



STATE OF TENNESSEE  
**BUREAU OF HEALTH SERVICES**  
DEPARTMENT OF HEALTH  
CORDELL HULL BUILDING  
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NASHVILLE, TENNESSEE 37247-4501

**Date:** Friday, November 02, 2001  
**To:** PTBMIS Codes Manual Update Group  
**From:** Gary Self  
**Subject:** PTBMIS Codes Manual Update

Please note the attached changes to PTBMIS Codes Manual:

<b>Item</b>	<b>REMOVE</b>	<b>ADD</b>
1	Table of Contents pages 2 and 3	Table of Contents pages 2 and 3
2	Section 080 – Dental pages 3-5	Section 080 – Dental - pages 3 -6
3	Nothing	Section 085 – EPSD&T in its entirety
4	Section 100 – Family Planning page 3	Section 100 – Family Planning page 3
5	Section 100 – Family Planning page 20-23	Section 100 – Family Planning 20-26
6	Nothing	This page to the front of your PTBMIS Codes Manual

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## Section 120 - Health Education - Moved to Section 30 - Blue Cross Contracts- Currently Blank

Blank Section Definitions	120-1
120.010 - Blank Page	120-2

## **80.020 - Preventive Services**

Last Change Date: 11/02/2001

**Deleted**

## **80.030 - Dental Preventive - Field Services**

Last Change Date: 11/02/2001

**Deleted**

## 80.040 - Dental School-Based Services -- Screenings And Group

Last Change Date: 11/02/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
School Based Dental Screening	78059	DP	6	Health Issues <b>OR</b>	V654	# Of 30 Min Incs
				Exams - Special Groups	V705	

**COMMENTS:**

Code 78059 must be coded in 30 minute increments using a "C" (Community Service) registration. This code should be used to capture time spent screening children in the school-based dental program

Dental Sealant*	D1351	DP	6			# Of Teeth Sealed
Fluoride Tabs	30082					# Of 30 Min Incs
Fluoride Rinse	30214					
Daily Tooth Brushing	30230					
Field Service Group Education	3560					
Education / Contract @ \$1.00 / Unit	10299					# Units

**COMMENTS:**

The code 3560 should be used to capture administrative time spent preparing for Sealant Clinics (meetings with principal, teachers, showing educational video, securing permission slips, etc.) **Quantity should be recorded in 30 minute increments for all procedures except for codes D1351 (dental sealants) with quantity showing the number of teeth sealed. Use code 10299 (Education / Contract Services at \$1.00 per unit) when a charge needs to be generated. Show number of units in the QTY column to equal total contracted fees. (i.e., \$100.00 contracted fee, show 100 in QTY column.)**

## 80.050 - Dental School-Based Services -- Individual

Last Change Date: 11/02/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Periodic Oral Evaluation	D0120S	DP	6	Oral Exam	V722	1
Sealants (Per Tooth)	D1351S			Dental Caries	5210	1
<p><b>COMMENTS:</b> For each tooth sealed, the tooth number must be entered on the encounter form in the RES/REF field.</p>						

# SECTION 80c - DENTAL - CHANGES

## 80.010c - Dental Clinical Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

## 80.020c - Dental Preventive - Prevention Services Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
11/02/2001	1	Section deleted
04/01/2001	-	No change

## 80.030c - Dental Preventive - Field Services Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
11/02/2001	1	Section deleted
04/01/2001	-	No change

## 80.040c - Dental School-Based Services - Screenings and Groups Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
11/02/2001	-	Section added

## 80.050c - Dental School-Based Services - Individual Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
11/02/2001	-	Section added

# **SECTION 085 - EPSD&T**

## **EPSD&T Definitions**

**Last Change Date: 11/02/2001**



## 085.010 - EPSD&T Visit

# NOTE: FOR TENNCARE CLIENTS ONLY

Last Change Date: 11/02/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Preventive Visit - Age Specific</u>		EP	AXXX	Well Child	V202	1
New Patient <b>OR</b>	99381 - 99385					
Established Patient	99391- 99395					
Vaccines	See Vaccine Codes					
Venipuncture (If Done)	36415					
Lab(S) Completed						
Lab Handling (If Outside Lab)	99000					
<u>Vaccine(s) For Blue Care or TN Select or <b>Universal Health</b> patients only add one (1) or both of these codes</u>						
Single Administration	90471	EP	ATBL Or ATUH	As Approp	As Approp	1
Multiple Administration (Number Of Shots Over One (1))	90472					# imms given over one
<b>COMMENTS:</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <ul style="list-style-type: none"> <li>* Comprehensive health and developmental history</li> <li>* Appropriate immunizations</li> <li>* Health education</li> <li>* Vision assessment</li> </ul> </div> <div style="width: 45%; text-align: center;"> <b>EARLY PERIODIC SCREENING, DIAGNOSIS, AND TESTING</b> <ul style="list-style-type: none"> <li>* Comprehensive unclothed physical exam</li> <li>* Appropriate laboratory tests</li> <li>* Hearing assessment</li> </ul> </div> </div>						
TennCare Advocacy	99401T	TO	6	Same as primary diagnosis for the encounter <b>OR</b>		1
	99402T			Unspecified administrative purpose	V689	
<b>COMMENTS:</b> Advocacy may be coded as appropriate. Refer to <a href="#">TennCare Section</a> to identify activities and services related to TennCare.						

# SECTION 085 - EPSD&T CHANGES

EPSD&T Definition Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
11/02/2001	-	Added section to manual

085.010 - EPSD&T Visit Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
11/02/2001	-	Added section to manual

# 100.020 - Exam Visit

Last Change Date: 11/02/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Preventive Visit, Age Specific		FP	As Approp	Complete Exam		
New Patient	99383 - 99386			Initial / Annual On OC's	V2501	1
Established Patient	99393 - 99396			Initial / Annual Other Methods	V2502	
Lab(S) Completed				Annual Exam - Pvt Ins Or Health Net	V723	
Venipuncture (If Done)	36415					
Lab Handling (If Outside Lab)	99000					
Drugs Dispensed	Use Pharmacy Module					

Section 100.020 Continued on Next Page

## 100.180 - EPSD&T Visit (Done in Conjunction with an FP Visit)

### **NOTE: FOR TENNCARE CLIENTS ONLY**

Last Change Date: 11/02/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY	
<u>If Family Planning services are provided and all components of an EPSD&amp;T exam are also done</u>		FP	TNCare - (AXXX)	Well Child <b>AND</b> One Of The Below Diagnosis	V202	1	
New patient, age specific	99383 - 99385			<u>Complete Exam</u>			
Established patient, age specific	99393 - 99395			Initial / Annual on OC's	V2501	1	
Lab(s) Completed				Initial / Annual other methods	V2502		
Venipuncture (if done)	36415			Annual Exam - Pvt Ins Xantus	V723		
Lab handling (if outside lab)	99000			<u>Return Visits</u>			
Drug(s) dispensed				Pap only	V762	1	
Vaccines	See Vaccine Codes			EP	Pap & gyn exam		V723
			Breast check only	V761			
			Abnormal Pap	V950			

**100.180 - EPSD&T Visit -- Continued on next page**

## 100.180 - EPSD&T Visit (Done in Conjunction with an FP Visit) (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Vaccine(s) for Blue Care or TN Select or Universal Health Patients Only--Add One(1) or both of these codes</u>						
Single Administration	90471	EP	ATBL or ATUH	As Approp	As Approp	1
Multiple Administration (Number Of Shots Over 1)	90472					# imms given over one
<p><b>COMMENTS:</b> Do not code condoms. Genprobe done on FP patient is coded FP, not ST. Code vaccines given when FP patient gets immunization(s) during FP visit. When a FP patient has a medical problem (i.e., ear infection) and is referred to Primary Care Clinic during the <u>same day</u>, the Primary Care Visit must be coded to the CH or WH Program and the Other Visit code must have the "25" modifier added. (See VISITS SECTION) FP patients who present for services <u>not related</u> to the FP Program should have services provided coded to the appropriate program. The time a nurse spends entering lab results and doing tracking for pap smears is considered overhead. If FP patient presents for scheduled appointment but practitioner is sick and unavailable (our fault), code a Recheck Visit (3734) and dispense one (1) pack of pills to "hold over" until patient can be seen. If patient runs out of pills because of non-compliance (patient's fault) code a 15 minute counseling visit (99401) and dispense one (1) pack of pills to encourage compliance in the future. If patient has heavy menses and needs HGB check, do not code to FP Program, use CH or WH. If HGB is routinely done during initial exam, then code to FP Program.</p>						
TennCare Advocacy	99401T	TO	6	Primary diagnosis from encounter		1
	99402T			unspecified administrative purpose	V689	
<p><b>COMMENTS:</b> Advocacy may be coded as appropriate. Refer to <a href="#">TennCare Section</a> to identify activities and services related to TennCare.</p>						

# SECTION 100c - FAMILY PLANNING - CHANGES

## 100.010c - Counseling Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

## 100.020c - Exam Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
11/02/2001	1	Added phrase ' <a href="#">Section 100.020 Continued on Next Page</a> ' at the bottom of page. <b>Change Reason: To make it easier for the reader.</b>
04/01/2001	-	No change

## 100.030c - Medical Revisit Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

## 100.040c - Supply Visit Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

## 100.050c - Norplant Insertion Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

Section 100 - Family Planning Changes (Continued on Next Page)

## Section 100c - Family Planning Changes (Continued)

### 100.060c - Norplant Removal Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

### 100.070c - Norplant Removal / Insertion Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

### 100.080c - IUD Insertion Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

### 100.090c - IUD Removal Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

### 100.100c - IUD Removal / Insertion Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

### 100.110c - IUD Check Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

Section 100c - Family Planning Changes (Continued on Next Page)

## Section 100c - Family Planning Changes (Continued)

### 100.120c - Pregnancy Test Only Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

### 100.130c - Emergency Contraceptive Pills Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

### 100.140c - Vasectomy - Initial Counsel and Consent Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

### 100.150c - Vasectomy - Preventive Visit During an FP Visit Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

### 100.160c - Vasectomy - Vasectomy and Follow-up Sperm Count Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

### 100.170c - Vasectomy - Post Operative Semen Exam Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE
04/01/2001	-	No change

Section 100c - Family Planning Changes (Continued on Next Page)

## Section 100c - Family Planning Changes (Continued)

100.180c - EPSD&T Visit Changes [Back to Top](#) [Back to Visit](#)

DATE	CHANGE #	CHANGE									
11/02/2002	1	<b>PROCEDURE</b>	<b>CODE</b>	<b>PROGRAM</b>	<b>RE</b>	<b>DIAGNOSIS</b>	<b>CODE</b>	<b>QTY</b>			
		<del>EPSDT Preventive Visit</del> <u>If Family Planning services are provided and all components of an EPSD&amp;T exam are also done</u>		<del>EPFP</del>	TNCare - (AXXX)	<u>Well Child AND One Of The Below Diagnosis</u>	<u>V202</u>	<u>1</u>			
		New patient, age specific	99383 - 99385						<u>Complete Exam</u>		
		Established patient, age specific	99393 - 99395						Initial / Annual on OC's	V2501	1
		Lab(s) Completed							Initial / Annual other methods	V2502	
		Venipuncture (if done)	36415						Annual Exam - Pvt Ins Xantus	V723	
		Lab handling (if outside lab)	99000						<u>Return Visits</u>		
		Drug(s) dispensed							Pap only	V762	1
		<u>Vaccines</u>	<u>See Vaccine Codes</u>						<u>EP</u>	Pap & gyn exam	V723
					Breast check only	V761					
			Abnormal Pap	V950							
11/02/2002	2	<b>Add after Change Item 1:</b>									
		<u>Vaccine(S) For Blue Care Or TN Select Patients Or Universal Only--Add One(1) Or Both Of These Codes</u>									
		Single Administration	90471	<del>CH</del> <del>OR</del>	ATBL <b>OR</b>	As Approp	As Approp	1			
Multiple Administration (Number Of Shots Over 1)	90472	<del>MH</del> <del>OR</del> <del>WH</del>	ATUH <b>EP</b>	# Imms Given Over One							

100.180c - EPSD&T Visit Changes - Continued on next page

Section 100c - Family Planning Changes (Continued on Next Page)

## Section 100c - Family Planning Changes (Continued)

### 100.180c - EPSD&T Visit Changes - Continued

DATE	CHANGE #	CHANGE
11/02/2002	3	<p><b>COMMENTS:</b>  <del>Need prior authorization to do EPSDT visit if H.D. is not the PCP, except for TLC, John Deere or Xantus patients.</del></p> <p>Do not code condoms. Genprobe done on FP patient is coded FP, not ST. Code vaccines given when FP patient gets immunization(s) during FP visit. When a FP patient has a medical problem (i.e., ear infection) and is referred to Primary Care Clinic during the <u>same day</u>, the Primary Care Visit must be coded to the CH or WH Program and the Other Visit code must have the "25" modifier added. (See VISITS SECTION) FP patients who present for services <u>not related</u> to the FP Program should have services provided coded to the appropriate program. The time a nurse spends entering lab results and doing tracking for pap smears is considered overhead. If FP patient presents for scheduled appointment but practitioner is sick and unavailable (our fault), code a Recheck Visit (3734) and dispense one (1) pack of pills to "hold over" until patient can be seen. If patient runs out of pills because of non-compliance (patient's fault) code a 15 minute counseling visit (99401) and dispense one (1) pack of pills to encourage compliance in the future. If patient has heavy menses and needs HGB check, do not code to FP Program, use CH or WH. If HGB is routinely done during initial exam, then code to FP Program.</p>
04/01/2001	-	No change