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Date: Thursday, August 8, 2002
To: PTBMIS Codes Manual Update Group
From: Wendy Long, MD, Bureau Director
Subject: PTBMIS Codes Manual Update

I am sure many have noted the PTBMIS Codes Manual has grown in size with each change to the manual. This growth has occurred because of the addition of new Change Pages at the end of each section. We have decided to try something new with this important manual to facilitate changes that are more efficient to the end user. The changes in the format of this manual are:

- This cover page will attempt to explain the changes to each section in such detail as to allow the user to have an understanding of the change to that section.
- Actual changes to the manual are shown with **shaded text**, that is, gray background and black letters. Each time a given page changes the **shaded text** from previous changes will be replaced with normal text.
- The Table of Contents pages will show the affected pages and sections of a change in **shaded text**. Only affected parts of the Table of Contents will be included in each change package.
- Within a given section, those changed or added cells will be denoted by **shaded text**.
- A deleted row in a table will be replaced with the words 'Service Deleted' in **shaded text**. At the next change of this page, this row will be deleted from the section.
- As sections are changed, all Change Pages for those sections will be removed from the manual.

These changes will allow the user to:

- Quickly identify what has changed in a given section of the manual. The user can compare the pages removed with the pages replaced and can rapidly see the differences.
- Use the Table of Contents to quickly see which sections have changed.
- View historical changes for given sections of the manual using the **Archived PTBMIS Codes Manual** maintained on the HSA Intranet Site. This manual shows the pages that have changed by date of change. If a page has not changed, it is not in the archived manual.
- Decrease the number of pages in this manual.

Please insert this cover memo in the front of your PTBMIS Codes Manual.

Please note the attached changes to PTBMIS Codes Manual:

1. Table of Contents	
Remove Pages 1-4, 6,-7	Add Pages 1-4, 6-7
2. Section 050 – Care Coordination	
Remove pages 3-15	Add pages 3-11
SECTION	EXPLANATION
50.010	Removed comment regarding coding an EPSDT visit for a CHAD child with TennCare
50.015	New Section for coding CHAD physicals
50.030	Correction to codes
Rest of Section 50	Page numbers changed due to adding section 50.015
3. Section 070 – Communicable Disease	
Remove pages 16-27	Add ages 16-23
SECTION	EXPLANATION
TBC Definitions	<ol style="list-style-type: none"> 1. New code 78059IN added to capture number of screened population for which an interpreter was used; 2. TBS code's location was moved; and 3. New code 1516 was added for case closure
70.104	Added comment regarding using an interpreter for community site visits. Case closure code 1516 was added
70.108	<ol style="list-style-type: none"> 1. Reimbursement codes AXXX and 5XXX were added for procedures 86580H and 86580L and 2. Case closure code 1516 was added
70.110	<ol style="list-style-type: none"> 1. Removed phrase <i>with negative skin test taking INH</i> from TB Contact diagnosis; 2. TBC Treatment section is now 2 pages instead of 1; 3. Case closure code and disposition codes were added
70.120	<ol style="list-style-type: none"> 1. TBS, TB screening code was added; 2. Diagnosis code V689 was added for use with TBS 3. Visit procedure codes were broken out according to new or established patient. 4. TB skin test (PPD), 86580, was changed to TB skin test (High-Risk Patient) code 86580H
70.130	Page number change

4. Section 85 – EPSD&T

	Remove pages 2-5	Add Pages 2-4
SECTION	EXPLANATION	
85.010	<ol style="list-style-type: none"> 1. Vaccines procedure moved next to administration codes that are to be used with vaccines; 2. Deleted statement regarding vaccines for Blue Care, TN Select and Universal patients; 3. Changed payor code to AXXX. 4. Removed disposition codes for refusal of EPSDT screens. <i>They are no longer required;</i> and 5. Replaced comment regarding when to use EPREFUS code 	

5. Section 100 – Family Planning

	Remove pages 5, 10, 15, 20-27	Add pages 5, 10, 15, 20-21
SECTION	EXPLANATION	
100.030	Changed diagnosis code for breast check from V761 to V7610 or V7619	
100.080	Added comment regarding use of code J7300	
100.130	Changed reimbursement code from 6 to as appropriate	
100.180	<ol style="list-style-type: none"> 1. Changed diagnosis code for breast check from V761 to V7610 or V7619 2. Deleted statement regarding vaccines for Blue Care, TN Select and Universal patients 3. Changed payor code to AXXX 	

6. Section 120 – Interpreter Services

	Remove pages 2-3	Add page 2
SECTION	EXPLANATION	
120.010	Added comment regarding using an interpreter for community site visits	

7. Section 230 – Visits for Clinical Services and Related Procedures

	Remove pages 22, 26, 34, 36-46	Add pages 22, 26, 34
SECTION	EXPLANATION	
230.210	Page 22 – Removed <i>time specific</i> from other visits	
230.250	Page 26 – Comment regarding coding EPSDT exams was changed	
230.330	<ol style="list-style-type: none"> 1. Added codes TBS, 86580H, 86580L and 86580NH. 2. Added LOW_RISK to TB Skin Test , code 86580NS. 3. Comment was changed. 	

8. Section 250 – PTBMIS Program Codes

Remove pages 1-2		Add page 1
SECTION	EXPLANATION	
250.010	Added program EH, Employee Health	

Attachments:

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50.010 - CHAD - SSBG

Last Change 8/8/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Eligibility Determination -- Home	99350K	AD	6	Child OR	V202	1
Eligibility Determination -- Other Visit	99349K			Prenatal OR	V222	
Home Visit -- Adult	99350H			Postpartum	V242	
Home Visit -- Child	99350C					
Other Visit -- Adult	99349H					
Other Visit -- Child	99349C					
Attempted Home Visit	99348A					

COMMENTS:

Code one of the Income Eligibility Codes with each SSBG visit. *With each Case Closure (1516), circle a status code on the encounter form. The person who keys the encounter should key status code in the disposition column on the EN Screen.

50.010 - CHAD - SSBG -- Continued on next page

50.010 - CHAD - SSBG (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY	
<u>CHAD Eligibility</u>		AD	6	Child OR	V202	6	
Income Eligible	IE			Prenatal OR	V222		
Supplemental Security Income	SSI			Postpartum	V242		
Aid to Families with Dependent Children	AFD						
Without Regard to Income	WRI						
Not Eligible	NE						
Case Closure	1516*						
<u>Status at Closure</u>							
Achieved / Maintained	11						
No Progress	12						
Regression	13						
Moved, Lost Contact, Deceased	14						

COMMENTS:

Code one of the Income Eligibility Codes with each SSBG visit. *With each Case Closure (1516), circle a status code on the encounter form. The person who keys the encounter should key status code in the disposition column on the EN Screen.

50.015 CHAD Physicals

Last Change 8/8/2002 [New Section](#)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY	
Preventive Visit - Age Specific							
<u>New Patient</u>		AD Or HU	A Or 5 Or 6	Well Child-EPSDT Or	V202	1	
Clinic Visit: Infant Or Child	99381 - 99384			General Medical Exam *	V703		
<u>Established Patient</u>							
Clinic Visit: Infant Or Child	99391 -99394			Well Child-EPSDT Or	V202		
				General Medical Exam *	V703		
PLUS CODE ONLY IF DONE							
Venipuncture	36415			As Approp	As Approp	1	
Labs Completed				As Approp			
Lab Handling (If Outside Lab)	99000				1		

50.015 - CHAD - Physicals -- Continued on next page

50.015 - CHAD - Physicals (Continued) New Section

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Vaccines	See Vaccine Code	AD or HU	AXXX Or 5XXX Or 6	System Assigns	System Assigns	NA
Single Admin Of Vaccine	90471			As Approp	As Approp	1
Multiple Admin Of Vaccine (Number Of Shots Over One [1])	90472				# Imms Given Over One (1)	

COMMENTS:

All EPSDT exams must include:

- 1) Comprehensive and developmental history
- 2) Appropriate immunizations
- 3) Health education
- 4) Vision assessment
- 5) Comprehensive unclothed physical exam
- 6) Appropriate lab tests
- 7) Hearing assessment

To code CHAD physicals:

- 1) Use **Program Code AD** and the appropriate Payor Code for **CHAD clients with TennCare Coverage.**
- 2) Use **Program Code AD** and the appropriate Payor Code for **CHAD clients who have private insurance coverage.**
- 3) Use **Program Code AD** and Payor 6 for **CHAD clients with no third party coverage.**

***If all components of an EPSDT exam are not done, the diagnosis code V202 should NOT be used. Use diagnosis code V703 for a CHAD physical that does not include all components of EPSDT.**

Children's Special Services (CSS) (Applications, Follow-up, Care Coordination) Definitions:

FUNDING:

Children 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, Maternal and Child Health Section

SERVICE SITE:

The primary service site is in the home.

TARGET POPULATION:

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

The following are definitions of each service code listed on the care coordination encounter form for CSS services.

99350H -- Home Visit:

This code shall be used on initial, re-certification or other home visits. Home visits are visits conducted with the client and/or family member at the participant's current residence, or at site other than the client's home, for the purpose of assessing the child and family's need for appropriate services, coordination of medical and non-medical services, assistance with appeals for denied services, providing education and information on diagnosis. Progress and problems are identified and documented per CSS program policy.

99348A -- Attempted Home Visit:

This code is used to document a worker's unsuccessful home visit attempt. The worker traveled to the participant's residence, but was not able to complete the home visit. This code can only be used once per day per family.

99403 - Office Visit:

This code is used when an assigned worker meets with a family at the health department or regional office, or any CSS "sponsored" off-site clinic.

99404 - Other Contacts:

This code is used when an assigned worker makes a visit outside his/her office on behalf of the client. Such contacts should include: M-Team/IEP meetings with Department of Education, visits to SSI office, DHS office and any other fact-to-face contact outside the assigned workers office, including private Doctor's office and other clinics "not CSS sponsored."

1516 - Case Closure:

This code is used to indicate a record has been closed for any reason. This can apply to a child that remains on CSS but is transferred to another region or county closed.

50.020 - CSS (Applications, Follow-up, Care Coordination)

Last Change Date: 04/01/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Home Visit	99350H	CC	6	Counseling OR	V654	1
Home Visit Attempt	99348A			Code assigned by regional CSS Staff	As Approp	
Office Visit	99403					
Other Contacts	99404					
Case Closure	1516					
COMMENTS: USE OF PROGRAM CODE CC RESTRICTED TO CSS CARE COORDINATORS ONLY. If providers <u>other than CSS Care Coordinators</u> use the Care Coordination procedure codes listed on this page, they must use the program code CS (Children's Special Services) - <u>not</u> CC.						

HUG Definitions:

Last Change Date: 03/01/2002

FUNDING:

This funding source is derived from state appropriations and MCH Block Grant dollars. Funds are drawn down through the RVU system for rural health services and through a monthly invoice system for the metropolitan counties. These metropolitan counties are capped to a certain dollar amount each year unless otherwise approved by the program and the Bureau.

SERVICE SITE:

The primary service site is in the home.

TARGET POPULATION:

The target population is pregnant women and women up to two (2) years postpartum. Their children can remain in the program up to age 6. Women over 18 who are pregnant but have no other children in the home should now be enrolled as HUG clients. These women were previously served by the CHAD program but are now ineligible for CHAD services.

The following are definitions for each service code listed on the care coordination encounter form for HUG services:

99350K -- Eligibility Determination -- Home

This code is used to document the initial meeting and interview with the parent to determine eligibility for the service. This code is used when the interview occurs in the home.

99349K -- Eligibility Determination -- Other Visit

This code is used for the initial meeting and interview with the parent to determine eligibility for the service when the visit occurs at some location other than the child's home.

99348A -- Attempted Home Visit:

This code is used to document a worker's unsuccessful home visit attempt. The worker traveled to the participant's residence, but was not able to complete the home visit. This code can only be used once per day per family.

99350H -- Home Visit -- Adult

This code is used to document services provided to the primary adult when services are provided in the family's residence. Only one adult in the family receives this code and only one of these codes is documented per visit.

99350C -- Home Visit -- Child

This code is used to document services provided to a child in the family's residence. This code is used for every child in the home who receives services.

99349H -- Other Visit -- Adult

This code is used to document services provided to primary adult when services are provided at a site other than the child's home. Examples of sites include the health department, a day care program, someone else's home, a doctor's office or other public office. Only one adult in the family receives this code and only one of these codes is documented per visit.

HUG Definitions: (Continued)

99349C -- Other Visit -- Child

This code is used to document services provided to a child at a site other than the child's home. Examples of sites include the health department, a day care program, someone else's home, a doctor's office or other public office. This code is used for every child who receives the services.

1516 -- Case Closure

This code is used to close the case to home visiting services.

50.030 - HUG - Contact To Clients (Home, Office, Other)

Last Change Date: 8/8/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY	
Eligibility Determination -- Home	99350K	HU	6	Child OR	V202	1	
Eligibility Determination -- Other Visit	99349K			Prenatal OR	V222		
Home Visit -- Adult	99350H			Postpartum	V242		
Home Visit -- Child	99350C						
Other Visit -- Adult	99349H						
Other Visit -- Child	99349C						
Attempted Home Visit	99348A						
Case Closure	1516						

TBC Definitions

Last Change Date: 8/8/2002

78059 - Community Site Educational Counseling Visit:

Code for preventive education and counseling of individual community or business leaders or groups of clients. This preventive and educational effort may be performed by a Public Health Nurse or by other trained TB personnel and the time spent can be documented using this code, in 30-minute time increments.

78059TP - Total Population At Site:

Code to capture the total population of each community site where TB screening and preventive education with Tuberculin Testing occurs; list in PTBMIS total number of persons in the group regardless of whether they are individually contacted.

78059SP - Total Screened Population At Site:

78059SP Occurs in community site. Code for individual TB screening utilizing TB/LTBI Risk Assessment Tool; list the total number of persons screened using the TB/LTBI risk assessment tool at community site in community PTBMIS record.

78059IN - Number of screened population for which an interpreter was used.

78059HR - High-Risk Among Screened Population:

Code for individuals identified as high-risk among those screened using the TB/LTBI risk assessment tool.

TBS - TB Screening:

Occurs in the health department clinic setting. Code for individual TB screening utilizing TB/LTBI risk assessment tool.

86580H - TB Skin Test (High-Risk):

Office / off-site - individual placement of TST using single TST procedure on high-risk patients (includes reading).

86580L - TB Skin Test (Low-Risk):

Office / off-site - individual placement of TST using single TST procedure on low-risk patients (includes reading).

86580T - TB Skin Test - Two Step

Office / off-site - Individual placement of TST using two-step TST procedure. (Using baseline TST for persons who will have serial skin testing, such as health care providers, correctional facility employees and inmates) (includes reading).

99347H - Directly Observed Therapy *ONLY* -- Office / Off-Site

Performed by Public Health Nurse or Trained health department personnel. Limited contact with client to give DOT without other evaluation or management. May be used at health department as well as off site (including at community site or client's home).

99350H - Contact Investigation, Follow-Up Visit For Patients Receiving Treatment For TB/LTBI - Home / Off-Site

Performed by Public Health Nurse or Trained TB Personnel. Contact investigation initiated, initial interview and lab work collected and TB skin test may be administered. May use for monthly follow-up visit, which includes interval history, drug monitoring, biochemical monitoring, and screening co-existing disease. Appropriate referrals are made, test results may be reviewed, counseling/education and additional information gathered. DOT may occur at this visit. Arranging for or providing transportation to clinic for further evaluation.

TBC Definitions - Continued on Next Page

TBC Definitions - Continued

99348A - Attempted Home/Off-Site Visit (RVUs Will Be Used):

Performed by Public Health Nurse or Trained TB Personnel. This code used to document an attempted visit for contact investigation, DOT, follow-up lab work where patient was not contacted.

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

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

Office Visit - 99201-99205, New Patient, or 99211-99215, Established Patient, Office visit:

See CPT book for appropriate Evaluation and Management Code definitions if billing private insurance. Remember key components of history, examination and medical decision making must be met and documented accordingly. May include DOT.

3734 Recheck Office/Home/Off-Site

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

1516 - Case Closure

Use this procedure code with the appropriate disposition code to close TB cases.

70.104 - TB Testing of High Risk Groups

Last Change Date: 8/8/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
COMMUNITY SERVICE ENCOUNTER						
Community Site Educational Counseling Visit	78059*	TB	6	Unspecified Admin Purpose	V689	# 30 Min Incs
Total Population At Site	78059TP					# In Population
Total Screened Population At Site	78059SP					# Screened
High-Risk Among Screened Population	78059HR					# Identified As High Risk
COMMENTS: * For community site visits when an interpreter is used or a bilingual provider conducts a session in a language other than English, code IN in the DISPOSITION field for procedure 78059 with appropriate units of time.						
INDIVIDUAL ENCOUNTER						
**TB Skin Test (High-Risk)	86580H	TB	6	TB Skin Test	V741	1
**TB Skin Test (Low-Risk)	86580L					
Case Closure	1516					
COMMENTS: **These procedures should be recorded on individual encounters and linked in the note field to the screening site.						
TennCare Advocacy	99401T	TO	6	Same As Primary Diagnosis OR	V689	1
	99402T			Unspecified Administrative Purpose		
COMMENTS: Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.						

70.108 - TB Screening For Individuals Health Department Clinic Setting

Last Change Date: 8/8/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TB Screening	TBS	TB	6	Unspecified Admin Purpose	V689	1
TB Skin Test (High-Risk Patients)	86580H	TB	6	TB Skin Test	V741	
TB Skin Test (Low-Risk Patients)	86580L	*TB **MH, WH, or CH	OR AXXX OR 5XXX			
Case Closure *** (High-Risk Patient Refused Skin Test)	1516	TB	6	Unspecified Admin Purpose	V689	

COMMENTS:

Use of TB/LTBI Risk Assessment Tool to determine whether a patient is at high or low risk of TB infection. High-risk clients will be counseled and offered a TB skin test. Low-risk clients will only be given further counseling or testing if they request it.

*For a low-risk patient employed by a community site where employees were tested, code the skin test to TB program.

**For all other low-risk patients, code the skin test, if given, to the appropriate program code MH, WH, or CH.

***Write code RT (refused skin test) on the encounter form and enter into the disposition field on the PTBMIS encounter screen.

This process can stand-alone or be done in addition to any other service for which the patient presents.

TennCare Advocacy	99401T	TO	6	Same As Primary Diagnosis OR		1
	99402T			Unspecified Administrative Purpose	V689	

COMMENTS:

Advocacy may be coded as appropriate. Refer to [TennCare Section](#) to identify activities and services related to TennCare.

70.110 - TBC - TBC Treatment

Last Change Date: 8/8/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
New Patient	99201 - 99205	TB	As Approp Pvt Pay - 6 OR Pvt Ins - (5XXX) OR TNCare - (AXXX)	TB Active - Pulmonary* OR	01000 - 01896	1
Established Patient	99211 - 99215			TB Skin Test Positive OR	7955	
Labs Completed				Positive skin test, <u>NOT</u> a case, taking INH OR	7955	
Venipuncture (If Done)	36415			TB Contact	V011	
Lab Handling (If Outside Lab)	99000					
X-Ray - See x-ray Sect of Codes List						
DOT Only	99347H					
***Home Visit / Off-site	99350H					
Attempted Home Visit	99348A					
Drugs - Use Pharmacy Module						
COMMENTS:						
Prior authorization needed if not TennCare PCP.						
Any visit may include DOT. If only DOT is done off-site, use code 99347H						

*If not pulmonary check ICD-9 codes.

***For home visit change visit setting on encounter to "02 for "home".

70.110 TBC - TBC Treatment - Continued on Next Page

70.110 - TBC - TBC Treatment (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Latent Or Active Cases</u>		TB	6	Unspecified Admin Purpose	V689	1
Case Closure	1516					

COMMENTS:

When a patient completes or leaves treatment the case should be closed using the 1516 procedure code and a disposition code. The disposition code should note the reason for the closure and be entered in the disposition field.

The disposition code should be recorded on the encounter form and entered into the disposition field on the PTBMIS encounter screen. Each region must make a decision where it is to be recorded on the encounter form itself, obvious places are the RES/REF field or in the right margin on the form. See the codes below:

CODE	Description	CODE	Description	CODE	Description
AC	Active TB developed	PD	Provider decision	PT	Patient chose to stop
AE	Adverse effect of medicines	PL	Patient lost to follow-up	TC	Treatment completed
DE	Death	PM	Patient moved, follow-up unknown		
NT	No TB found	RM	Refused medication / treatment		

TennCare Advocacy	99401T	TO	6	Same As Primary Diagnosis OR		
	99402T			Unspecified Administrative Purpose	V689	

COMMENTS:

Advocacy may be coded as appropriate. Refer to [TennCare Section](#) to identify activities and services related to TennCare.

70.120 - TBC - TB Contact for Skin Testing

Last Change Date: 8/8/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY	
TB Screening	TBS	TB	6	Unspecified Admin Purpose	V689	1	
New Patient	99201 - 99205		Pvt Pay - 6 OR Pvt Ins - (5XXX) OR TNCare - (AXXX)		TB Contact	V011	1
Established Patient	99211 - 99215						
TB Skin Test (High-Risk Patient)	86580H						
TB Test - 2nd Step	86580T						
Counseling	99401 - 99404						
Energy Panel							
Mumps	86586						
Candida	86485						
<p>Comments: Results of TB Skin Test should be posted to the Lab System using the DLR command with test codes 86580. Do not code Counseling if an Other Visit has been coded. Counseling is considered part of the visit. The highest level provider should code the visit. Code Counseling if service provided is counseling only. Third party pay sources may be billed for services provided to patients under the TB Program WITH SIGNED CONSENT FROM THE PATIENT. Refer to program guidelines for specific information.</p>							
TennCare Advocacy	99401T	TO	6	Same as primary diagnosis OR	V689	1	
	99402T			Unspecified Administrative Purpose			
<p>COMMENTS: Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.</p>							

70.130 - TBC - Field Services

Last Change Date: 04/01/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Field Service, (Audit, Mass Screening, Contact, Mass Education)		TB	As Approp	As Approp	As Approp	# 30 Min Incs
"C" Registration (Community Service) (Has NO Medical Record)	78059					
"L" Registration (Long) (Has Medical Record)	3560					
<p>COMMENTS: For Field Visits to contacts, use the <u>source case</u> record to establish the encounter. If source case has no record, open one. When the contact presents to clinic, open record on the contact.</p> <p>Use code 3560 if your PTBMIS record has a "L", long registration, or 78059 if the record has a "C", community services, registration. For either type of registration, write the number of participants in the mile column on the encounter form. (The person keying the encounter will key the number of participants in the <u>MILE column on the EN screen.</u>) Only codes beginning with 78,000 can be posted to a PTBMIS record with a "C" registration. For mass TB skin testing (i.e., due to employees having contact to a TB case) register the business or industry using a "L", long registration, so that TB skin tests can be posted to the record. Show number of skin tests given/read in QTY column.</p> <p>Targeted TB Skin Testing for Foreign Born should be coded to Program Code 'TB' and Reimbursement (Payor) '6'.</p>						
TennCare Advocacy	99401T	TO	6	Same As Primary Diagnosis	OR	1
	99402T			Unspecified Administrative Purpose		
<p>COMMENTS: Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.</p>						

085.010 - EPSD&T Visit

NOTE: FOR TENNCARE CLIENTS ONLY

Last Change Date: 8/8/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Preventive Visit - Age Specific						
<u>New Patient</u>						
Infant Or Child	99381 - 99384	EP	AXXX	Well Child	V202	1
Adolescent	99385			Routine general medical exam at a health care facility and /or health checkup	V700	1
<u>Established Patient</u>						
Infant Or Child	99391 - 99394	EP	AXXX	Well Child	V202	1
Adolescent	99395			Routine general medical exam at a health care facility and /or health checkup	V700	1
Venipuncture (If Done)	36415					
Lab(S) Completed						
Lab Handling (If Outside Lab)	99000					

Section 085.010 Continued On Next Page

Section 085.010 Continued

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY		
Vaccines	See Vaccine Codes	EP	AXXX	As Approp	As Approp	1		
Single Administration	90471					# imms given over one		
Multiple Administration (Number Of Shots Over One (1))	90472							
<p>COMMENTS:</p> <p style="text-align: center;">EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> * Comprehensive health and developmental history * Appropriate immunizations * Health education * Vision assessment </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> * Comprehensive unclothed physical exam * Appropriate laboratory tests * Hearing assessment </td> </tr> </table>							<ul style="list-style-type: none"> * Comprehensive health and developmental history * Appropriate immunizations * Health education * Vision assessment 	<ul style="list-style-type: none"> * Comprehensive unclothed physical exam * Appropriate laboratory tests * Hearing assessment
<ul style="list-style-type: none"> * Comprehensive health and developmental history * Appropriate immunizations * Health education * Vision assessment 	<ul style="list-style-type: none"> * Comprehensive unclothed physical exam * Appropriate laboratory tests * Hearing assessment 							

Section 085.010 Continued On Next Page

Section 085.010 Continued

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
EPD&T Exam Refused	EPREFUS	EP	AXXX	Unspecified Admin Purpose	V689	1
<p>COMMENTS: For all children on TennCare, an assessment is always made while the child is present in clinic (or during a home visit, if appropriate) to determine if the child is due for an EPD&T screen according to the periodicity schedule. If due a screen and the child is present, the child will be offered a screen by the discipline that can do the screenings. If for any reason the screenings cannot be done that day (e.g., during a home visit), an appointment will be scheduled for a later date, either with the LHD or PCP. If the parent or guardian refuses either to have the screen that day or make an appointment at a later date and the provider has made an effort to educate, encourage, and assist the parent with getting the needed screen, then the refusal code EPREFUS, is to be documented on the encounter form. Adding a refusal code will provide a more complete reporting of EPD&T results to the Bureau of TennCare.</p> <p>NOTE: Disposition codes are no longer required.</p>						
TennCare Advocacy	99401T	TO	6	Same as primary diagnosis for the encounter OR	V689	1
	99402T			Unspecified administrative purpose		
<p>COMMENTS: Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.</p>						

100.030 - Medical Revisit (Includes Repeat Pap)

Last Change Date: 8/8/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Other Visit	99211 - 99215	FP	As Approp	<u>Return Visits</u>		
Lab(S) Completed				Pap Only	V762	1
Venipuncture (If Done)	36415			Pap & Gyn Exam	V723	
Lab Handling (If Outside Lab)	99000			Breast Check Only	V7610 Or V7619	
Drugs Dispensed	Use Pharmacy Module			Abnormal Pap OR	7950	
<u>FP Supplemental</u>				Other Approp Diagnosis	As Approp	

COMMENTS:

Prior authorization needed for treatment if patient has TennCare and Health Department is not the PCP.

For Depo Users: if a woman must wait for menses to occur **before initial Depo injection**, then that initial injection is considered part of the original visit. When menses occur and she returns for initial Depo injection, code a Recheck (3734) Visit and Depo:

Recheck Visit	3734	FP	As Approp
Lab(s) - Completed			
Drug(s) - use Pharmacy Module			

If a patient is issued a prescription, purchases Depo and returns for injection, code a recheck visit only. **Subsequent quarterly visits for Depo should be coded per Supply Visit Service Section.**

TennCare Advocacy	99401T	TO	6	Same As Primary Diagnosis For Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	

COMMENTS:

Advocacy may be coded as appropriate. Refer to [TennCare Section](#) to identify activities and services related to TennCare.

100.080 - IUD Insertion

Last Change Date: 8/8/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Preventive Visit, Established Patient, Age Specific	99393 - 99396	FP	As Approp	IUD Insertion	V251	
Insert IUD	58300					
IUD	J7300 *					
<u>FP Supplemental</u>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From Encounter OR	V689	1
	99402T			Unspecified Administrative Purpose		

COMMENTS:

* Code J7300 should only be used by Metros who do not use the pharmacy module.

Advocacy may be coded as appropriate. Refer to [TennCare Section](#) to identify activities and services related to TennCare.

100.130 - Emergency Contraceptive Pills

Last Change Date: 8/8/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	FP	As Approp	Rule-out Pregnancy	V724	1
Pregnancy Test	81025					
Drug(s)	Use Pharmacy Module					
COMMENTS: If it is determined that an exam is necessary when patient presents for an ECP visit, code the appropriate level Other Visit and leave off the counseling code.						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From Encounter OR	V689	1
	99402T			Unspecified Administrative Purpose		
COMMENTS: Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.						

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

NOTE: FOR TENNCARE CLIENTS ONLY

Last Change Date: 8/8/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>If Family Planning services are provided and all components of an EPSD&T exam are also done</u>						
<u>New patient, age specific</u>		FP	TNCare - (AXXX)			
Age <18	99383 - 99384			Well Child AND One Of The Below Diagnosis	V202	1
Age 18, 19, 20	99385			Routine general medical exam AND One Of The Below Diagnosis	V700	
<u>Established patient, age specific</u>						
Age <18	99393 - 99394			Well Child AND One Of The Below Diagnosis	V202	
Age 18, 19, 20	99395			Routine general medical exam AND One Of The Below Diagnosis	V700	
				<u>Complete Exam</u>		
Lab(s) Completed				Initial / Annual on OC's	V2501	1
Venipuncture (if done)	36415			Initial / Annual other methods	V2502	
Lab handling (if outside lab)	99000			Annual Exam - Pvt Ins Xantus	V723	
		<u>Return Visits</u>				
Drug(s) dispensed		Pap only	V762	1		
		Pap & gyn exam	V723			
		Breast check only	V7610 or V7619			
		Abnormal Pap	7950			

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
Vaccine(s)	See Vaccine Codes	EP	AXXX	As Approp	As Approp	1
Single Administration	90471					#
Multiple Administration (Number Of Shots Over 1)	90472					imms given over one

COMMENTS:

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 same day, 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 not related 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.

TennCare Advocacy	99401T	TO	6	Primary diagnosis from encounter		1
	99402T			unspecified administrative purpose	V689	

COMMENTS:

Advocacy may be coded as appropriate. Refer to [TennCare Section](#) to identify activities and services related to TennCare.

120.010 - Interpreter Services

Last Change Date: 8/8/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Interpreter Services (Time Based)</u>		As Approp	6	Unspecified Administrative Purpose	V689	1
Approximately 15 Min.	INT1					
Approximately 30 Min.	INT2					
Approximately 45 Min	INT3					
Approximately 60 Min.	INT4					

COMMENTS:

INT1, INT2, INT3, and INT4 codes reflect the use of an interpreter in approximately 15-minute increments of time up to a maximum of 60 minutes. The provider using the interpreter should code the appropriate **INT** code based on the time the interpreter spent during the procedure(s) on the encounter form using his or her provider number. The **INT** code should be used only once per program per visit even if multiple providers delivered services within that program. If multiple providers in different programs use an interpreter, then the **INT** code may be used more than once on an encounter form by coding it to the appropriate program codes. The **INT** code will not be used for front-desk registration or any other activity for which there is no corresponding procedure code even if an interpreter is involved in the activity. If a bilingual provider delivered a service to a patient with limited English proficiency without the use of an interpreter, then the **INT** code would not be used.

For community site visits when an interpreter is used or a bilingual provider conducts a session in a language other than English, code IN in the DISPOSITION field for procedure 78059 with appropriate units of time.

230.210 - Medicare Problem Visit Only

Last Change Date: 8/8/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Other Visit</u>		CH OR MH OR WH	Approp. Medicare Code	Approp Medical Diagnosis	As Approp.	1
New Patient OR	99201 - 99205					
Established Patient	99211 - 99215					
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.						

230.250 - Physical Exams - Non-Contracted (EPSDT, School, Camp, etc.)

Last Change Date: 8/8/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Preventive Visit - Age Specific</u>		CH OR MH OR WH OR EP**	As Approp	According To Exam Type	As Approp.	1
New Patient OR	99381 - 99387					
Established Patient	99391 - 99397					
Venipuncture (If Done)	36415					
Lab(s) Completed						
Lab Handling (If Outside Labs)	99000					
School Physical	SCHOOL*		6			
COMMENTS:						
<p>*SCHOOL -- This code may only be used for private pay patients, with no third party insurance, who need a physical in order to get into school.</p> <p>**EP Program is to be used when an EPSDT exam is completed. The Health Department is to do EPSDT exams for anyone less than 21 years of age who is on TennCare.</p>						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T				Unspecified Administrative Purpose	
COMMENTS:						
Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.						

230.330 - Tuberculin Skin Test Only (Not Associated With TB Program Activity)

Last Change Date: 8/8/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TB Screening	TBS	TB	6	Unspecified Admin Purpose	V689	1
TB Skin Test (High-Risk Patients)	86580H		CH OR MH OR WH	As Approp	TB Skin Test	
TB Skin Test (Low-Risk Patient)	86580L					
TB Skin Test (No Slide) * HIGH RISK	86580NH					
TB Skin Test (No Slide)* LOW-RISK	86580NS					
TB Test - 2nd Step	86580T					
COMMENTS: When patient returns to have skin test read, record the results in the lab module. If the test is negative and patient is <u>not</u> a contact, then nothing further is needed. If test is negative and patient is a contact, refer to Section 70.110 (Continued) for additional information. If test is positive, refer to Section 70.110. * For employment or job required tests <u>only</u> , where the patient should pay full charge.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.						

250 - PTBMIS PROGRAM CODES

250.010 - STATEWIDE PTBMIS PROGRAM CODES

Last Change Date: 8/8/2002

CODE	PROGRAM	CODE	PROGRAM	CODE	PROGRAM
AA	Alcohol & Drug	FP	Family Planning	PY	Prior Year CSS Certification
AD	CHAD	*GA	Gatekeeper - Access MedPlus	RP	Rape Prevention
*AM	Administration	*GB	Gatekeeper - BC/BS	SF	CSFP (Commodity Surplus Food Program)
AP	Aids Prevention	*GH	Gatekeeper - Health Net	ST	Sexually Transmitted Diseases
AR	Aids Ryan White	*GP	Gatekeeper - Phoenix	TB	Tuberculosis
*BC	Birth Certificates (Local Health)	HH	Home Health	TC	TennCare Enrollment
BF	Breastfeeding	HP	Health Promotion	*TN	TennCare Overages
BR	Birth Certificates (Vital Recordds)	HU	HUG (Help Us Grow)	TO	TennCare Advocacy
CC	Care Coordination (CS Only)	IM	Immunization	TRV	TennCare Reverification
CH	Child Health	*IN	Insurance	VA	Veterans Capitated Program
CS	Children's Special Services	IT	International Travel	VR	Vital Records (Death Certificates)
CY	Current Year Csx Certification	*JD	Jury Duty	WH	Women's Health (Age 21 And Over)
DN	Dental Clinic	LD	Lead Investigation	WI	WIC
DP	Dental Prevention	MH	Men's Health (21 And Over)	*WO	WIC Over Charges (Vendor Reclaims)
EH	Employee Health	NU	Nutrition		
EI	Epidemiology	OM	Off-Site Monitoring		
*EN	Environmental (Ground Water)	OT	Other		
EP	EPSDT (Early Periodic Screening, Diagnosis & Treatment)	PN	Prenatal (Full Prenatal Clinics Only)		
FF	Families First	PT	Project Teach		
*FG	Food And General Sanitation (GEH)				