

## SECTION 14: BREAST AND CERVICAL CANCER SCREENING PROGRAM

### COMMON BREAST AND CERVICAL CANCER SCREENING DIAGNOSIS CODES

Date: 11/1/2015

Diagnosis Code	Diagnosis Description
<b>Cervix</b>	
R87.619	AGC cytology
R87.610	ASC-US cytology
R87.611	ASC-H cytology
R87.612	LSIL cytology
R87.613	HSIL cytology
R87.810	High risk HPV-DNA positive
R87.615	Unsatisfactory cytology
R87.616	Lacking transformation zone

<b>Cervical Cytology</b>	
Z01.42	Encounter for cervical pap smear to confirm findings of recent normal smear
Z08	Encounter for follow up examination after completed treatment for malignant neoplasm
Z12.4	Encounter for screening pap smear of cervix
Z85.41	History of cervical cancer

**COMMENT:** Refer to ICD10 Diagnosis Code Manual for Other Appropriate Diagnosis Codes

## SECTION 14: BREAST AND CERVICAL CANCER SCREENING PROGRAM

### SCREENING VISIT FOR BREAST AND CERVICAL CANCER

Date: 11/1/2015; Rev: 06/20/16

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>BCS Case Management</b>		BCS	6	Administrative Purpose	Z02.9	1
New Enrollment for BCS	99080A*					
Referral Reports and Documentation	99080B**					
<b>Other Office Visit</b>				Encounter for cervical smear to confirm findings of recent normal smear following initial abnormal smear	Z01.42	
New Patient	99386			Gyn. Exam, Normal	Z01.419	
Established Patient	99396			Gyn. Exam, Abnormal ***	Z01.411	
Liquid-based Pap Smear	88142 or 88142NC****			Screening pap smear of cervix	Z12.4	
HPV Test, high risk types	87624			Screening breast exam	Z12.39	
Lab Handling	99000			HPV Screening	Z11.51	

**COMMENTS:**

- 1) Women must meet Program eligibility guidelines. Screening services (including office visits and lab tests) are not covered by TBSCP for women under 40. Services for women under 40 must be coded to FP, WH or CH depending on age and/or eligibility of woman.
- 2) TBSCP covers services for eligible women including office visits, pap tests, colposcopies, mammograms and other diagnostic procedures listed on the reimbursement schedule.
- 3) TBSCP does not pay for treatment; women diagnosed with breast or cervical cancer are referred to TennCare for presumptive eligibility with full Medicaid coverage for 45 days. See TennCare Presumptive Eligibility Section for coding guidance. Other gynecological cancers are not covered by this Medicaid category.
- 4) \* Use 99080A one time only.
- 5) \*\* 99080B requires documentation by the nurse in patient record and can be used up to three times within a 60 day period. See Program Guidelines.
- 6) \*\*\* Use additional code to identify abnormal findings.
- 7) Screening pap smear/HPV can be coded to BCS for patients age 40 - 64.
- 8) \*\*\*\* 88142NC should only be reported if patient is required to return if the sample is insufficient for testing.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. See TennCare Advocacy Section.

## SECTION 14: BREAST AND CERVICAL CANCER SCREENING PROGRAM

### COLPOSCOPY DYSPLASIA VISIT

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Colposcopy Without Biopsy	57452	WH (21 and over) or BCS (must meet program guidelines)	6	See Common Diagnosis List	See Common Diagnosis List	1
Colposcopy With Biopsy and ECC	57454					
Colposcopy with ECC Only	57456					
Surgical pathology	88305					
Lab Handling	99000					

**COMMENTS:**

1) Bill TennCare, Medicare or private insurance first. If using Payor 6 code, women must meet general program eligibility guidelines for the BCS program (250% FPL, uninsured or underinsured and 40-64 years of age). The only exception is women under 40 who meet general eligibility guidelines and need cervical diagnostics following a screening Pap test result. These women should be enrolled in BCS for the required diagnostics only. If they need treatment for a pre-cancerous condition, the BCS program will enroll them in presumptive eligibility for TennCare.

2) An office visit cannot be coded on the same day as the colposcopy or on the day prior to the colposcopy.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. See TennCare Advocacy Section.

# SECTION 15: LEAD

## OVERVIEW

Date: 11/1/2015; Rev 06/20/2016

The target population for the Lead Program is children under the age of six (6) and those determined to be high risk from their response to the risk assessment questionnaire.

### **Coding Venipuncture with 99211 Visit:**

If a patient receives a venipuncture (36415) in conjunction to a 99211 visit, a 25 modifier should be attached to the 99211 code. This rule only applies to 99211 code. Refer to Section 1: Modifier for additional guidance.

## SECTION 15: LEAD

### BLOOD LEAD LEVEL TESTING ONLY

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Lead	83655 or 83655IH (in house)	CH	Private Ins (5XXX) or TennCare (AXXX) or Private Pay 6	Encounter for Screening for disorder due to exposure to contaminants	Z13.88	1
Venipuncture	36415			Abnormal lead level in blood	R78.71	
Ear, Finger or Heel Stick	36416					
Labs	See Lab Section					
Lab Handling	99000					
Recheck	3734		6			

**COMMENTS:**

1) Code office visit or recheck, as appropriate.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					
Advocacy may be coded as appropriate. See TennCare Advocacy Section.						

## SECTION 15: LEAD

### COUNSELING VISIT ONLY

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	CH	Private Ins (5XXX) or TennCare (AXXX) or Private Pay 6	Encounter for Screening for disorder due to exposure to contaminants	Z13.88	1
TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					
Advocacy may be coded as appropriate. See TennCare Advocacy Section.						

## SECTION 15: LEAD

### NURSE HOME VISIT

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Home / Off-Site Visit	99350H	CH	6	Abnormal lead level in blood	R78.71	1
	99348A					
TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. See TennCare Advocacy Section.

# SECTION 16: CHILDREN'S SPECIAL SERVICES (CSS)

## PROGRAM OVERVIEW

Date: 11/1/2015

### FUNDING:

Children's Special Services (CSS) is the Federal Title V, MCH Block Grant, Children with Special Health Care Needs (CSHCN) Program offered by the Tennessee Department of Health.

### SERVICE SITE:

The primary service site is in the home.

### TARGET POPULATION:

Residents of Tennessee, birth to 21 years of age, who have a chronic illness or a medical condition which may affect the independent functioning of a child.

### COMMENTS:

Refer to the CSS Policy and Procedure Manual.

## SECTION 16: CHILDREN'S SPECIAL SERVICES (CSS)

### DEFINITIONS (APPLICATIONS, FOLLOW-UP AND CARE COORDINATION)

Date: 11/1/2015

#### **99350H - Home Visit**

Initial, re-certification or other home visits. Home visits are conducted with the patient and/or family member at the participant residence or another site to assess the child and family need for appropriate services, coordination of medical and non-medical services, assistance with appeals for denied services, and providing education and information on diagnosis. Progress and problems are identified and documented per CSS program policy.

#### **99348A - Attempted Home Visit**

Unsuccessful home visit attempt. The worker traveled to the participant residence but was not able to complete the home visit. Use this code only one time per day per family.

#### **99403 - Office Visit**

Assigned worker meets with a family at the health department or regional office.

#### **99404 - Other Contacts**

Assigned worker makes a visit outside his/her office on behalf of the patient. Contacts should include: M-Team/IEP meetings with Department of Education, visits to SSI Office, DHS Office and other face-to-face contact outside the assigned worker office, including private physician office and other clinics "not CSS sponsored".

#### **1901 through 1910**

Use appropriate case closure code. Record has been closed for any reason. May apply to a child that remains on CSS but is transferred to another TDH Region or County.

#### **INTRANS - Initial Transition Plan**

Initial transition plan has occurred with a CSS participant age 14 or older. Initial transition plans should be completed within 90 days after the participant's 14<sup>th</sup> birthday. Initial transition plans for participants who are 14 years or older should be conducted within 90 days of the initial application signature date. Transition plans are required to ensure that all participants with special health care needs will receive services necessary to make appropriate transitions to adult health care, work and independence.

#### **ANTRANS - Annual Transition Plan**

Annual transition plan occurred with a CSS participant age 14 or older. Annual transition plans should be conducted within the 90-day time frame allowed for completion of the recertification application process.

## SECTION 16: CHILDREN'S SPECIAL SERVICES (CSS)

### APPLICATIONS, FOLLOW-UP, CARE COORDINATION

Date: 11/1/2015; Rev 06/20/2016

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Home Visit	99350H	CC	6	Other Specified Counseling OR Code Assigned by Regional CSS Staff	As Appropriate *	1
Attempted Home Visit	99348A					
Office Visit	99403					
Other Contacts	99404					
Initial Transition Plan	INTRANS					
Annual Transition Plan	ANTRANS					
CSS Child Had Annual Exam	ANEXAMY					
CSS Child Has Not Had Annual Exam	ANEXAMN					
Case Closure (CSS Case Closure Codes)	1901-1910					
<b>COMMENTS:</b>						
1) PROGRAM CODE CC SHOULD BE USED ONLY BY CSS CARE COORDINATORS. If providers other than CSS Care Coordinators use Care Coordination procedure codes listed on this page, they must use program code CS (Children's Special Services).						
2) * Diagnosis code should be specific CSS eligible Diagnosis Code.						

## SECTION 16: CHILDREN'S SPECIAL SERVICES (CSS)

### MEDICAL SERVICES ENROLLMENT

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Certification >100% FPL (Federal Poverty Level)	1876A	CS	6	As Appropriate	As Appropriate	1
Certification <100% FPL (Federal Poverty Level)	1876B					
Recertification > 100% FPL (Federal Poverty Level)	1878A					
Recertification <100% FPL (Federal Poverty Level)	1878B					
SSI Eligible (Supplemental Security Income)	SSI					
Patient Has Private Insurance	PRIVINS					
Patient Has TennCare	TNCARE					
Patient Has No Insurance	NOINS					

**COMMENTS:**

1) Use appropriate Certification (1876A or 1876B) or Recertification (1878A or 1878B) AND the appropriate code for patient insurance status and/or SSI.

## SECTION 16: CHILDREN'S SPECIAL SERVICES (CSS)

### CLOSURES

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Maximum Treatment	1901	CS	6	As Appropriate	As Appropriate	1
Over Age	1902					
Moved Out of State	1903					
Patient Expired	1904					
Not Diagnostically Eligible	1905					
Registration Error	1906					
Unable to Locate	1907					
Family Not Interested	1908					
Not Financially Eligible	1909					
Moved Within State	1910					

# SECTION 17: NUTRITION - NON WIC

Date: 11/1/2015

## SECTION 17: NUTRITION - Non-WIC

### COUNSELING (REGISTERED DIETITIAN OR NURSE)

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>Individual Counseling</b>		NU OR As Appropriate	Private Ins. (5XXX) or TennCare (AXXX) or Private Pay 6	Medical Diagnosis OR	As Appropriate	1
Preventive Medicine Counseling - 15 min.	99401			Dietary Counseling	Z71.3	
Preventive Medicine Counseling - 30 min.	99402					
Preventive Medicine Counseling -45 min.	99403					
Preventive Medicine Counseling -60 min.	99404					
<b>Group Counseling</b>						
* 30 minutes (approximately)	99411					
* 60 minutes (approximately)	99412					

**COMMENTS:**

- 1) Preventive medical counseling must be coded by Registered Dietitian or Nurse.
- 2) Do not code Preventive or Therapeutic Office Visit in addition to Counseling.
- 3) \* Group Counseling - use group counseling codes on individual encounter for each participant.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					
Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.						

## SECTION 17: NUTRITION - Non-WIC

### MEDICAL NUTRITION THERAPY - REGISTERED DIETITIAN ONLY

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Medical Nutrition Therapy, initial Assessment and Intervention, Individual, each 15 min.	97802	NU OR As Appropriate	Private Ins. (5XXX) or TennCare (AXXX) or Private Pay 6	Medical Diagnosis OR	As Appropriate	As Appropriate
Re-assessment and Intervention, Individual, each 15 min.	97803			Dietary Counseling	Z71.3	
* 30 minutes, Group, 2 or more individuals - Medical Nutrition Therapy, each 30 min.	97804					

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.

## SECTION 17: NUTRITION - Non-WIC

### NUTRITION EDUCATION

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
"C" Registration (Community Service) - Has NO Medical Record	78059	NU	6	Dietary Counseling	Z71.3	1
"L" Registration (Long) - Has Medical Record	3560					

**COMMENTS:**

1) For groups, write number of participants on encounter form. Keyer of encounter should enter number of participants in MILE column on EN screen. Can be performed by Nutrition Educator, Registered Dietitian or Nurse.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					
Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.						

## SECTION 17: NUTRITION - Non-WIC

### EDUCATION/CONTRACT SERVICES

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>Education/Contract Services - \$1.00 per unit</b>		NU	6	Dietary Counseling	Z71.3	# Units
				Health Related Issues or		
				As Appropriate		
"C" Registration (Community Service) - Has NO Medical Record	78085					
"L" Registration (Long) - Has Medical Record	10299					

**COMMENTS:**

1) Code Education/Contract Services \$1.00 per unit in addition to procedure code for group session when a fee for service needs to be charged.

2) Show number of units in QTY column to equal contracted fee (i.e., \$100.00 contracted fee, show 100 in QTY).

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					
Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.						

## SECTION 17: NUTRITION - Non-WIC

### PATIENT SELF MANAGEMENT TRAINING

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>Education and Training for Self Management</b>		NU or As Appropriate	Private Ins. (5XXX) or TennCare (AXXX) or Private Pay 6	Medical Diagnosis OR	As Appropriate	# of 30 min. increments
Individual - 30 min.	98960			Dietary Counseling	Z71.3	
2 - 4 patients - 30 min.	98961					
5 - 8 patients - 30 min.	98962					

**COMMENTS:**

- 1) Patient must have medical diagnosis.
- 2) Report educational and training services prescribed by physician and provided by trained staff using established curriculum and guidelines (NOT health educators or nutrition educators).

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					
Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.						

# SECTION 18: COMMUNICABLE DISEASE

## OVERVIEW

Date: 11/1/2015; Rev 06/20/2016

### **99348A - Attempted Home Visit/Off-site:**

Performed by Public Health Nurse or Public Health Representative. Used to document an unsuccessful contact investigation attempt. A confidential note may be left for patient to call representative.

Example: Hep A, Meningitis, need to contact pt. within 24-48 hours.

### **78059 - No medical record, 30 min. increments - Field Service:**

Performed by the Public Health Nurse or Public Health Representative providing the following services: Audit of school/day care immunization records, review of medical records, conduct mass education or mass screening. No individual medical record is opened.

### **3560 - Has medical record, 30 min. increments - Field Service:**

Performed by the Public Health Nurse or Public Health Representative. Contact investigation initiated, intelligence gathering field visit.

### **99350H - Home/Off-site:**

Provided by Public Health Nurse or Public Health Representative. Contact investigation initiated, initial interview or re-interview may occur and lab work collected. Appropriate referrals are made, counseling/education and additional information gathered. Approximately 30 - 45 minutes.

### **3734 - Recheck Office/Home/Off-Site (Bill to Payer 6 and appropriate Program):**

3734 is used to assess status of previously existing condition of established patient. Nurse Assistant should use venipuncture code 36415 when drawing blood and Nurse should use Recheck code 3734.

Performed by Public Health Nurse or Public Health Representative for follow-up visit.

### **Coding Venipuncture with 99211 Visit:**

If a patient receives a venipuncture (36415) in conjunction to a 99211 visit, a 25 modifier should be attached to the 99211 code. This rule only applies to 99211 code. Refer to Section 1: Modifier for additional guidance.

## SECTION 18: COMMUNICABLE DISEASE

### COMMON EPIDEMIOLOGY DIAGNOSIS CODES

Date: 11/1/2015

Diagnosis Code	“Definitive” Diagnosis Description	Diagnosis Code	“Contact With” Diagnosis Description
B15.9	Viral hepatitis A without mention of coma	Z20.5	Contact with and exposure to viral hepatitis
B16.9	Viral hepatitis B w/o hepatic coma; acute	Z20.811	Meningococcus; contact with
G00.0 - G03.8	Meningitis		
A39.0	Meningococcal meningitis	Z20.828	Contact with and exposure to other viral communicable diseases
B05.0 - B05.89	Measles; with complication	Z20.3	Contact with and exposure to Rabies
B05.9	Measles; without mention of complication		
B26.0 - B26.89	Mumps with complication	Z20.4	Contact with and exposure to Rubella
B26.9	Mumps without mention of complication		
A77.0	Rocky mountain spotted fever (RMSF)	Z20.09	Contact with and exposure to other intestinal infectious diseases
A37.00	Whooping Cough (B. Pertussis) without pneumonia		
A37.01	Whooping Cough (B. Pertussis) with pneumonia		
A37.10	Whooping Cough (B. parapertussis) without pneumonia		
A37.11	Whooping Cough (B. parapertussis) with pneumonia		
A37.80	Whooping Cough due to other Bordetella without pneumonia		
A37.81	Whooping Cough due to other Bordetella with pneumonia		
A82.0 - A82.1	Rabies		
B06.89	German Measles (Rubella) with complications		
B06.9	German Measles (Rubella) without mention of complications		
A02.0 - A02.9	Salmonella infection		

**COMMENT:** Refer to ICD10 Diagnosis Code Manual for Other Appropriate Diagnosis Codes

# SECTION 18: COMMUNICABLE DISEASE

## EPIDEMIOLOGY MEDICAL SERVICES - FOR OUTBREAKS, INVESTIGATIONS

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
New Patient	99201 - 99205	EI	Private Pay 6	Other Specified Medical Exam OR	Z00.8	1
Established Patient	99211 - 99215			As Appropriate	As Appropriate	
Labs	See Lab Section					
Lab Handling	99000					
Venipuncture	36415					
Pharmacy	Use Pharmacy Module					
Vaccine/Immunization	See Vaccine/Immunization Section					
Counseling (DO NOT CODE COUNSELING AND OFFICE VISIT)	99401 - 99404					
Recheck Visit	3734					
Home Visit / Off Site Visit	99350H					
Attempted Home Visit	99348A					

**COMMENTS:**

1) Code Counseling (99401-99404) if providing counseling only.

2) DO NOT use EI for Pediculosis or Scabies. See Clinic Visit Section.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.

## SECTION 18: COMMUNICABLE DISEASE

### EPIDEMIOLOGY FIELD SERVICES

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>Field Service (Audit, Mass Screening, Surveillance Contact, Mass Education)</b>		El	6	Same as Primary Diagnosis <b>OR</b>	See Common Diagnosis Code List	# 30 Min Increments
"C" Registration (Community Service) (Has <b>NO</b> Medical Record)	78059			Encounter for Other Specified Examinations	Z01.89	
				AND/OR		
"L" Registration (Long) (Has Medical Record)	3560			Other Specified Counseling	Z71.89	

**COMMENTS:**

1) Insert number of participants on encounter. Person keying encounter should enter number of participants in MILE column on EN screen.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.

## **SECTION 18: COMMUNICABLE DISEASE**

### **AIDS PREVENTION**

#### **OVERVIEW**

**Date: 11/1/2015**

Population served is anyone who presents to acquire detailed information regarding HIV prevention. This can take place in health departments, school classrooms and public events (such as health fairs). Services can include patient centered counseling, education, partner notification services and general information about HIV prevention. Use appropriate place of service codes.

## SECTION 18: COMMUNICABLE DISEASE

### COMMON AIDS DIAGNOSIS CODES

Date: 11/1/2015

Diagnosis Code	For "Definitive" Diagnosis	Diagnosis Code	AIDS Related Conditions
Z21	Asymptomatic HIV	B00.0 - B00.8	Herpes Simplex viruses (chronic) specific codes
B20	HIV Disease (includes AIDS, ARC, Symptomatic HIV infection)	*R64	Wasting syndrome
*B97.35	HIV 2		
R75	Inconclusive laboratory evidence of HIV		
*Z72.51	High risk heterosexual behavior		
Z72.52	High risk homosexual behavior		
Z72.53	High risk bisexual behavior		
Z71.7	HIV Counseling		
*Z72.89	Other problems related to lifestyle (self-damaging)	Diagnosis Code	For "Contact/Exposure to"
Z11.4	Encounter for Screening for HIV/AIDS	Z20.6	Contact to and suspected exposure to HIV/AIDS
Diagnosis Code	AIDS Related Conditions	Diagnosis Code	Misc. Diagnosis Codes
*B37.81	Candidiasis - Esophageal	*Z91.19	Noncompliance with medical treatment, against medical advice
*B37.1	Candidiasis - Lungs, bronchi & trachea	Z79.01 - Z79.899	Long term (current) use of medication
*B37.0	Candidiasis – Oral (Thrush)	*Z76.0	Encounter for issue of repeat prescription
B25.0 - B25.8	Cytomegalovirus specific codes		
*B00.9	Herpes simplex viruses (chronic), unspecified		
C46.0 - C46.7	Kaposi Sarcoma specific codes		
*B59	Pneumocystis pneumonia (PCP)		
*A31.0	Mycobacterium avium complex (MAC or MAI)		
B58.0 - B58.8	Toxoplasmosis (Toxo), specific codes		
*A15.0	Tuberculosis (TB) of Lung		
A15.4 - A19.9	Tuberculosis specific codes for other sites		

#### COMMENTS:

1) \* These conditions should be reported as secondary diagnosis only. Code also any drug level monitoring (Z51.81).

2) Refer to ICD10 Diagnosis Code Manual for Other Appropriate Diagnosis Codes

## SECTION 18: COMMUNICABLE DISEASE

### AIDS PREVENTION - HIV COUNSELING AND TESTING

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	AP	6	Counseling HIV	Z71.7	1
Labs	See Lab Section			Screening HIV	Z11.4	
Lab Handling	99000			Contact to and suspected exposure to HIV/AIDS	Z20.6	
Antibody, HIV-1 and HIV-2 Serum	Code Per LOE			See Common Diagnosis Code List	As Appropriate	
OraSure Test Antibody, HIV-1, Oral Swab (saliva)	ORASURE ORAQUIK					
Venipuncture	36415					

**COMMENTS:**

1) If patient presents for ST and requests HIV testing, code the HIV test and any HIV counseling to the AP Program and the ST services to ST. Code only one (1) venipuncture and one (1) lab handling fee.

2) Do not code counseling for negative HIV results given to patient by telephone.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.

## SECTION 18: COMMUNICABLE DISEASE

### AIDS PREVENTION - RETURN VISIT FOR TEST RESULTS

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	AP	6	Counseling HIV (for counseling)	Z71.7	1

**COMMENTS:**

- 1) Counseling Codes 99401-99404 should be used for face-to-face post-test counseling and can be used with Program AP and Private Pay 6 in conjunction with other program office visits. There is no charge to the patient with the AP Program code.
- 2) If a patient presents for ST and requests HIV testing, code HIV test and HIV counseling to the AP Program and the ST services to ST. Code only one (1) lab handling fee.
- 3) Do not code counseling for negative HIV results given to patient by telephone.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.

## SECTION 18: COMMUNICABLE DISEASE

### AIDS FIELD SERVICES

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Field Services (Audit, Contact, Mass Screening, Mass Education)		AP	6	Contact with and suspected exposure to HIV/AIDS	Z20.6	# 30 Minute Increments
				<b>AND/OR</b>		
"C" Registration (Community Service) (Has <b>NO</b> Medical Record)	78059			HIV Counseling	Z71.7	
"L" Registration (Long) (Has Medical Record)	3560					

**COMMENTS:**

1) Insert number of participants on encounter. Person keying encounter should enter number of participants in MILE column on EN screen.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.

## SECTION 18: COMMUNICABLE DISEASE

### AIDS RYAN WHITE – MEDICAL SERVICES

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>Office Visit</b>		AR	Private Pay 6	See Common Diagnosis Code List	See Common Diagnosis Code List	1
New Patient	99201 - 99205					
Established Patient	99211 - 99215					
<b>Patient Home Nursing Assessment</b>						
New Patient	99341					
Established Patient	99347					
<b>Nutrition Services</b>						
Initial Visit, Office or Home	99404					
Other Office or Home Visit	99403					
Labs	See Lab Section					
Lab Handling	99000					
Venipuncture	36415					
Ear, Finger or Heel Stick	36416					
Pharmacy	Issue from Pharmacy Module					

**COMMENTS:**

1) Visit for Evaluation and Management of HIV positive patients. Patient must be Tennessee resident, must be clinically tested as HIV positive and not have any third party insurance that will provide for specific service needed. AR Program Code should not be used on encounters generated during HIV clinics unless the patient meets Ryan White eligibility criteria. Use ST Program Code for HIV clinics when patient does not qualify for Ryan White. An Office Visit and a Nutrition Counseling Visit may be coded during the same office visit based on Ryan White guidelines.

2) Program Guidelines: **See AIDS Support Fee Schedule for description of services. Providers should use Code 99347 for subsequent home visits to provide care coordination after billable visits are exhausted.**

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.

## SECTION 18: COMMUNICABLE DISEASE

### STD PROGRAM CODE DEFINITIONS

Date: 11/1/2015

#### **99348A -- Attempted Home Visit/Off-site:**

Performed by Public Health Nurse or Public Health Representative. Used to document an unsuccessful contact investigation attempt. Confidential note may be left for patient to call representative.

#### **78059 -- No medical record, 30 minute increments - Field Service:**

Performed by Public Health Nurse or Public Health Representative providing mass education or mass screening. No individual medical record opened.

**Lab Monitoring/Surveillance:** Performed by the Public Health Representative to private labs to educate and troubleshoot any problems in reporting of STD positive results.

#### **3560 -- Has medical record, 30 minute increments - Field Service:**

Performed by Public Health Nurse or Public Health Representative. Contact investigation initiated, intelligence gathering field visit.

#### **99350H - Home/Off-site:**

Service provided by Public Health Nurse or Public Health Representative. Contact investigation initiated, initial interview or re-interview may occur. Referrals made, counseling/education and additional information gathered. Approximately 30 to 45 minutes. Arranging for or providing transportation. May collect lab work. If interview, re-interview, counseling/education provided and/or elicitation of contacts the time may increase 30-120 minutes.

#### **3734 - Recheck Office/Home/Off Site**

Performed by Public Health Nurse or Public Health Representative for follow-up visit. Example: Follow-up blood work to see if therapy effective.

## SECTION 18: COMMUNICABLE DISEASE

### COMMON STD DIAGNOSIS CODES

Date: 11/1/2015 Rev 06/20/2016

Diagnosis Code	“Definitive” Diagnosis	Diagnosis Code	“Contact/Exposure to”
B20	AIDS (confirmed)	Z20.2	Contact with/exposure to infection with sexual mode of transmission
Z21	HIV (Asymptomatic)	Z20.6	Contact with/exposure to HIV
A53.0	Syphilis, Latent	Z11.6	Contact with/exposure to Trichomoniasis
A51.0	Syphilis, Primary (Genital)	Z11.59	Contact with/exposure to Genital herpes
A54.31	Syphilis, Secondary (of skin or mucous - condyloma latum)	Z20.828	Contact with/exposure to other communicable diseases
A51.2	Syphilis, Other 'Specified' Site	<b>Diagnosis Code</b>	<b>Special Screenings</b>
A51.3	Syphilis, Secondary (skin or mucous - syphilitic alopecia)	Z11.51	Special screening examination for Human papillomavirus (HPV)
A54.00	Gonorrhea (Acute lower genitourinary)	Z11.3	Screening for infections with a predominantly sexual mode of transmission
A54.01	Gonorrhea (cystitis and urethritis)	Z11.4	Special screening examination for HIV
A54.02	Gonorrhea (vulvovaginitis)		
A54.03	Gonorrhea (vaginitis)	R00 - R99	<b>Diagnostic Testing for Symptomatic Patients (code to signs/symptoms)</b>
A54.09	Gonorrhea (other 'specified' infection lower genitourinary site)		
A54.5	Gonorrhea (pharyngitis)	Z69 - Z72.9	<b>Counseling for STD, HIV and Sexual Related Issues</b>
A54.6	Gonorrhea (anus and rectum)		
A56.00	Chlamydia (Unspecified urinary site)	<b>COMMENT: Refer to ICD10 Diagnosis Code Manual for Other Appropriate Diagnosis Codes</b>	
A56.01	Chlamydia (cystitis and urethritis)		
A56.02	Chlamydia (vulvovaginitis)		
A56.09	Chlamydia, other specified lower genitourinary tract		
A56.3	Chlamydia (anus and rectum)		
A56.8	Chlamydia, sexually transmitted, Other 'Specified' Site		

## SECTION 18: COMMUNICABLE DISEASE

### STD MEDICAL SERVICES

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>Office Visit</b>		ST	Private Ins (5XXX) or TennCare (AXXX) or Private Pay 6	See Most Common Diagnosis List	See Most Common Diagnosis List	1
New Patient	99201 - 99205					
Established Patient	99211 - 99215					
Venipuncture	36415					
Labs	See Lab Section					
Lab Handling	99000					
Pharmacy	Issue from Pharmacy Module					
Recheck Visit	3734					
Home / Off Site Visit	99350H or 99350					
Attempted Home Visit	99348A					
Counseling	99401 - 99404	AP	6			

**COMMENTS:**

1) Use ST Program Code for HIV clinic when patient does not meet Ryan White eligibility criteria. Use AR (AIDS Ryan White) Program Code for HIV clinic only if patient qualifies for Ryan White.

2) Highest level provider should code visit. **EXCEPTION: If patient requests HIV testing in addition to ST visit, the provider who does HIV testing and counseling should code the appropriate counseling code using AP (AIDS Prevention) and HIV test and Private Pay 6.** Do not code condoms dispensed.

3) Third party pay sources may be billed for clinical services provided to patients under the ST Program.

4) **For Home/Off-Site Visits to contacts, use source case record to establish the encounter. If source case has no record, open one.** When the contact presents to clinic, open record on contact.

5) Code treatment for both reportable and non-reportable sexually transmitted diseases using program code ST.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.

## SECTION 18: COMMUNICABLE DISEASE

STD - FIELD SERVICE

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>Field Service (Audit, Mass Screening, Contact, Mass</b>		ST	6	See Common Diagnosis List	See Common Diagnosis List	# 30 Min Increments
"C" Registration (Community Service) (Has <b>NO</b> Medical Record)	78059					
"L" Registration (Long) (Has Medical Record)	3560					

**COMMENTS:**

- 1) Use code 3560 for "L", long registration, or 78059 for "C", community service, registration.
- 2) Insert number of participants on encounter. Person keying encounter should enter number of participants in MILE column on EN screen.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.

# SECTION 18: COMMUNICABLE DISEASE

## TUBERCULOSIS PROGRAM

### OVERVIEW

Date: 11/1/2015

#### **TBS Health Department or Off-site:**

Performed by Public Health Nurse or other trained health department personnel.

Screening individual for TB utilizing TB/LTBI Assessment Tool (TB RAT)

#### **99348A Attempted Home Visit/Off-site:**

Performed by Public Health Nurse or Public Health Representative. This code is used to document an unsuccessful contact investigation attempt.

A confidential note may be left for patient to call representative.

#### **99350H Home/Off-site:**

Performed by Public Health Nurse or other trained health department personnel.

Monthly follow-up visit, interval history, drug monitoring, biochemical monitoring, screening co-existing disease, DOT, delivery of monthly supply.

May include referrals, review of test results, counseling and education, gathering additional information.

#### **3734 Recheck Office/Home/Off-Site:**

Performed by Public Health Nurse or Public Health Representative for follow-up visit.

Example: Follow-up visit for skin test reading or IGRA results.

#### **99347H Health Department or Off-site; DOT or Delivering Monthly Supply:**

Limited contact with patient to provide medications with assessment for signs and symptoms of toxicity; no other services provided.

#### **1516 Case Closure:**

Close out patient. Use appropriate disposition code.

## SECTION 18: COMMUNICABLE DISEASE

### COMMON TUBERCULOSIS DIAGNOSIS CODES

Date: 11/1/2015; Rev 06/20/2016

TB Skin Test		QFT-GIT Testing	
Z11.1	TB Skin Test Negative	Z11.1	QFT - GIT Negative
R76.11	TB Skin Test Positive	R76.12	QFT-GIT Positive
T-Spot Testing		R76.8	QFT-GIT Indeterminate
Z11.1	T-Spot Negative	R76.9	QFT-GIT Unsatisfactory
R76.12	T-Spot Positive	Z53.8	QFT-GIT Not Performed
R76.8	T-Spot Borderline	TB Infection	
R76.9	T-Spot Invalid	R76.11	TB Skin Test Positive
Z53.8	T-Spot Not Performed	R76.12	QFT-GIT Positive
		R76.12	T-Spot Positive

TB Suspect (without symptoms)	TB Suspect (with symptoms)	TB Contact	TB Inactive (Healed)	Personal History of TB	B-notification Evaluation
Z03.89	Use symptoms code(s)	Z20.1	B90.9 (code first the condition resulting from 'sequela' from TB)	Z86.11	Z02.89

Symptoms			
R04.2	Hemoptysis	R05	Cough
R06.02	Shortness of breath	R50.9	Fever
R61	Night sweats	R63.4	Abnormal weight loss

Adverse Reaction to Medication	Therapeutic Drug Monitoring (Drug Levels)
Code for Adverse Effect of Specific Medication	Z51.81

Administrative Purpose	HIV Testing as Part of QFT-GIT Draw
Z02.9	Z11.4

**COMMENT:** Refer to ICD10 Diagnosis Code Manual for Other Appropriate Diagnosis Codes

## SECTION 18: COMMUNICABLE DISEASE

### COMMON TUBERCULOSIS DIAGNOSIS CODES, page 2

Date: 11/1/2015

#### Vision Screening

Z01.00	Encounter for exam of eyes and vision without abnormal findings	Z01.01	Encounter for exam of eyes and vision with abnormal findings (use additional code to identify abnormal findings)
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#### Hearing Screening

Z01.10	Encounter for exam of ears and hearing without abnormal findings	Z01.11 (use an additional code for abnormal findings)	Encounter for exam of ears and hearing with abnormal findings
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#### Pregnancy Testing

Z32.02	Encounter for pregnancy test, negative	Z32.01	Encounter for pregnancy test, positive
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#### Drug Resistance

Z16.341	Resistance to single antimycobacterial drug (mono-resistance)
Z16.342	Resistance to multiple antimycobacterial drugs (use for MDR and XDR)
Z16.35	Resistance to multiple antimycobacterial drugs (poly-resistance not MDR or XDR)
Z16.23	Resistance to quinolones or fluoroquinolones

#### A15: Respiratory Tuberculosis

A15.0	TB of lung	A15.4	TB of intrathoracic lymph nodes
A15.5	TB of bronchus	A15.6	TB pleurisy
A15.7	Primary respiratory TB	A15.8	Other respiratory TB

#### A17: TB of the Nervous System

A17.0	TB meningitis	A17.1	Tuberculoma of meninges
A17.81	Tuberculoma of brain and spinal cord	A17.82	Tuberculous myelitis
A17.83	Tuberculous mononeuropathy	A17.89	Other TB of nervous system

## SECTION 18: COMMUNICABLE DISEASE

### COMMON TUBERCULOSIS DIAGNOSIS CODES, page 3

Date: 11/1/2015; Rev 06/20/2016

TB of Other Organs			
A18.01	TB of spine	A18.02	TB of hip and knee
A18.03	TB of other bones	A18.09	Other musculoskeletal TB
A18.11	TB of kidney and ureter	A18.12	TB of bladder
A18.13	TB of other urinary organs	A18.14	TB of prostate
A18.15	TB of other male genital organs	A18.16	TB of cervix
A18.17	TB of female pelvic inflammatory disease	A18.18	TB of other female genital organs
A18.31	TB peritonitis	A18.32	TB enteritis
A18.39	Retroperitoneal tuberculosis	A18.4	TB of skin and subcutaneous tissue
A18.51	TB episcleritis	A18.52	TB keratitis
A18.53	TB chorioetinitis	A18.54	TB iridocyclitis
A18.59	Other TB of eye	A18.6	TB of inner/middle ear
A18.7	TB of adrenal glands	A18.81	TB of thyroid
A18.82	TB of other endocrine glands	A18.83	TB of digestive tract organs
A18.84	TB of heart	A18.85	TB of spleen
A18.89	TB of other sites	A18.2	Tuberculous peripheral lymphadenopathy
A19: Miliary TB			
A19.0	Acute miliary TB single site	A19.1	Acute miliary TB multiple sites
A19.8	Other specified miliary TB		
Adverse Effects of Medication *			
Drug		Code	
Amikacin	T36.5X5	Moxifloxacin	T37.8X5
Capreomycin	T36.8X5	PAS	T37.1X5
Clofazimine	T37.1X5	Pyrazinamide	T37.1X5
Cycloserine	T37.1X5	Rifabutin	T36.6X5
Ethambutol	T37.1X5	Rifamate	T37.1X5
Ethionamide	T37.1X5	Rifampin	T36.6X5
Isoniazid	T37.1X5	Rifapentine	T36.6X5
Kanamycin	T36.5X5	Streptomycin	T36.5X5
Levofloxacin	T37.8X5		

\* Appropriate 7th character is to be added to each code: A-initial encounter, D-subsequent encounter, S-sequela

## SECTION 18: COMMUNICABLE DISEASE

### TB PROGRAM FIELD SERVICE CODE DEFINITIONS

Date: 11/1/2015

**Contact Investigation:**

<b>99350H</b>	<p><b>Contact Investigation, Initial Visit OR Follow-up Visit(s), Any Off Site Location (including jails, prisons, etc. Use appropriate place of service codes).</b></p> <p><b>Initial Visit</b> - Initial contact investigation, conduct initial interview, collects lab work; administer TB skin test, if appropriate. Public Health Nurse or other trained health professional.</p> <p><b>Follow-up Visit</b> - Monthly follow-up visit, interval history, drug monitoring, biochemical monitoring, screening co-existing disease. May include Directly Observed Therapy (DOT) <u>OR</u> delivery of monthly re-supply. May include referrals, reviews of test results, counseling and education, gathering additional information. Performed by Public Health Nurse or other trained health department personnel.</p>
<b>99348A</b>	<p><b>Attempted Visit, Any Off Site Location:</b></p> <p>Attempted visit for DOT, delivery of monthly re-supply, contact investigation, follow-up lab work; patient not located or contacted. Performed by Public Health Nurse or other trained health department personnel.</p>
<b>3560</b>	<p><b>Field Service Visit, Off Site (other than Health Department) - Patient has medical record:</b></p> <p>Gather information from patient or initiate contact investigation. Performed by Public Health Nurse or Public Health Representative. No medical service provided. Number of units should reflect 30-minute increments. (Example: field service visit, 60 minutes equals 2 units).</p>

**Community Site/Targeted Testing:**

<b>78059</b>	<p><b>Community Site - Educational Counseling Visit:</b></p> <p>Preventive education and counseling of individual community, business leaders or groups of clients. May be performed by Public Health Nurse or other trained TB personnel; time spent should be documented in 30 minute increments.</p>
<b>78059TP</b>	<p><b>Community Site – Total Population:</b></p> <p>Total population of community site where TB screening, preventive education and testing for TB infection occurs; enter total number of persons in group, regardless of whether they are individually contacted.</p>
<b>78059SP</b>	<p><b>Community Site – Total Screened Population:</b></p> <p>Total number of persons screened individually with the TB/LTBI Risk Assessment Tool (RAT).</p>
<b>78059IN</b>	<p><b>Community Site – Use of Interpreter:</b></p> <p>Number of individuals screened (with TB/LTBI Risk Assessment Tool) in a language other than English; interpreter is used.</p>
<b>78059HR</b>	<p><b>Community Site – High Risk:</b></p> <p>Number of individuals identified as High Risk among those screened with the TB/LBTI Risk Assessment Tool.</p>

## SECTION 18: COMMUNICABLE DISEASE

### TB SCREENING, TESTING AND COUNSELING FOR INDIVIDUALS

Date: 11/1/2015; Rev 08/05/2016

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TB Skin Intradermal Test	86580	TB	6	See Common Diagnosis List	See Common Diagnosis List	1
TB Screening (RAT Tool)	TBS					
TB Skin Test Read	3734		Private Ins (5XXX) or TennCare (AXXX) or Private Pay 6			
QFT-GIT	Code per LOE					
HIV-1 and HIV-2						
Venipuncture	36415					
Labs	See Lab Section					
Lab Handling	99000					
TB Skin Test Read With Counseling (Without counseling - not a billable service)	99211					
Follow-up for QFT-GIT Results	99211					
T-Spot Test	86480					
Follow-up for T-Spot Results	99211					
New Patient	99201 - 99205					
Established Patient	99211 - 99215					
Counseling	99401 - 99404					

**Comments:**

- 1) TB/LTBI Risk Assessment Tool is used to determine whether a patient is at high or low risk of TB infection. High-risk patients will be counseled and offered a TB skin test or IGRA. Low-risk clients will be given further counseling or testing when appropriate. If patient has a positive TB skin test or an IGRA result that is not negative, use appropriate counseling or office visit code and appropriate payer code.
- 2) Other diagnosis codes for LTBI and active TB are determined by TB physician or nurse practitioner at the time of treatment.
- 3) Any IGRA test result that is not negative will require the patient to have a follow-up in clinic.
- 4) Refer to Section 1: Modifiers for guidance on counseling with other office visit encounter.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.

## SECTION 18: COMMUNICABLE DISEASE

### TB MEDICAL SERVICES

Date: 11/1/2015; Rev 06/20/2016

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
New Patient	99201 - 99205	TB	Private Ins. (5XXX) or TennCare (AXXX) or Private Pay 6	See Common Diagnosis List	See Common Diagnosis List	1
Established Patient	99211 - 99215					
Labs	See Lab Section					
Lab Handling	99000					
Venipuncture	36415					
TB Sputum Induction	94640					
DOT/Monthly Resupply	99347H		Private Pay 6			
Attempted Home Visit	99348H					
Home Visit Off Site	99350H					
Pharmacy	Issue from Pharmacy Module					
Case Closure	1516					
<b>Comments:</b>						
1) Use 99350H only when additional services over and above DOT/monthly re-supply are provided. Use 99347H if only DOT or monthly resupply is done. Patient with a new positive TB test or IGRA must have a chest X-Ray and be seen by a physician or NP to rule out active TB.						
2) For home visit, change the visit setting on encounter to "02".						
3) When patient completes, leaves, or does not start treatment the case should be closed using 1516 procedure code and a disposition code. The disposition code should note reason for the closure and be entered in the disposition field. See TB Disposition Codes.						
TennCare Advocacy	99401T 99402T	TO	6	Administrative Purpose	Z02.9	1
Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.						

## SECTION 18: COMMUNICABLE DISEASE

### TB TREATMENT DISPOSITION CODES

Date: 11/1/2015

Disposition Codes			
Code	Description	Code	Description
<b>AC</b>	Active TB developed	<b>PD</b>	Provider decision
<b>AE</b>	Adverse effect of medicines	<b>PL</b>	Patient lost to follow-up
<b>AT</b>	Already Treated	<b>PM</b>	Patient moved, follow-up unknown
<b>DA</b>	Patient moved to Davidson Co	<b>PT</b>	Patient chose to stop
<b>DE</b>	Death	<b>RE</b>	Refused Evaluation for TB
<b>ET</b>	Patient moved to East Tennessee Region	<b>RI</b>	Refused IGRA test
<b>HA</b>	Patient moved to Hamilton Co.	<b>RM</b>	Refused medication / treatment
<b>JM</b>	Patient moved to Madison Co	<b>RT</b>	Refused skin test
<b>KN</b>	Patient moved to Knox Co.	<b>S3</b>	Patient moved to Southeast Region
<b>MC</b>	Patient moved to Mid Cumberland Region	<b>S6</b>	Patient moved to South Central Region
<b>MS</b>	Patient moved to Shelby Co	<b>SU</b>	Patient moved to Sullivan Co.
<b>NT</b>	No TB found	<b>TC</b>	Treatment completed
<b>N1</b>	Patient moved to Northeast Region	<b>UC</b>	Patient moved to Upper Cumberland Region
<b>OS</b>	Patient moved out of state	<b>WT</b>	Patient moved to West Tennessee Region

## SECTION 18: COMMUNICABLE DISEASE

### TB CONTACT INVESTIGATION, ANY SITE

Date: 11/1/2015; Rev 06/20/2016

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TB Skin Intradermal Test	86580	TB	6	See Common Diagnosis List	See Common Diagnosis List	1
TB Screening (RAT Tool)	TBS					
QFT-GIT	Code per LOE					
Venipuncture	36415					
Labs	See Lab Section					
Lab Handling	99000					
TB Skin Test Read	3734					
TB Skin Test Follow-up Visit (with counseling)	99211					
Follow up Visit for QFT-GIT	99211					
T- Spot Test	86480					
Follow up Visit for T-Spot Test	99211					
Counseling (do not code counseling and 99211 on same encounter)	99401 - 99404					
Initial or Follow up Visit	99350H					
Field Service Visit, Limited	3560					

**COMMENTS:**

1) Staff may link contact to source case by putting case source patient ID on encounter form and in note/follow-up field on encounter screen.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					
Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.						

## SECTION 18: COMMUNICABLE DISEASE

### TB COMMUNITY SITE/TARGETED TESTING

Date: 11/1/2015; Rev 06/20/2016

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>Community Service Encounter:</b>						
Community Site Educational Counseling Visit	78059*	TB	6	Administrative Purpose	Z02.9	# 30 Min Increments
Total Population At Site	78059TP					# In Population
Total Screened Population At Site	78059SP					# Screened
High-Risk Among Screened Population	78059HR					# Identified As High Risk
Use of Interpreter	78059IN					# Screened Language Other than English
<b>COMMENTS:</b>						
1) *For community site visits when interpreter is used or bilingual provider conducts session in language other than English, code "IN" in DISPOSITION field for procedure 78059 with appropriate units of time. If patient has positive TB skin test or IGRA, appropriate counseling or office visit code can be used.						
<b>Individual Encounter:</b>						
TB Skin test Read	3734	TB	6	TB Skin Test Negative	Z11.1	1
TB Skin test Read	3734			TB Skin Test Positive or Latent	R76.11	
QFT-GIT	Code per LOE			QFT-GIT Negative	Z11.1	
				QFT-GIT Positive or Latent	R76.12	
Venipuncture	36415			QFT-GIT Indeterminate	R76.8	
T-Spot Test	86480			T-Spot Negative	Z11.1	
				T-Spot Positive or Latent	R76.12	
Labs	See Lab Section			T-Spot Borderline	R76.8	
Lab Handling	99000			T-Spot Invalid	R76.9	
Case Closure	1516			T-Spot Test Not Performed	Z53.8	
<b>COMMENTS:</b>						
1) Record on individual encounter and link in the Notes field to screening site by placing community site patient ID number in the notes/follow-up field on the encounter screen.						
TennCare Advocacy	99401T					
	99402T					
Advocacy may be coded as appropriate. Refer to TennCare Advocacy Section.		TO	6	Administrative Purpose	Z02.9	1

# SECTION 19: TOBACCO CESSATION

## OVERVIEW

Date: 11/1/2015

### **Tobacco Cessation Program:**

The Department of Health Tobacco Cessation Program was implemented to assess and assist in cessation of tobacco use. The population is all health department patients age 13 and older who receive clinical services.

### **Patient Tobacco Survey - for Regions with FQHC Sites:**

Standardized assessment tool to determine patient's level of tobacco use and need for intervention. All health department patients age 13 and older receiving clinical services are asked two questions regarding current and former tobacco use. If either question is answered "yes", the patient will be offered the patient tobacco survey. The patient receives evaluation and tobacco cessation counseling, if requested.

## SECTION 19: TOBACCO CESSATION

### EXAMINATION VISIT

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Office Visit, New Patient	99201 - 99205	CH (13 thru 20) or MH (21 and over) or WH (21 and over)	As Appropriate	History of Tobacco Use (not pregnant)	Z87.891	<b>1</b>
Office Visit, Established Patient	99211 - 99215			Tobacco Use Complicating Pregnancy	O99.330 - O99.345	
				Tobacco Use	Z72.0	
Patient Tobacco Survey	TSA	QT	6	History of Tobacco Dependence	Z87.891	
Counseling	99401QT			Nicotine Dependence	F17.20 - F17.299	
	99402QT					
	99403QT					
	99404QT					

**COMMENTS:**

1) For visits including primary care or other services AND tobacco, code for other programs first (WH, MH, CH, WIC, FP, etc.).

2) If the visit is for tobacco ONLY, use program code QT.

3) Interpreter Codes (INT1-INT4) can be used with QT program

## SECTION 19: TOBACCO CESSATION

COUNSELING ONLY

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401QT	QT	6	History of Tobacco Use (not pregnant) OR	Z87.891	1
	99402QT			Tobacco Use Complicating Pregnancy	O99.330 - O99.345	
	99403QT					
	99404QT					

# SECTION 20: WIC

## OVERVIEW

Date: 11/1/2015

### **1004- Voucher issuance:**

Issue an encounter, updating the WICQ screen  
Print vouchers and receipt  
Obtain participant signatures on vouchers and receipt  
Explain use of vouchers  
Void vouchers if printed in error and reissuing corrected vouchers

### **1000 - WIC Certification:**

Obtain certification measures (height and weight, and hemoglobin according to current WIC Program Guidelines)  
Plot measures on growth chart  
Take medical history  
Complete nutrition assessment  
Determine risk criteria  
Complete the encounter form

### **1002 - WIC Mid Certification:**

Obtain measures (height and weight, and hemoglobin according to current WIC Program Guidelines)  
Plot measures on growth chart  
Complete nutrition assessment; update medical diagnosis and/or new concerns  
Complete the encounter form

### **78059 (No Medical Record) and 3560 (Has Medical Record) Field Service:**

Provide mass education at health fairs, community or workshops presentations for other agencies about WIC Program and its benefits

### **99350H - Initial Home Visit:**

Complete nutritional assessment in patient home, relating to documented problem or medical diagnosis; develop plan of care  
Provide nutritional counseling and make necessary referrals  
Document in medical record

### **99349H- Follow up Home Visit:**

Update previous nutrition assessment in patient home  
Review and update plan of care  
Provide nutritional counseling  
Document in medical record

## SECTION 20: WIC

OVERVIEW, cont'd

11/1/2015

### 99348A - Attempted Home Visit:

Document unsuccessful home visit attempt. Traveled to participant's residence but was not able to complete visit.

### MOVO - Motor Voter Registration:

1) A person who will be at least 18 years old on or before the next election who applies for WIC certification or recertification, CSFP or Presumptive Eligibility, must be offered the opportunity to register to vote. Use the MOVO procedure code and disposition code to indicate patient response. For those who complete and submit the form at the Health Department, the receipt number from the form must be entered in Notes/Follow field at bottom left of encounter screen.

### DISPOSITION CODES:

RG - Registered at Health Department today  
CR - Currently registered to vote  
TF - Took registration form home  
DD - Declined; declination form signed  
NE - Not eligible due to age or lack of citizenship

## SECTION 20: WIC

### CERTIFICATION /MID CERTIFICATION/ RECERTIFICATION

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
WIC Certification Visit	1000	WI	6	Administrative Purpose	Z02.9	1
WIC Mid Certification	1002					
Voucher Issuance	1004					
Hemoglobin *	85018					
Ear, Finger or Heel Stick	36416			Dietary Counseling	Z71.3	
Nutrition Counseling	99401-99404					

**COMMENTS:**

1) \* For treatment of abnormal hemoglobin levels, code per guidance in Problem Visit - Clinic Visit Section.

Motor Voter Registration	MOVO	AM	6	Administrative Purpose	Z02.9	1
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**MOVO DISPOSITION CODES:**

RG - Registered at Health Department today

CR - Currently registered to vote

TF - Took registration form home.

DD - Declined; declination form signed.

NE - Not eligible due to age or lack of citizenship

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. See TennCare Advocacy Section.

## SECTION 20: WIC

### VOUCHER PICKUP

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Voucher Issuance	1004	WI	6	Administrative Purpose	Z02.9	1
Nutrition Counseling (if provided)	99401-99404			Dietary Counseling	Z71.3	
<b>COMMENTS:</b>						
1) Counseling must be documented in patient medical record. Provider must be a nurse, nutritionist, or nutrition educator.						
TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					
Advocacy may be coded as appropriate. See TennCare Advocacy Section.						

## SECTION 20: WIC

### GROUP NUTRITION EDUCATION (DURING WIC VOUCHER PICKUP ONLY)

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Group Education <b>AND</b>	99411	WI	6	Dietary Counseling	Z71.3	1
Voucher Issuance (Code On Each Individual Participant's Encounter Form)	1004			Administrative Purpose	Z02.9	

**COMMENTS:**

1) Establish the appropriate encounter (group or individual) for each educational session and code the appropriate counseling code.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					
Advocacy may be coded as appropriate. See TennCare Advocacy Section.						

## SECTION 20: WIC

### ISSUE VOC CARD

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
WIC VOC Card Issuance	1004	WI	6	Administrative Purpose	Z02.9	1

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. See TennCare Advocacy Section.

## SECTION 20: WIC

### NUTRITION COUNSELING

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Group Education	99411	WI	6	Dietary Counseling	Z71.3	1
Individual Education	99401 - 99404					
<b>Home / Off-Site Visit</b>						
Initial Visit	99350H					
Follow-up Visit	99349H					

**COMMENTS:**

1) Use when counseling only is provided and no vouchers are issued. Establish the appropriate encounter (group or individual) for each educational session and code the appropriate counseling code. For home visits, change Visit Setting to 02.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. See TennCare Advocacy Section.

## SECTION 20: WIC

### HIGH RISK NUTRITIONAL COUNSELING (REGISTERED DIETITIAN ONLY)

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Preventive Medicine Counseling - 15 minutes	99401	WI	6	Dietary Counseling	Z71.3	1
Preventive Medicine Counseling - 30 minutes	99402					
Preventive Medicine Counseling - 45 minutes	99403					
Preventive Medicine Counseling - 60 minutes	99404					

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					
Advocacy may be coded as appropriate. See TennCare Advocacy Section.						

## SECTION 20: WIC

### FIELD SERVICE - COMMUNITY ACTIVITIES

Date: 11/1/2015

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>Field Service (Audit, Mass Screening, Mass Education)</b>		WI	6	Dietary Counseling	Z71.3	# 30 Min Increments
"C" Registration (Community Service) (Has <b>NO</b> Medical Record)	78059					
"L" Registration (Long) (Has Medical Record)	3560					

**COMMENTS:**

- 1) Contact with local agencies/groups to promote the WIC Program and inform the public about WIC.
- 2) Person who keys encounter should key number of participants in MILE column on EN screen.

TennCare Advocacy	99401T	TO	6	Administrative Purpose	Z02.9	1
	99402T					

Advocacy may be coded as appropriate. See TennCare Advocacy Section.

## SECTION 21: PTBMIS PROGRAM CODES

Date: 11/1/2015

CODE	PROGRAM	CODE	PROGRAM	CODE	PROGRAM
<b>AD</b>	CHAD	<b>FG</b>	Food and General Sanitation (GEH)	<b>VR</b>	Vital Records (Death Certificates)
<b>AM</b>	Administration	<b>FP</b>	Family Planning	<b>WH</b>	Women's Health (Age 21 and over)
<b>AP</b>	Aids Prevention	<b>HP</b>	Health Promotion	<b>WI</b>	WIC
<b>AR</b>	Aids Ryan White	<b>HU</b>	HUGS (Help Us Grow Successfully)	<b>WO</b>	WIC Over Charges (Vendor Reclaims)
<b>BC</b>	Birth Certificates (Local health)	<b>IM</b>	Immunization		
<b>BF</b>	Breastfeeding	<b>IN</b>	Insurance		
<b>BR</b>	Birth Certificates (Vital Records)	<b>IT</b>	International Travel		
<b>BCS</b>	Breast and Cervical Cancer Screening Program	<b>MH</b>	Men's Health (Age 21 and over)		
<b>CC</b>	Care Coordination (CS Only)	<b>NU</b>	Nutrition		
<b>CH</b>	Child Health (birth through 20)	<b>OT</b>	Other		
<b>CS</b>	Children's Special Services	<b>PN</b>	Prenatal (Full Prenatal Clinics Only)		
<b>DN</b>	Dental Clinic	<b>PPI</b>	Primary Prevention Initiative		
<b>DP</b>	Dental Prevention	<b>QT</b>	Tobacco Cessation (formerly Smoking Cessation)		
<b>DT</b>	Dental Transport	<b>RP</b>	Rape Prevention		
<b>EH</b>	Employee Health	<b>SF</b>	CSFP (Commodity Surplus Food Program)		
<b>EI</b>	Epidemiology	<b>ST</b>	Sexually Transmitted Diseases		
<b>EN</b>	Environmental (Ground Water)	<b>TB</b>	Tuberculosis		
<b>EP</b>	EPSDT (Early Periodic Screening, Diagnosis & Treatment)	<b>TO</b>	TennCare Advocacy		