



STATE OF TENNESSEE
BUREAU OF HEALTH SERVICES
DEPARTMENT OF HEALTH
CORDELL HULL BUILDING
425 5TH AVENUE NORTH
NASHVILLE, TENNESSEE 37247-4501

Date: Wednesday, September 10, 2003
To: PTBMIS Codes Manual Update Group
From: Wendy Long, MD, Bureau Director
Subject: PTBMIS Codes Manual Update

The latest changes to the PTBMIS Codes Manual are included in this e-mail.

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**. 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.

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 1-7	Add Pages 1-7

2. Section 010 – General Introduction

Remove page 1-2	Add pages 1-3
SECTION	EXPLANATION
10.010	Bureau of Health Services Definition of New and Established Patients was added at the request of field staff.

3. Section 070 – Communicable Disease

Remove pages 5, 18-19, 22-23	Add ages 5, 18-19, 22-23
SECTION	EXPLANATION
70.030	The words post test was removed from the comment section (face-to-face post test counseling). This change was made to clarify that face-to-face counseling is not limited to post test counseling..
70.104	Code 3734 was added to this page for TB skin test reading. This change was per the following information from Kent Moore, AAFP manger of heath care financing and delivery systems. “We have received written information from AMA CPT staff and Centers for Medicare & Medicaid Services staff that FP’s should report code 99211 for reading a TB skin test.” Code 99211 is an established patient visit. Health Department’s definition of an established patient is one who has received evaluation and management services from the local health department within the past three years. TB skin test only is not considered evaluation and management services. Therefore code 3734 which carries the same RVU as code 99211, will be used for the TB skin test reading.
70.108	See Section 70.104
70.120	See Section 70.104
70.130	Comment added – “Refer to Section 70.104 for TB Contact Testing guidelines,” which has changed with the addition of the TB skin reading code 3734. Removed last sentence in the second paragraph of the comment section regarding mass TB skin testing. Added “Refer to SECTION 70.104 for guidelines regarding targeted TB Skin Testing for Foreign Born.” Removed “should be coded to Program Code “TB” and Reimbursement (Payor) ‘6’.

4. Section 080 – Clinical Dental

Remove page 2		Add Pages 2
SECTION	EXPLANATION	
80.010	Changed payor code from AXXX to ADDS	

5. Section 085 – EPSD&T

Remove pages 2-4, 6		Add pages 2-4
SECTION	EXPLANATION	
85.010	Changed wording regarding the Patient Office visits to make it easier to understand. Added development screening code, 96110, which is now to be used in addition to the office visit for EPSDT screening	

6. 100 – Family Planning

Remove pages 3-6, 13		Add pages 3-6, 13
SECTION	EXPLANATION	
100.020	Added injection code 90782 to instructions regarding giving Depo.	
100.030	Added injection code 90782 to instructions regarding giving Depo.	
100.040	Added comment regarding use of injection code 90782 when giving Depo.	
100.110	Added comment regarding use of another code in addition to the recheck code, 3734, if there are problems or the visit is more than a simple check.	

7. Section 130 – International Travel

Remove pages 2		Add pages 2-3
SECTION	EXPLANATION	
130.010	Due to it being decided that an office visit was not warranted, current page which included office visits, was replaced with April 1, 2001 version. Added comment: If further medical services are rendered, the appropriate CPT code should be used (corresponding to the service rendered).	

8. Section 160 -- Prenatal

Remove page 1		Add page 1
SECTION	EXPLANATION	
Definitions	Added definition page.	

9. Section 210 – Breast and Cervical Cancer Early

Remove page 3		Add page 3
SECTION	EXPLANATION	
210.020	Added program code BCS and changed payor code from 5BCS to ‘As Appropriate’.	

10. Section 220 – Vaccines/Immunizations

Remove page 7		Add page 7
SECTION	EXPLANATION	
220.060	Added DTaP-Hep. B-IPVA Combination Vaccine code DHI	

11. Section 230 -- Visits for Clinical Service and Related Procedures

Remove pages 30-31, 34-35		Add pages 30-31, 34-35
SECTION	EXPLANATION	
230.290	Added PN program code; Deleted TC code	
230.300	Deleted TC program code and added CH, WH and PN	
230.330	Added TB skin test reading procedure code 3734 (see explanation SECTION 70.104) and Program codes TB, CH, MH, and WH.	
230.340	Added the procedure code 3734 for TB skin test reading (see explanation SECTION 70.104)	

Attachments:

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10.00 - GENERAL INFORMATION

10.010 - General Information

Last Change Date: 9/10/2003

This *PTBMIS Codes Manual* is the result of continuous input from public health providers in every region across the state. It is designed to be a guide for correct coding used by all providers who code on encounter forms. The proper use of this standardized reference manual will ensure that providers code services and activities accurately, completely and consistently across the state.

The codes manual is intended as a guide to show providers how to correctly code encounters for those situations occurring most frequently or routinely. Many special circumstances are also covered. However, it is not possible to describe every circumstance that might happen in patient care. Therefore, in unusual cases providers should consult this PTBMIS Codes Manual, Current Procedures Terminology (CPT), and the HCFA Common Procedure Coding System (HCPCS) for the clinical situation closest to their actual circumstances and then rely on their professional judgment and experience to decide how best to code the service.

Similarly, it is not the intention of this manual to provide exhaustive list of every code for every possible service (such as lab codes, visit codes, etc.) It is understood that this manual is a quick guide supported by other coding sources such as PTBMIS Procedures Codes list, Current Procedure Terminology (CPT), and the HCFA Common Procedure Reporting System (HCPCS). Please refer to these coding sources when necessary.

Please keep in mind, when using CPT Evaluation and Management (E/M) codes, that the CPT Services Guidelines 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.

The *Bureau of Health Services Definition of New and Established Services*, which defines the new and established Public Health Patient, follows.

BUREAU OF HEALTH SERVICES

Definition of New & Established Patients

CPT Definition – New and Establish Patient: A new patient is one who has not received any professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three years.

An established patient is one who has received professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three years.

Definition of New and Established Public Health Patient: (For billing purposes) A new patient is one who has not received any evaluation and management services from a local health department within the past three years. **Note:** Under usual circumstances, the delivery of evaluation and management services would involve coding an office visit of some type. WIC is not considered an evaluation and management service. Immunization only and TB skin test only are also not considered evaluation and management services.

An established patient is one who has received evaluation and management services from the local health department within the past three years.

Changing Site of Service: (local health department to local health department or local health department to regional clinic) The first visit of a patient to a different local health department or regional clinic for evaluation and management services is considered a “new patient” visit.

Examples:

Example 1. A patient comes to the health department for WIC services in 1999 for the first time and then comes in for Family Planning services in the year 2000 (new patient).

Example 2. A patient is identified by the CDC public health representative as a contact; the public health representative finds that the patient has been in the health department two years earlier (June 1998) for treatment for a similar problem. Using code 3560 (has medical record), the STD representative initiates contact investigation, gathers additional information and refers client to local health department for treatment. The patient comes into health department for treatment (Jan 2001) and a 99212 (established patient) office visit is coded.

Example 3. A foreign born/immigrant patient with no existing record comes into a health department for TB skin test.

Complete PTBMIS (long) Registration screen, nurse performs TB skin test, then the encounter is filled out with code 86580H (TB skin test high risk), program code TB, diagnosis code V741, and code TBS (TB Screening), program code TB, diagnosis code V689. Note: There is no office visit coded to this encounter. Thus “new” & “established” patient does not pertain.

Nurse advises patient to return in 48 to 72 hours. Patient returns for reading. An encounter is established and code 3734(Recheck) is entered for program TB and diagnosis code V741. The reading is then entered into the lab module of PTBMIS. No office visit (new or established) is coded.

Definition of New & Established Patients (Continued)

Now, if the test is positive, PHN protocol and TB guidelines are followed, with documentation in the chart, an encounter is created for services related to the positive TB skin test. If an evaluation and management office visit is performed, this client is considered a new patient and the appropriate CPT new office visit code (99201 - 99205) should be used. If only counseling is performed, use-counseling code (99401 – 99404), but again no “new” or “established” designation is appropriate. The program code TB is assigned with the appropriate diagnosis code (ICD-9 codes).

By coding accurately, completely and consistently, providers perform an extremely critical role in public health. Overcoding constitutes fraud. Undercoding escalates cost per unit of service and patient charges. Inconsistent coding impedes comparing productivity, efficiency and service outcomes across providers and clinics. We hope that this manual assists providers in performing their critical function of coding services in the local health departments.

70.030 - AIDS Prevention - HIV Counseling and Testing

Last Change Date: 9/10/2003

NOTE:
 The population served is anyone who presents to acquire detailed information regarding HIV prevention. This can take place in health department setting, school classrooms, or even public places such as a health fair. Services can include client centered counseling, education, partner notification services, and general information sharing regarding HIV prevention.

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	AP	6	Contact With Or Exposure To Venereal Disease	V016	1
Lab(s)						
Antibody, HIV-1	86701					
Venipuncture (If Done)	36415					
Lab Handling (If Outside Lab)	99000					

COMMENTS:
 Counseling Codes 99401-99404 should be used for face-to-face ~~post-test~~ counseling and can be used with Program AP and Reimbursement 6 in conjunction with other program office visits. This is an exception to the rule of not coding a visit plus counseling. There is no charge to the patient with the AP Program code. If a patient presents for ST (See ST Section for codes) and also requests HIV testing, code the HIV test and HIV counseling to the AP Program and the ST services provided to ST. Code only one (1) lab handling fee. Do not code counseling for giving negative HIV results to patient over the telephone.

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

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

70.104 - TB Testing of High Risk Groups

Last Change Date: 9/10/2003

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					
TB Skin Test Read	3734					
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: 9/10/2003

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	OR			
TB Skin Test Read	3734	**MH, WH, or CH	AXXX OR 5XXX			
Case Closure *** (High-Risk Patient Refused Skin Test)	1516	TB	6	Unspecified Admin Purpose	V689	
<p>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.</p> <p>*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.</p> <p>***Write code RT (refused skin test) on the encounter form and enter into the disposition field on the PTBMIS encounter screen.</p> <p>This process can stand-alone or be done in addition to any other service for which the patient presents.</p>						
TennCare Advocacy	99401T	TO	6	Same As Primary Diagnosis OR		1
	99402T			Unspecified Administrative Purpose	V689	
<p>COMMENTS: Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.</p>						

70.120 - TBC - TB Contact for Skin Testing

Last Change Date: 9/10/2003

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						
TB Skin Test Read	3734						
Counseling	99401 - 99404						
Anergy 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: 9/10/2003

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 source case record to establish the encounter. If source case has no record, open one. When the contact presents to clinic, open record on the contact. Refer to Section 70.120 for TB Contact Testing guidelines.</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>Refer to Section 70.104 for guidelines regarding targeted 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	V689	
<p>COMMENTS: Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.</p>						

80.010 - Dental Clinical

Last Change Date: 9/10/2003

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Diagnostics	D0120 - D0330	DN	Pvt Pay - 6 OR Pvt Ins - (5XXX) OR TNCare - (AXXX ADDS;) OR Ryan White - (5RWB)	As Approp	As Approp	1
Preventive	D1110 - D1351					
Restorative	D2110 - D2954					
Endodontic	D3110 - D3430					
Periodontic	D4210 - D4341					
Removable Prosthetics	D5110 - D5761					
Fixed Prosthetics	D6210 - D6930					
Surgical	D7110 - D7960					
Palliative	D9110					
Dental Consultation	30066					
Exam, Periodic, Oral (21 And Over - Access MedPlus)	00120					
COMMENTS: Clinical dental services are individual care programs provided in fixed facilities affiliated with the health department. Use same procedure codes for Headstart. Request and use an insurance code for each individual Headstart contract.						
TennCare Advocacy	99401T	TO	6	Same As Primary Diagnosis	OR	1
	99402T			Unspecified Administrative Purpose		
COMMENTS: Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.						

085.010 - EPSD&T Visit

NOTE: FOR TENNCARE CLIENTS ONLY

Last Change Date: 9/10/2003

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Preventive Visit - Age Specific						
New Or Established Patient Office Visit						
Infant Or Child (New)	99381 - 99384	EP	AXXX	Well Child	V202	1
Adolescent (New)	99385			Routine general medical exam at a health care facility and /or health checkup	V700	1
Established Patient						
Infant Or Child (Established)	99391- 99394	EP	AXXX	Well Child	V202	1
Adolescent (Established)	99395			Routine general medical exam at a health care facility and /or health checkup	V700	1
Additional Services Performed As Appropriate						
Developmental Screening	96110	EP	AXXX			
Venipuncture (If Done)	36415					
Lab(S) Completed						
Lab Handling (If Outside Lab)	99000					

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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							
Multiple Administration (Number Of Shots Over One (1))	90472					# imms given over one		
<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 							

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Section 085.010 Continued

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
EPSD&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 EPSD&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 EPSD&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>						

100.020 - Exam Visit

Last Change Date: 9/10/2003

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY	
<u>Preventive Visit, Age Specific</u>		FP	As Approp	<u>Complete Exam</u>			
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						
<p>COMMENTS: The Tennessee Breast and Cervical Cancer Early Detection and Prevention Program provides reimbursement for diagnostic services for those who have been screened through another HD program and have abnormal results or other symptoms suspicious for cancer. TBCCEDP covers diagnostic but not treatment services for women who are uninsured, underinsured and not on TennCare. <i>All other payors must be exhausted first.</i> If denied, then consider enrollment in TBCCEDP which pays for office visits, pap smears, colposcopy and other services listed by CPT code on the annual reimbursement schedule.</p>							

Section 100.020 Continued on Next Page

100.020 - EXAM VISIT (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
COMMENTS:						
Patient is put on table.						
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 , and injection code 90782.						
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 and injection code 90782. Subsequent quarterly visits for Depo should be coded per Supply Visit Service Section.						
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.						
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.						

100.030 - Medical Revisit (Includes Repeat Pap)

Last Change Date: 9/10/2003

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, and injection code 90782.

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~~ and injection code 90782. **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.

100.040 - Supply Visit (Any Method)

Last Change Date: 9/10/2003

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling Visit	99401	FP	As Approp	O.C. Surveillance OR	V2541	1
Lab(s) Completed				Surveillance	V2549	
Venipuncture (If Done)	36415					
Lab Handling (If Outside Lab)	99000					
Drug(s) Dispensed*	Use Pharmacy Module					
FP Supplemental Note: Use same codes for 1 or more packs of OC's. Do BP, weight and history						

COMMENTS:

If a medical problem is treated during a supply visit, the appropriate E & M office visit (Other) code should be used (99211 - 99215)

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 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.

*When giving Depo use injection code 90782 in addition to the Depo code.

100.110 - IUD Check

Last Change Date: 9/10/2003

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Recheck Visit*	3734	FP	As Approp	IUD Check Or Removal	V2542	1
<u>FP Supplemental</u>						
COMMENTS: *Use of another code (e.g., a therapeutic office visit code) is appropriate if there are problems or the visit goes beyond a simple check.						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From 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.						

130.010 - Immunizations for Foreign Travel

Last Change Date: 9/10/2003

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Preventive Visit - Age Specific		CH OR WH OR MH	As Approp	Preventive Visit Diagnosis PLUS	As Approp	+
New Patient	99381 - 99387					
Established Patient	99391 - 99397					
Vaccine	(See Below)	IT	Pvt Pay - 6 OR Pvt Ins - (5XXX)	Vaccine, Other	V0389	+
FIRST VISIT		IT	Pvt Pay - 6 OR Pvt Ins - (5XXX)	Vaccine, Other	V0389	1
Counseling	99401					
Vaccine	(See Below)					
SUBSEQUENT VISITS						
Vaccine	(See Below)					

COMMENTS:

If further medical services are rendered, the appropriate CPT code should be used (corresponding to the service rendered).

International travel vaccines:

Vaccine	Code	Vaccine	Code
Cholera	CHL	Typhoid	TPN
Hepatitis A - Age 2-17	HAP	Typhoid, Oral	TPO
Hepatitis A - Age 18 And Over	HAA	Yellow Fever, Single Dose	YFS
Inactive Polio	IPT		

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Section 130.010 (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Vaccine		IF	Pvt Pay (6) OR Pvt Ins (5XXX)	Vaccine, Other	V0389	+
Single Administration	90471					
Multiple Administration	90472					

SECTION 160 - PRENATAL

Prenatal Definitions

Last Change Date: 9/10/2003

~~None yet available~~

FULL PRENATAL SERVICES:

Full prenatal services include comprehensive prenatal care, rendered in compliance with standards established by the American College of Obstetricians and Gynecologists (ACOG). Full prenatal care requires formal arrangements for medical consultation and referral, intrapartum care, and follow-up care.

210.020 Colposcopy Dysplasia Clinic Visit

Last Change Date: 9/10/2003

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Other Visit, Established Patient 5, 10, 15 Minute Visit	99211 - 99213	CH OR WH OR BCS	5BCS As Approp	Abnormal Pap	7950	1
Colposcopy Without Biopsy	57452					
Colposcopy With Biopsy	57454					
COMMENTS: Must bill TennCare, Medicare or private insurance if patient is insured. If denied, then bill the grant. TBCCEDP pays for office visits, pap smears, colposcopy and other diagnostic procedures listed on the reimbursement schedule. It cannot pay for treatment. As of July 1, 2002, women needing treatment for breast or cervical cancer can be presumed eligible and enrolled in full Medicaid coverage for 45 days. See Section 180 (TennCare Presumptive Eligibility Enrollment) for coding Presumptive Enrollment. Other gynecological cancers are not covered by this new Medicaid category.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter	V689	1
	99402T			Unspecified Administrative Purpose		
COMMENTS: Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.						

220.060 Vaccine Codes - On-Site Clinics

Last Change Date: 9/10/2003

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
"L" Registration (Long) (Has Medical Record)		As Approp	As Approp	As Approp	As Approp	1
VACCINE						
VACCINE	CODE	VACCINE	CODE			
Chicken Pox Disease History	CPD	Influenza-Children (3 Though 18 Years Of Age)	FLC			
Chicken Pox	CPX	Immune Serum Globulin	ISG			
DTP - HIB Comb. Vaccine	DHB	Lyme Disease (E. TN)	LYM			
DT - Pediatric	DT	Measles	MEA			
Diphtheria, Tetanus, Acellular Pertussis	DTA	Meningococcal	MEN			
DTaP-Hep.B-IPV Combination Vaccine	DHI					
Diphtheria, Tetanus, Acellular Pertussis, PLUS Hemophilus / INFB	DTH	Measles, Mumps & Rubella	MMR			
Hemophilus / INFB 3 Dose	HI3	Measles & Rubella	MR			
Hemophilus / INFB 4 Dose	HI4	Mumps	MUM			
Hepatitis A -- Adult	HAA	Pneumococcal	PNE			
Hepatitis A -- Pediatric (Ages 2-17)	HAP	Polio, Oral	OPV			
Hepatitis B -- 20 Yrs And Up	HBO	Rabies, Post Exposure	POR			
Hepatitis B -- Newborn - 19 Yrs	HBV	Rabies, Pre-Exposure (Group)	PR2			
Hepatitis B (Contract)	HBC	Rabies, Pre-Exposure (Single)	PR5			
Hepatitis B (Dialysis / Immune Suppressed)	HBD	Respiratory Syncytial Virus	RSV			
Hepatitis B Immune Globulin	HIG	Rotavirus (Shelby County)	RTV			
HIB & Hepatitis B Comb.	HHB	Rubella	RUB			
Inactive Polio	IPV	Strep Pneumonia (PNE Conjugate)	STP			
Influenza (Adults)	FLU	Tetanus-Diphtheria	TD			
Influenza-Babies (6 Though 35 Months Of Age)	FLB	Tetanus	TET			

220.060 VACCINE CODES - ON-SITE CLINICS (Continued on Next Page)

230.290 - Presumptive Eligibility - We Do the Pregnancy Test

Last Change Date: 9/10/2003

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	CH OR WH OR PN TC	Negative: Pvt Pay - 6	Rule Out Pregnancy	V724	1
Pregnancy Test	81025		Positive: TnCare - AXXX			
Drug(S) - Use Pharmacy Module						
Presumptive Eligibility	TCPRES		6			
*Motor Voter Registration	MOVO	AM	6	Unspecified Adm. Purpose	V689	1

***COMMENT:**

Any time a person, who will be at least 18 years old on/or before the next election, applies for WIC certification or recertification, CSFP, or Presumptive Eligibility, they must be offered the opportunity to register to vote. This will be captured by the MOVO procedure code which will also have a disposition code to indicate the patient's response. The disposition codes are:

**RG—Registered at the Health Department today

CR— Currently registered to vote

TF— Took registration form home

DD— Declined, declination form signed

**For those who complete the form at the Health Department and turn it in, the receipt number from the form must also be entered on the encounter in Notes/Follow field at the bottom left of the encounter screen.

230.300 - Presumptive Eligibility - Patient Provides Proof of Pregnancy

Last Change Date: 9/10/2003

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Presumptive Eligibility	TCPRES	TCCH OR WH OR PN	6	Unspecified Administrative Purpose	V689	1

COMMENTS:

Do not code counseling or a visit when a patient presents for Presumptive Eligibility with proof of pregnancy.

*Motor Voter Registration	MOVO	AM	6	Unspecified Adm. Purpose	V689	1
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***COMMENT:**

Any time a person, who will be at least 18 years old on/or before the next election applies for WIC certification or recertification, CSFP, or Presumptive Eligibility, they must be offered the opportunity to register to vote. This will be captured by the MOVO procedure code which will also have a disposition code to indicate the patient's response. The disposition codes are:

**RG—Registered at the Health Department today

CR— Currently registered to vote

TF— Took registration form home

DD— Declined, declination form signed

**For those who complete the form at the Health Department and turn it in, the receipt number from the form must also be entered on the encounter in Notes/Follow field at the bottom left of the encounter screen.

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

Last Change Date: 9/10/2003

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	V741	
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					
TB Skin Test Read	3734	TB, CH, MH OR WH				

COMMENTS:

When patient returns to have skin test read, record the results in the lab module. If the test is negative and patient is not 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 only, 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.

230.340 - Preventive / Required Occupational Health Services for Health Department Employees*

Last Change Date: 9/10/2003

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TB Skin Test (High-Risk)	86580H	EH	6	TB Skin Test	V741	1
TB Skin Test (Low Risk)	86580L					
TB Test - 2nd Step	86580T			Read Positive Read Negative	V741 7955	
TB Skin Test Read	3734					
X-Ray If Indicated -- See X-Ray Section Of Codes List						
Prophylactic Treatment For LTBI New Converter -- See Drug Section Of Codes List						
Vaccines -- See Vaccine / Imm Section For List Of Vaccine Codes						
Hepatitis B-HB Vaccine	HBO					
MMR Vaccine	MMR					
Varicella Vaccine	CPX					
Influenza Vaccine	FLU					
HBIG	HIG					
Antibody Testing -- See Antibody Section Of Codes List						
Antibody Testing - (Anti-HBs)						
Antibody Testing - HbsAg						
Antibody Testing - HCV & Alanine Aminotransferase (ALT)						
Antibody Testing --HIV With EIA						
HIV Post Exposure Prophylaxis -- See Drug Section Of Codes List						
New Patient	99201 - 99205					
Established Patient	99211 - 99215					

* All other services provided to health department employees will be coded to appropriate programs (MH, CH, WH, etc) and billed as usual.