

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

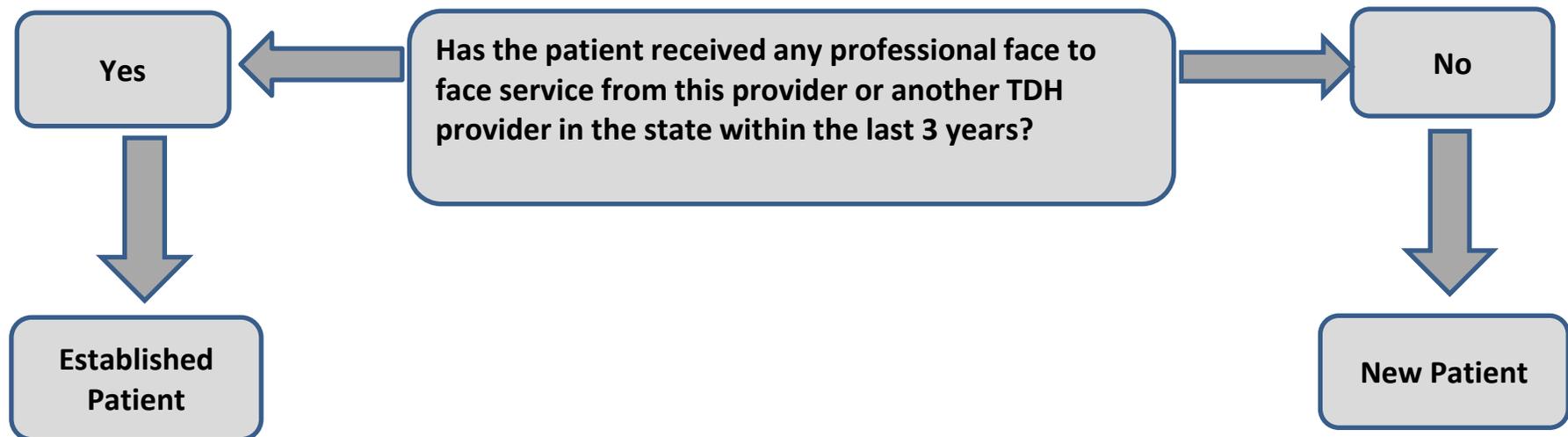
Date: 11/1/2015

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 | | | | | |
| COMMENTS: | | | | | | |
| 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 |
| COMMENTS: | | | | | | |
| 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 |
|--|--------|---------|----|------------------------|-------|----------|
| "C" Registration, (Community Service) (Has NO Medical Record): | | | | | | |
| Birth Certificate | 78023A | BR | 6 | Administrative Purpose | Z02.9 | # ISSUED |
| Birth Certificate | 78023B | BC | | | | |
| Birth Certificate - Veteran | 78033 | BC | | | | |
| "L" Registration, (Long) (Has Medical Record) | | | | | | |
| Birth Certificate | 11053a | BR | 6 | Administrative Purpose | Z02.9 | # ISSUED |
| Birth Certificate | 11053B | BC | | | | |
| Birth Certificate - Veteran | VETBC | BC | | | | |
| COMMENTS: PATIENT SEARCH MANDATORY | | | | | | |
| 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 |
|---|--------|---------|----|------------------------|-------|----------|
| EXAMPLE: | | | | | | |
| 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 |
|--|-------|---------|----|------------------------|-------|----------|
| "C" Registration, (Community Service) (Has NO Medical Record) | | VR | 6 | Administrative Purpose | Z02.9 | # ISSUED |
| Death Certificate | 78022 | | | | | |
| Death Certificate - Veteran | 78054 | | | | | |
| Verify Death Certificate Info | 78057 | | | | | |
| "L" Registration, (Long) (Has Medical Record) | | | | | | |
| 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 |
|--|-------|---------|----|------------------------|-------|-------------------------|
| Field Service | | 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 |
|--------------------------|------|----|---|------------------------|-------|---|

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 |
|--------------------------|------|----|---|------------------------|-------|---|

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) | | | | | |
| Financial-Code/Charge | | | | | |
| A | S | | 2 | 5 | |
| 3-rd Party Reimbursable (Y/N) | | | | | |
| M-Care | M-Caid | Ins-1 | Ins-2 | Ins-3 | Ins-4 |
| Y | Y | Y | Y | Y | Y |
| Service Type : LA | | BCRR-Type-1 | F/P Type : | | |
| Accounting (Department/Account) | | | | | HIS Action : |

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

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

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

| PROCEDURE | CODE | PROGRAM | RE | DIAGNOSIS | CODE | QTY |
|---------------|-------|---------|----|------------------------|-------|-----------------------|
| 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 |
|--|------------------------------------|---------|---|---|---|---------------------------|
| New Patient: | | | | | | |
| 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 | | |
| Established Patient: | | | | | | |
| 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 | | |
| Additional Components Performed, As Appropriate | | | | | | |
| 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 |
|-------|--------------|----------|--------------------------------|

| | | | | | |
|-------|--------------|-------|--------------|----------|--------------------------------|
| 90471 | Quantity = 1 | 90472 | Quantity = 4 | 90472 59 | Number of units greater than 4 |
|-------|--------------|-------|--------------|----------|--------------------------------|

SECTION 9: VACCINES/IMMUNIZATIONS

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

Date: 11/1/2015

| VFC Vaccines - Age 0 through 18 | | | |
|-----------------------------------|----------|------------------------------------|----------|
| Vaccine | CVX Code | Vaccine | CVX Code |
| 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 |
| 317 Vaccines - Age 19 and Over | | | |
| Vaccine | CVX Code | Vaccine | CVX Code |
| 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 Rotateq | 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 |
|----------------|--|
| 90460 | Immunization Administration, any route, 0 thru 18 years, with counseling, first or only component of each vaccine |
| 90461 | Immunization Administration, any route, 0 thru 18 years, with counseling, each additional component |
| 90471 | Immunization Administration (percutaneous, intradermal, subcutaneous, intramuscular injections); 1 vaccine |
| | DO NOT REPORT 90471 in conjunction with 90473 |
| 90472 | Immunization Administration (percutaneous, intradermal, subcutaneous, intramuscular injections); each additional vaccine (single or combination) |
| 90473 | Immunization Administration (intranasal or oral route); 1 vaccine (single or combination) |
| | DO NOT REPORT 90473 in conjunction with 90471 |
| 90474 | Immunization Administration (intranasal or oral route), each additional vaccine (single or combination) |
| 90471CD | Federal vaccine given due to outbreak, PEP or wound |
| 90471NC | Single Immunization Administration, No Charge |
| G0008 | Medicare - Influenza Administration |
| G0009 | 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 |
|--|-------|---------|----|------------------------|-------|--------------------|
| Field Service (Audit/Contact/Mass Screening/Mass Education) | | 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 | | | | | |
| COMMENTS: | | | | | | |
| 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 |
|----------------------------------|------------------------|--|--|----------------|----------------|-----|
| Therapeutic Office Visit: | | 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 | | | |
|---|-------|--|---|---|--|---|--|--|--|
| New Patient: | | | | | | | | | |
| 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 | | | | | | | | |
| Established Patient: | | | | | | | | | |
| 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 | | | | | | | | |
| Additional Components Performed | | | | | | | | | |
| 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 |
|--|-----------------|----------------|-------------|------------------------|----------------|-----|
| Preventive Visit - Age Specific | | CH (Birth thru | As | According to Exam Type | As Appropriate | 1 |
| New Patient | 99381 - 99387 | 20) or MH (21 | Appropriate | | | |
| Established Patient | 99391 - 99397 | and over) or | | | | |
| Venipuncture | 36415 | WH (21 and | | | | |
| Ear, Finger or Heel Stick | 36416 | over) | | | | |
| 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 |
|----------------------------------|---------------------|--|---|--|-------|-----|
| Therapeutic Office Visit: | | 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 | | | | | |
| COMMENTS: | | | | | | |
| 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 |
|---|-------|----------------|----|--|--------|---------------------|
| Field Service (Audit, Contact, Mass Screening/Mass Education | | 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 |
|---|-------|---------|----|--------------------|-------|
| Field Service (Audit, Contact/Mass Screening, Mass Education | | 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 99402T | TO | 6 | Administrative Purpose | Z02.9 | 1 |
|-------------------|------------------|----|---|------------------------|-------|---|

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 |
|---|------------------------|---|--|---------------------------|------------------------------|-----|
| Preventive Visit, Age Specific | | 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 | | | | | |
| Other Office Visit | | | | | | |
| New Patient | 99201-99205 | | | | | |
| Established Patient | 99211-99215 | | | | | |
| Additional Services | | | | | | |
| 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 | | | | |
|-----------------------------|-------|---------|---|------------------------------|------------------------------------|-----|--|--|--|--|
| New Patient: | | | | | | | | | | |
| 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 | | | | | |
| Established Patient: | | | | | | | | | | |
| 5 through 11 years | 99393 | | | | | | | | See common diagnosis list for family planning diagnosis codes | |
| 12 through 17 years | 99394 | | | | | | | | | |
| 18 through 20 years | 99395 | | | | | | | | | |

| Additional Components Performed, As Appropriate | | | | | | |
|--|--|----|---|---|---|-----|
| 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 |
|----------------|-----------------------------|
| Cervix | |
| 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 |

| | |
|--------------------------|--|
| Cervical Cytology | |
| 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 |
|------------------------------------|----------------------|---------|----|--|---------|-----|
| BCS Case Management | | BCS | 6 | Administrative Purpose | Z02.9 | 1 |
| New Enrollment for BCS | 99080A* | | | | | |
| Referral Reports and Documentation | 99080B** | | | | | |
| Other Office Visit | | | | 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 99402T | TO | 6 | Administrative Purpose | Z02.9 | 1 |
|-------------------|------------------|----|---|------------------------|-------|---|

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 14th 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 | | | | | |
| COMMENTS: | | | | | | |
| 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 |
|--|-------|-------------------------|---|----------------------|----------------|-----|
| Individual Counseling | | 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 | | | | | |
| | | | | | | |
| Group Counseling | | | | | | |
| * 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 |
|---|-------|---------|----|--------------------------|-------|---------|
| Education/Contract Services - \$1.00 per unit | | 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 |
|---|-------|-------------------------|---|----------------------|-------------------|----------------------------|
| Education and Training for Self Management | | 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 |
|--|-------|---------|----|---|--------------------------------|---------------------|
| Field Service (Audit, Mass Screening, Surveillance Contact, Mass Education) | | El | 6 | Same as Primary Diagnosis OR | See Common Diagnosis Code List | # 30 Min Increments |
| "C" Registration (Community Service) (Has NO Medical Record) | 78059 | | | Encounter for Other Specified Examinations AND/OR | Z01.89 | |
| "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 |
| | | | | AND/OR | | |
| "C" Registration (Community Service) (Has NO 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 |
|--|-------------------------------|---------|------------------|-----------------------------------|-----------------------------------|-----|
| Office Visit | | AR | Private Pay 6 | See Common Diagnosis Code List | See Common Diagnosis Code List | 1 |
| New Patient | 99201 - 99205 | | | | | |
| Established Patient | 99211 - 99215 | | | | | |
| Patient Home Nursing Assessment | | | | | | |
| New Patient | 99341 | | | | | |
| Established Patient | 99347 | | | | | |
| Nutrition Services | | | | | | |
| 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 | Diagnosis Code | Special Screenings |
| 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 | Diagnostic Testing for Symptomatic Patients (code to signs/symptoms) |
| A54.09 | Gonorrhea (other 'specified' infection lower genitourinary site) | | |
| A54.5 | Gonorrhea (pharyngitis) | Z69 - Z72.9 | Counseling for STD, HIV and Sexual Related Issues |
| A54.6 | Gonorrhea (anus and rectum) | | |
| A56.00 | Chlamydia (Unspecified urinary site) | COMMENT: Refer to ICD10 Diagnosis Code Manual for Other Appropriate Diagnosis Codes | |
| 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 |
|-----------------------|-------------------------------|---------|---|--------------------------------------|-----------------------------------|-----|
| Office Visit | | 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 |
|---|-------|---------|----|---------------------------|---------------------------|---------------------|
| Field Service (Audit, Mass Screening, Contact, Mass | | ST | 6 | See Common Diagnosis List | See Common Diagnosis List | # 30 Min Increments |
| "C" Registration (Community Service) (Has NO 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) |
|--------|---|--------|--|

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 |
|--------|--|---|---|

Pregnancy Testing

| | | | |
|--------|--|--------|--|
| Z32.02 | Encounter for pregnancy test, negative | Z32.01 | Encounter for pregnancy test, positive |
|--------|--|--------|--|

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: | |
|---|---|
| 99350H | <p>Contact Investigation, Initial Visit OR Follow-up Visit(s), Any Off Site Location (including jails, prisons, etc. Use appropriate place of service codes).</p> <p>Initial Visit - 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>Follow-up Visit - 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> |
| 99348A | <p>Attempted Visit, Any Off Site Location:</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> |
| 3560 | <p>Field Service Visit, Off Site (other than Health Department) - Patient has medical record:</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: | |
| 78059 | <p>Community Site - Educational Counseling Visit:</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> |
| 78059TP | <p>Community Site – Total Population:</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> |
| 78059SP | <p>Community Site – Total Screened Population:</p> <p>Total number of persons screened individually with the TB/LTBI Risk Assessment Tool (RAT).</p> |
| 78059IN | <p>Community Site – Use of Interpreter:</p> <p>Number of individuals screened (with TB/LTBI Risk Assessment Tool) in a language other than English; interpreter is used.</p> |
| 78059HR | <p>Community Site – High Risk:</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 08/08/2016

| 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 | | | | | |
| HIV-1 and HIV-2 | | | | | | |
| TB Skin Test Read | 3734 | | | | | |
| 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 | | | | | |

Comments:

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 | TO | 6 | Administrative Purpose | Z02.9 | 1 |
| | 99402T | | | | | |

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 |
| AC | Active TB developed | PD | Provider decision |
| AE | Adverse effect of medicines | PL | Patient lost to follow-up |
| AT | Already Treated | PM | Patient moved, follow-up unknown |
| DA | Patient moved to Davidson Co | PT | Patient chose to stop |
| DE | Death | RE | Refused Evaluation for TB |
| ET | Patient moved to East Tennessee Region | RI | Refused IGRA test |
| HA | Patient moved to Hamilton Co. | RM | Refused medication / treatment |
| JM | Patient moved to Madison Co | RT | Refused skin test |
| KN | Patient moved to Knox Co. | S3 | Patient moved to Southeast Region |
| MC | Patient moved to Mid Cumberland Region | S6 | Patient moved to South Central Region |
| MS | Patient moved to Shelby Co | SU | Patient moved to Sullivan Co. |
| NT | No TB found | TC | Treatment completed |
| N1 | Patient moved to Northeast Region | UC | Patient moved to Upper Cumberland Region |
| OS | Patient moved out of state | WT | 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 |
|---|-----------------|---------|----|---------------------------------|--------|--|
| Community Service Encounter: | | | | | | |
| 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 |
| COMMENTS: | | | | | | |
| 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. | | | | | | |
| Individual Encounter: | | | | | | |
| 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 | |
| COMMENTS: | | | | | | |
| 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 | 1 |
| 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 |
|--------------------------|------|----|---|------------------------|-------|---|

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 | |
| COMMENTS: | | | | | | |
| 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 AND | 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 | | | | | |
| Home / Off-Site Visit | | | | | | |
| 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 |
|--|-------|---------|----|--------------------|-------|---------------------|
| Field Service (Audit, Mass Screening, Mass Education) | | WI | 6 | Dietary Counseling | Z71.3 | # 30 Min Increments |
| "C" Registration (Community Service) (Has NO 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 |
|------------|---|------------|--|-----------|------------------------------------|
| AD | CHAD | FG | Food and General Sanitation (GEH) | VR | Vital Records (Death Certificates) |
| AM | Administration | FP | Family Planning | WH | Women's Health (Age 21 and over) |
| AP | Aids Prevention | HP | Health Promotion | WI | WIC |
| AR | Aids Ryan White | HU | HUGS (Help Us Grow Successfully) | WO | WIC Over Charges (Vendor Reclaims) |
| BC | Birth Certificates (Local health) | IM | Immunization | | |
| BF | Breastfeeding | IN | Insurance | | |
| BR | Birth Certificates (Vital Records) | IT | International Travel | | |
| BCS | Breast and Cervical Cancer Screening Program | MH | Men's Health (Age 21 and over) | | |
| CC | Care Coordination (CS Only) | NU | Nutrition | | |
| CH | Child Health (birth through 20) | OT | Other | | |
| CS | Children's Special Services | PN | Prenatal (Full Prenatal Clinics Only) | | |
| DN | Dental Clinic | PPI | Primary Prevention Initiative | | |
| DP | Dental Prevention | QT | Tobacco Cessation (formerly Smoking Cessation) | | |
| DT | Dental Transport | RP | Rape Prevention | | |
| EH | Employee Health | SF | CSFP (Commodity Surplus Food Program) | | |
| EI | Epidemiology | ST | Sexually Transmitted Diseases | | |
| EN | Environmental (Ground Water) | TB | Tuberculosis | | |
| EP | EPSDT (Early Periodic Screening, Diagnosis & Treatment) | TO | TennCare Advocacy | | |