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BUREAU OF HEALTH SERVICES
DEPARTMENT OF HEALTH
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Date: Tuesday, April 20, 2004
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. These changes have been approved by the Codes and RVU Validation Committee (CRVC) with my endorsement. Please update your manual with these changes.

The latest changes to the manual are shown as described below:

- This cover memo 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. Please insert this cover memo in the front of your *PTBMIS Codes Manual* for future reference.
- 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 “Last Change Date” at the top of each page indicates the last time this page was revised.
- Within a given section, changed or added words will be denoted by **shaded text**.
- Deleted lines or rows in a table will be replaced with the words ‘Service Deleted’ in **shaded text**. At the next change of this page, these lines or rows will be deleted from the section.

PTBMIS Codes Manual Update

April 20, 2004

Page 2 of 2

- These procedures will replace the need for a “Change Page” at the end of each section of the manual. As sections are changed, existing “Change Pages” for those sections will be removed from the manual.

Please follow the instructions below for removing old pages and adding new pages to the *PTBMIS Codes Manual*:

Etc., etc.....

1. Table of Contents	
Remove pages 1-7	Add pages 1-7
2. Section 010 – General Information	
Remove pages 1-3	Add pages 1-3
SECTION	EXPLANATION
10.010	The word <i>client</i> was replaced with <i>patient</i> each place it appears in this section.
3. Section 050 – Care Coordination	
Remove pages 1-7,9,10	Add pages 1-7,9,10
SECTION	EXPLANATION
50.010 thru 50.030	The word <i>client</i> was replaced with <i>patient</i> each place it appears in this section.
4. Section 070 – Communicable Disease	
Remove pages 5-7,12-14,16,17,19-22	Add pages 5-7,12-14,16,17,19-22
SECTION	EXPLANATION
070.030 thru 070.120	The word <i>client</i> was replaced with <i>patient</i> each place it appears in this section.
070.030	Added code ORAQUIK (Rapid HIV-1-Antibody). Added (if done) to ear, finger or heel stick
070.050	Health related procedure code V654 was replaced with V6544, HIV counseling, which is more specific to the activity.
070.080	Comment added to clarify that injection code 90782 should be used when an injectable drug is given. Comment third paragraph: changed “person who completes the “bubble sheet” to <i>provider who does the HIV testing and counseling,</i>
070.090	Health related procedure code V654 was replaced with V6544, HIV counseling, which is more specific to the activity. Comment third paragraph: changed “person who completes the “bubble sheet” to <i>provider who does the HIV testing and counseling,</i>
070.108	Added TB Contact diagnosis code V011
070.110	TB suspect diagnosis code V712 was added.
070.120	Page title changed to Skin Testing for TB CONTACTS
5. Section 085.010 – EPSDT	
Remove pages 2-7	Add pages 2-7
SECTION	EXPLANATION
085.010 and 085.020	Added the word <i>Behavioral</i> to the Developmental Screening (Developmental/Behavioral Screening). The word <i>client</i> was replaced with <i>patient</i> each place it appears in this section.
6. Section 090 – Families First	
Remove page 2	Add page 2
SECTION	EXPLANATION
090.010	The word <i>client</i> was replaced with <i>patient</i> each place it appears in this section
7. Section 100 – Family Planning	
Remove page 5,20-22	Add pages 5,20-22
SECTION	EXPLANATION
100.030	Added HPV to Medical Revisit page.
100.180	Added EPSD&T components, Developmental/Behavioral, Hearing and Vision Screening.

8. Section 105 Group - Education

Remove pages 1-3

Add pages 1-3

SECTION

EXPLANATION

105.010

The word *client* was replaced with *patient* each place it appears in this section.

9. Section 160 – Prenatal

Remove page 2

Add page 2

SECTION

EXPLANATION

160.010

Preventative visit procedure codes were changed to therapeutic visit codes. These therapeutic codes more accurately reflect the type service provided.

10. Section 170 – Training

Remove pages 1,2

SECTION

EXPLANATION

170.010

Section deleted.

11. Section 180 – TennCare Enrollment

Remove pages 2,3

Add pages 2,3

SECTION

EXPLANATION

180.010

Added comment: *“If pregnancy is determined elsewhere and nurse provides counseling. Codes 99401-99402 should be used with diagnosis code V222. Consider referral to WIC and HUGS programs.”*

12. Section 200 – TennCare Advocacy

Remove pages 1-3,6,7

Add pages 1-3,6,7

SECTION

EXPLANATION

200.030

The word *client* was replaced with *patient* each place it appears in this section

13. Section 230 – Visits for Clinical Service and Related Procedures

Remove pages 27,28,35,36

Add pages 27,28,35,36

SECTION

EXPLANATION

230.260

Removed from comment: “Code 3734 to capture time spent providing service plus applicable lab code. For a PKU visit, code NEWB and Recheck Visit (3734).”

230.270

Changed in comment: *Reference to Section 230.290 to Section 180.010.*

230.340

Removed Vaccines See Vaccine/Imm Section for list of Vaccine Codes. Corrected procedure code for varicella vaccine from EH to CPX. Changed procedure code TET to TD.

TABLE OF CONTENTS

Section 10 - Introduction	
10.010 - General Introduction	10-1
Section 20 - Administrative Services	
Administrative Services Definitions	20-1
20.010 - Child Restraint Device	20-2
20.020 - Copies / Fax	20-3
20.030 - General Environmental Services	20-4
20.040 - Ground Water Services	20-5
20.050 - Birth Certificates	20-6
20.060 - Death Certificates	20-8
20.070 - Cremation Permits	20-9
Section 30 - Blue Cross Contracts	
Blue Cross Contracts Definitions	30-1
30.010 - Off-Site Monitoring	30-2
30.020 - BlueCare Educational Services	30-3
Section 30 Changes	30-4
Section 40 - Breastfeeding	
Breastfeeding Definitions	40-1
40.010 - Breastfeeding Counseling	40-2
40.020 - Breast Pump Issuance	40-3
40.030 - Breastfeeding Survey	40-4
40.040 - Breastfeeding Home Visits	40-5
40-050 - Breastfeeding Class - On-Site	40-6
40-060 - Breastfeeding Group Education	40-7
Section 40 Changes	40-8
Section 50 - Care Coordination	
CHAD Definitions	50-1
50.010 - CHAD	50-3
50.015 - CHAD Physicals	50-5
CSS Definitions	50-7
50.020 - CSS	50-8
HUGS - Help Us Grow Successfully - Definitions	50-9
50.030 - HUGS	50-11

Section 60 - Children's Special Services

Children's Special Services Definitions	60-1
60.010 - CSS - Medical Services Enrollment	60-2
60.020 - CSS - Non-Medical Enrollment for TennCare Recipients	60-3
60.030 - CSS - Closures	60-4
60-040 - Parents Encouraging Parents	60-5
60.050 - Speech / Audiology - Screening	60-6
60.060 - Speech / Audiology - Test Codes for CSS	60-7
Section 60 Changes	60-8

Section 70 - Communicable Disease

Epidemiology Definitions	70-1
70.010 - Epidemiology	70-2
70.020 - Epidemiology Field Services	70-4
70.030 - Aids Prevention - HIV Counseling and Testing	70-5
70.040 - Aids Prevention - Return Visit for Test Results	70-6
70.050 - Aids Prevention - Field Service	70-7
70.060 - Aids Ryan White - Dental	70-8
70.070 - Aids Ryan White - Medical	70-9
STD Definitions	70-11
70.080 - STD - STD Visit	70-12
70.090 - STD - Field Service	70-14
70.100 - STD - Screening Visit	70-15
TBC Definitions	70-16
70.104 - TB Testing of High Risk Groups	70-18
70.108 - TB Screening For Individuals Health Department Clinic Setting	70-19
70.110 - TBC - TBC Treatment	70-20
70.120 - TBC - TBC Contact For Skin Testing	70-22
70-130 - TBC - Field Service	70-23

Section 80 - Dental

Dental Definitions	80-1
80.010 - Dental Clinical	80-2
80.020 - Dental Prevention - Prevention Services (Rescinded)	80-3
80.030 - Dental Prevention - Field Service (Rescinded)	80-3
80.040 - Dental School-Based Services -- Screenings and Group	80-4
80.050 - Dental Scholl-Based Services -- Individual	80-5

Section 85 - EPSD&T

EPSD&T Definitions	85-1
85.010 - EPSD&T Visit - For TennCare Clients-Patients Only	85-2
85.020 - EPSD&T Visit - For Non-TennCare Custodial DCS Clients Patients Only	85-5

Section 90 - Families First

Families First Definitions	90-1
90.010 - Families First	90-2
Section 90 Changes	90-3

Section 100 - Family Planning

Family Planning Definitions	100-1
100.010 - Counseling	100-2
100.020 - Exam	100-4
100.030 - Medical Revisit	100-5
100.040 - Supply Visit (Any Method)	100-6
100.050 - Norplant Insertion	100-7
100.060 - Norplant Removal	100-8
100.070 - Norplant Removal / Insertion	100-9
100.080 - IUD Insertion	100-10
100.090 - IUD Removal	100-11
100.100 - IUD Removal / Insertion	100-12
100.110 - IUD Check	100-13
100.120 - Pregnancy Test Only	100-14
100.130 - Emergency Contraceptive Pills	100-15
100.140 - Vasectomy - Initial Counseling and Consent	100-16
100.150 - Vasectomy - Preventive Visit During an FP Visit	100-17
100.160 - Vasectomy - Vasectomy and Follow-up Sperm Count	100-18
100.170 - Vasectomy - Post Operative Semen Exam	100-19
100.180 - EPSD&T Visit (Done in Conjunction with an FP Visit)	100-20

Section 105 - Group Education

Group Education Definitions	105-1
105.010 - Group Education	105-3

Section 110 - Health Promotion

Health Promotion Definitions	110-1
110.010 - On-Site Group Sessions (No Charge)	110-2
110.020 - Off-Site Group Session (No Charge)	110-3
110.030 - Education / Contract Services (To Chare Fee Services @ \$1.00 Per Unit)	110-4
110.040 - Child Restraint Device (3 Months)	110-5
110.050 - Rape Prevention - On-Site Group Sessions (No Charge)	110-6
110-060 - Rape Prevention - Off-Site Group Sessions (No Charge)	110-7
Section 110 Changes	110-8

Section 120 - Interpreter Services

Interpreter Services Definitions	120-1
120.010 - Interpreter Services	120-2

Section 130 - International Travel

International Travel Definitions	130-1
130.010 - Immunizations for International Travel	130-2

Section 140 - Lead

Lead Definitions	140-1
140.010 - Screening Test Only	140-2
140.020 - Counseling Visit Only	140-3
140.030 - Lead Screening With Preventive Visit	140-4
140.040 - PHN Home Visits	140-5
140-050 - Environmental Investigation	140-6
Section 140 Changes	140-7

Section 150 - Nutrition - Non-WIC

Nutrition - Non-WIC Definitions	150-1
150.010 - Nutritional Counseling, High Risk	150-2
150.020 - Dietary Counseling, Nutritional Educators	150-3
150.030 - Field Services	150-4
150.040 - Education / Contract Services	150-5
Section 150 Changes	150-6

Section 160 - Prenatal

Prenatal Definitions	160-1
160.010 - Full Service Prenatal Counties Only	160-2

Section 170 - Program Specific Training (Rescinded 04/20/2004)

Program Specific Training Definitions	170-1
170.010 - Program Specific Training	170-2
Section 170 Changes	170-3

Section 180 - TennCare Presumptive Enrollment

TennCare Enrollment Definitions	180-1
180.010 - TennCare Presumptive Enrollment for Pregnant Women	180-2
180.020 - TennCare Presumptive Enrollment for Breast and Cervical Cancer	180-4

Section 190 - TennCare Reverification (Rescinded 11/01/2002)

Empty Section (Rescinded 11/01/2002)	190-1
--------------------------------------	-------

Section 200 - TennCare Advocacy

TennCare Advocacy Definitions	200-1
200.010 - TennCare Advocacy	200-3
200.020 - Field Services	200-4
200.030 - TennCare Advocacy Activity List	200-5
TennCare Advocacy Activities Form	200-7

Section 210 - Breast & Cervical Cancer Early Detection

Breast & Cervical Cancer Early Detection Definitions	210-1
210.010 - Screening Visit for Breast & Cervical Cancer	210-2
210.020 - Colposcopy Dysplasia Clinic Visit	210-3

Section 220 - Vaccines / Immunization

Vaccines / Immunizations Definitions	220-1
220.010 - Immunizations with Comprehensive Exam	220-2
220.020 - Immunization Only Visit (No Exam)	220-3
220.030 - Tetanus - Td - Trauma Care Required	220-4
220.040 - Booster - Post Traumatic or No Trauma - No Care	220-5
220.050 - Injection Codes	220-6
220.060 - Vaccine Codes - On-Site Clinics	220-7
220.070 - International Travel Vaccine Codes	220-9
220.080 - Mass Immunization Clinics	220-10
220.090 - Vaccine Codes for Mass Immunization Clinics	220-11
220.100 - Injection Codes for Mass Immunization Clinics	220-12
220.110 - Field Services	220-13
Section 220 Changes	220-14

Section 230 - Visits for Clinical Service & Related Procedures

Visits for Clinical Service & Related Procedures Definitions	230-1
230.010 - Blood Pressure Check Only	230-2
230.020 - Blood Pressure Check with Counseling	230-3
230.030 - (Rescinded)	230-4
230.040 - Blood Pressure Check - Established Patient	230-5
230.050 - Blood Work Only	230-6
230.060 - Health Care Management - Problem Visit	230-7
230.070 - Preventive Exam with Problem Identified	230-8
230.080 - Colposcopy / Dysplasia Clinic	230-9
230.090 - Diagnosis & Treatment of Pediculosis - First Visit	230-10
230.100 - Diagnosis & Treatment of Pediculosis - Subsequent Visits	230-11
230.110 - Injection Only Visits - Allergy	230-12
230.120 - Injection Only Visits - Generic - Initial Visit	230-13
230.130 - Injection Only Visits - Generic - Subsequent Visits	230-14
230.140 - Injection Only Visits - Haldol / Prolixin - Initial Visit	230-15
230.150 - Injection Only Visits - Haldol / Prolixin - Subsequent Visits	230-16
230.160 - Labs - Generic	230-17
230.170 - Labs - DNA for TBI - Tennessee Resident	230-18
230.180 - Labs - DNA for TBI - Non-Tennessee Resident	230-19
230.190 - Mass Screening / Education (No Charge)	230-20
230.200 - Education / Contract Services @ \$1.00 Per Unit	230-21
230.210 - Medicare Problem Only Visit	230-22
230.220 - Medicare Physicals - Screening Exams	230-23
230.230 - Medicare FLU & / or PNE Injection Only Office Visit	230-24
230.240 - Physical Exams - Contracted (Physicals by Special Agreement Contracts Only)	230-25
230.250 - Physical Exams - Non-Contracted (EPSD&T, School, Camp, etc.)	230-26
230.260 - PKU, T ₄ , Hemoglobinopathy, and Other Similar Tests - Initial or Repeat	230-27
230.270 - Pregnancy Test Only Visit (Not Part of Another Visit)	230-28
230.280 - Pregnancy Test - WIC (Presents for WIC - No Proof of Pregnancy - Not Obviously Pregnant)	230-29
230.290 - Presumptive Eligibility - We Do the Pregnancy Test	230-30
230.300 - Presumptive Eligibility - Patient Provides Proof of Pregnancy	230-31
230.310 - Preventive Counseling Only	230-32
230.320 - Test Recheck Visit	230-33
230.330 - Tuberculin Skin Test Only	230-34
230.340 - Preventive / Required Occupational Health Services for Health Department Employees	230-35

Section 240 - WIC

WIC Definitions	240-1
240.010 - WIC Certification / Recertification	240-2
240.020 - WIC Voucher Pickup	240-3
240.030 - Group Nutritional Education	240-4
240.040 - Issue VOC Card	240-5
240.050 - WIC Nutritional Counseling	240-6
240.060 - High Risk WIC Nutritional Counseling (RD Only)	240-7
240.070 - Field Service - Community Activities	240-8

Section 250 - Program Codes

250.010 - Statewide Program Codes	250-1
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Section 260 - Reimbursement Codes

260.010 - PTBMIS Reimbursement Codes	260-1
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10.00 - GENERAL INFORMATION

10.010 - General Information

Last Change Date: 04/20/2004

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~~ **patient** 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~~ patient 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.

SECTION 50 - CARE COORDINATION

Child Health and Development Program (CHAD) Definitions:

Last Change Date: 04/20/2004

TARGET POPULATION:

Preschool children (up to age 6) are eligible for this service if authorized by the CSA reviewing eligibility on behalf of the Department of Children's Services. Those eligible are children who are at risk of abuse and neglect and expectant mothers under eighteen (18) years of age, to prevent or reduce the risk of abuse and or developmental delays to the unborn child.

The following are definitions of each service code listed on the care coordination encounter form for CHAD services. In general, the only differences between CHAD and HUGS services are the target population and the prior authorization requirement. The services to be delivered are the same. The only metropolitan county authorized to provide CHAD services is Sullivan County.

99348A -- : Home Visit Attempt:

This code is used to document the home visitor's unsuccessful home visit attempt. The home visitor traveled to the ~~client's~~ patient's residence, but was not able to complete the home visit.. This code can only be used one time each day, per household, even if the worker stops by more than once in a day

Child Health and Development Program (CHAD) Definitions: (CONT.)

99350H -- Home Visits, Primary Client Patient:

Use this code to document services provided to the primary client patient for whom the referral is received. Services are provided in the client's patient's residence and/or where the client patient spends a significant amount of time. Only one code 99350H may be used per visit to the residence although multiple family members may be served concurrently at any one given visit to the home.

99350C -- Home Visit -- Other Client Patient

Use this code for any person in the home who receives a home visit but is not the primary recipient for the family. This code may be used for adults or children. This code is used to document service provision and not to merely identify members of the household.

99349H -- Other Visit -- Primary Client Patient

This code is used to document services provided to the primary client patient when the services are provided at a site other than the client's patient's residence, i.e., day care program, doctor's office, or other public offices. This code should be used as an exception when there is no other avenue for meeting with the family.

99349C -- Other Visit -- Other Client Patient

This code is used to document services provided to someone other than the primary client patient at a site other than the client's patient's home. Examples of sites include day care programs, doctor's offices or other public offices. This code may be used for adults or children. This code is used to document service provision and not merely to identify members of the household who were present. This code should be used as an exception when there is no other avenue for meeting with the family.

1516 -- Case Closure

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

50.010 - CHAD - SSBG

Last Change 04/20/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Home Visit -- Primary Client Patient	99350H	AD	6	Child OR	V202	1
Home Visit -- Other Client Patient	99350C			Prenatal OR	V222	
Other Visit -- Primary Client Patient	99349H			Postpartum	V242	
Other Visit -- Other Client Patient	99349C					
Home Visit Attempt	99348A					
Case Closure	1516					
<p>COMMENTS:</p> <p>Code <u>one</u> 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.</p>						

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					
<p>COMMENTS: Code <u>one</u> 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.</p>						

50.015 CHAD Physicals

Last Change Date: 04/20/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY		
Preventive Visit - Age Specific								
<u>New Patient</u>		EP Or AD Or HU	A X X X Or 5 X X X 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		

***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.**

50.015 - CHAD - Physicals -- Continued on next page

50.015 - CHAD - Physicals (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Vaccines	See Vaccine Code	EP Or 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

for clinical services. If a physical is done

solely as a requirement of the home visiting program, which would be a rare occurrence, program codes AD or HU could be used.

Patients who use clinical services, including EPSDT exams, and happen to be enrolled in a home visiting program should not use AD or

To code CHAD physicals:

- 1) Use program code AD and the appropriate Payor Code for CHAD ~~clients~~ patients who have private insurance coverage.
- 2) Use program code AD and Payor 6 for CHAD ~~clients~~ patients with no third party coverage. HU

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

Last Change Date 04/20/2004

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 patient** and/or family member at the participant's current residence, or at site other than the **client's patient'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 patient**. 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.

HUGS

Help Us Grow Successfully

Definitions

Last Change Date: 04/20/2004

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 HUGS ~~clients~~ patients. 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 HUGS services:

99348A -- Home Visit Attempt: This code is used to document the home visitor's unsuccessful home visit attempt. The home visitor traveled to the ~~client's~~ patient's residence, but was unable to complete the home visit. This code can only be used one time each day, per household, even if the worker stops by more more than once in a day.

99350H -- Home Visits, Primary ~~Client~~ Patient: Use this code to document services provided to the primary ~~client~~ patient for whom the referral is received. This code may be used for adults or children. Services are provided in the ~~client's~~ patient's residence and/or where the ~~client~~ patient spends a significant amount of time. Only one code 99350H may be used per visit to the residence although multiple family members may be served concurrently at any one given visit to the home.

99350C -- Home Visit -- Other ~~Client~~ Patient:

Use this code for any person in the home who receives a home visit service but is not the primary recipient for the family. This code may be used for adults or children. This code is used to document service provision and not to merely identify members of the household.

99349H -- Other Visit, Primary ~~Client~~ Patient: This code is used to document services provided to the primary ~~client~~ patient when services are provided at a site other than the ~~client's~~ patient's residence, i.e., day care program, doctor's office or other public offices. This code may be used for adults or children. This code should be used as an exception when there is no other avenue for meeting with the family.

~~client's~~ patient's **99349C Other Visit - Other ~~Client~~ Patient** This code is used to document services provided to someone other than the primary ~~client~~ patient at a site other than the ~~client's~~ patient's home. Examples of sites include, day care programs, doctor's offices, or other public offices. This code may be used for adults or children. This code is used to document service provision and not to merely identify members of the household who were present. This code should be used as an exception when there is no other avenue for meeting with the family.

1516 - CASE CLOSURE: This code is used to close the case to home visiting services.

50.030 - HUGS - Contact To ~~Client's Patients~~ (Home, Office, Other)

Last Change Date: 04/20/2004

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

70.030 - AIDS Prevention - HIV Counseling and Testing

Last Change Date: 04/20/2004

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~~ patient 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 Serum	86701					
OraSure Test Antibody, HIV-1, Oral Swab (saliva)	ORASURE					
Rapid HIV-1 Antibody	ORAQUIK					
Venipuncture (If Done)	36415					
Ear, Finger or Heel Stick (if done)	36416					
Lab Handling (If Outside Lab)	99000					
COMMENTS:						
Counseling Codes 99401-99404 should be used for face-to-face 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	V689	
COMMENTS:						
Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.						

70.040 - AIDS Prevention - Return Visit for Test Results

Last Change Date: 04/20/2004

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~~ patient 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
<p>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.</p>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis For The Encounter 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>						

70.050 - AIDS Prevention - Field Service

Last Change Date: 04/20/2004

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 counseling, education, and general information sharing regarding HIV prevention.

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Field Services (Audit, Contact, Mass Screening, Mass Education)		AP	6	Contact With Or Exposure To Venereal Disease OR	V016	# 30 min incs
"C" Registration (Community Service) (Has NO Medical Record)	78059			Health Related Issues HIV Counseling	V654 V6544	
"L" Registration (Long) (Has Medical Record)	3560					
COMMENTS: Use code 3560 if your PTBMIS record has a "L", long registration, or 78059 if the record has a "C", community service, 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>)						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis For The 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.						

70.080 - STD - STD Visits (Treatment, Follow-up, Contact, Counseling)

Last Change Date: 04/20/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Other Visit, Time Specific</u>		ST	As Approp	As Appropriate For Reportable STDs		
New Patient	99201 - 99205		Pvt Pay: 6	AIDS	042	1
Established Patient	99211 - 99215			Chlamydia	07998	
Lab(s) completed				Gonorrhea	0980	
Venipuncture (if done)	36415		Pvt Ins: (5XXX)	HIV	07953	
Lab handling (if outside lab)	99000		TNCare: - (AXXX)	STD Contact / Exposure	V016	
Drugs dispensed *- use Pharmacy Module				Syphilis, Late	0970	
Related Functions				Syphilis, Latent	0971	
Counseling (ONLY IF VISIT NOT CODED -- see comments for exceptions)	99401 - 99404			Syphilis, Primary	0912	
Recheck Visit	3734		6	Syphilis, Secondary	0919	

* If an injection is given, use injection code 90782.

70.080 - STD - STD VISITS (Continued on Next Page)

70.080 - STD - STD VISITS (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
***Home / Off-Site Visit	99350H	ST	As Approp	Venereal Disease, Unspecified	0999	1
Attempted Home Visit	99348A					

COMMENTS:

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

Code treatment for Reportable Sexually Transmitted Diseases only using ST Program Code. For non-reportable disease (i.e., Condyloma) visits/treatment, use CH/WH/MH. Do not code counseling in addition to an Other or Preventive Visit since counseling is considered part of the visit.

The highest level provider should code the visit. **EXCEPTION: If patient requests HIV testing in addition to the ST visit, the person provider who completes the "bubble sheet" who does the HIV testing and counseling (AIDS Counseling and Testing Data Sheet) should code the appropriate counseling code using AP (AIDS Prevention) as the program code for the counseling and the HIV test and Reimbursement Code 6 (Private Pay).** Do not code condoms dispensed. Third party pay sources may be billed for services provided to patients under the ST Program **WITH SIGNED CONSENT FROM THE PATIENT.**

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 contact.

TennCare Advocacy	99401T	TO	6	Primary Diagnosis		1
	99402T			Unspecified Administrative Purpose		

COMMENTS:

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

70.090 - STD - Field Service

Last Change Date: 04/20/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Field Service (Audit, Mass Screening, Contact, Mass Education)</u>		ST	6	As Approp OR	As Approp	# 30 Min Incs
"C" Registration (Community Service) (Has NO Medical Record)	78059			Health Related Issues HIV Counseling	V654 V6544	
"L" Registration (Long) (Has Medical Record)	3560					

COMMENTS:

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

Code treatment for Reportable Sexually Transmitted Diseases only using ST Program Code. For non-reportable disease (i.e., Condyloma) visits/treatment, use CH/WH/MH. Do not code counseling in addition to an Other or Preventive Visit since counseling is considered part of the visit

The highest level provider should code the visit. **EXCEPTION: If patient requests HIV testing in addition to the ST visit, the person provider who completes the "bubble sheet" who does the HIV testing and counseling (AIDS Counseling and Testing Data Sheet) should code the appropriate counseling code using AP (AIDS Prevention) as the program code for the counseling and the HIV test and Reimbursement Code 6 (Private Pay).** Do not code condoms dispensed. Third party pay sources may be billed for services provided to patients under the ST Program **WITH SIGNED CONSENT FROM THE PATIENT.**

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 contact.

TennCare Advocacy	99401T	TO	6	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.

TBC Definitions

Last Change Date: 04/20/2004

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 .

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

Office / off-site - individual placement of TST using single TST procedure on low-risk patients

86580R TB Skin Test (Repeat)

Individual placement of repeat post-exposure skin test.

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). A second risk assessment is not required.

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

Performed by Public Health Nurse or Trained health department personnel. Limited contact with **client patient** 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 patient's** home).

TBC Definitions - Continued on Next Page

TBC Definitions - Continued

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.~~

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:** TB skin test read, 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.

70.108 - TB Screening For Individuals, Health Department Clinic Setting

Last Change Date: 04/20/2004

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 OR AXXX OR 5XXX	TB Skin Test	V741	
TB Skin Test (Low-Risk Patients)	86580L	*TB				
TB Skin Test Read	3734	**MH, WH CH				
TB Skin test Second Step (See two-step skin test on TBC def. page).	86580T					
TB Skin Test (Repeat)	86580R	TB	6	TB Contact (Only)	V011	
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~~ patients will be counseled and offered a TB skin test. Low-risk client 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: 04/20/2004

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 OR	V011	
Lab Handling (If Outside Lab)	99000			TB Suspect	V712	
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	AT	Already treated
NT	No TB found	RM	Refused medication / treatment	RE	Refused evaluation

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~~ Skin Testing for TB Contacts

Last Change Date: 04/20/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY		
TB Screening	TBS	TB	6	Unspecified Admin Purpose	V689	1		
New Patient	99201 - 99205			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							
Repeat post-exposure	86580R							
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> <p>Note: Link contact to source case by putting case source patient ID on encounter form and in the note/follow-up field.</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>								

085.010 - EPSD&T Visit

NOTE: FOR TENNCARE ~~CLIENTS~~ PATIENTS ONLY

Last Change Date: 04/20/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Preventive Visit - Age Specific</u>						
<u>New Or Established Patient Office Visit</u>						
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
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
<u>Additional Services Performed As Appropriate</u>						
Developmental/Behavioral Screening	96110	EP	AXXX			
Hearing Screening	92551					
Vision Screening	99173					
Venipuncture (If Done)	36415					
Ear, Finger Or Heel Stick	36416					
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					
Multiple Administration (Number Of Shots Over One (1))	90472					# imms given over one

COMMENTS:

EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT

- | | |
|--|---|
| <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 |
|--|---|

Vision Screening (99173): When A Physician, Nurse Or Nursing Assistant Screens A Child During An EPST&T Visit For An OBJECTIVE Vision Screen Utilizing A Snellen, Snellen ABC, Tumbling E Chart, Titmus, Photo Screener Or Sure Sight Machine. This Service Should Be Coded Using The 99173 Code. Use This Code In Addition To The EPST&T Preventive Code When An OBJECTIVE Screening Is Provided To Children At The Ages Of 3, 4, 5, 6, 8, 10, 12, 15, And 18 Years, According To The AAP Periodicity Schedule.

Hearing Screening (92551) : When A Physician, Nurse, Or Nursing Assistant Screens A Child During An EPST&T Visit For An OBJECTIVE Hearing Screen Utilizing An Audioscope, TetraTone II Or An Audiometer, This Service Can Be Coded Using The 92551 Code. Use This Code In Addition To The EPST&T Preventive Code For An OBJECTIVE Screening Provided To Children At The Ages Of 4, 5, 6, 8, 10, 12, 15, And 18 Years, According To The AAP Periodicity Schedule.

Developmental/Behavioral Screening (96110): A Developmental/Behavioral Screening Is To Be Provided At Each EPST&T Screening Visit, Based On The Age Of The Child/Young Person. The Screening Instrument May Be The Parents Evaluation Of Developmental Status (PEDS); The Pediatric Symptom Checklist (PSC) Or The Adolescent Developmental/Behavioral Questionnaire.

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>						

085.020 - EPSD&T Visit

NOTE: FOR NON-TENNCARE CUSTODIAL DCS CLIENTS PATIENTS ONLY

Last Change Date: 04/20/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Preventive Visit - Age Specific</u>						
<u>New Or Established Patient Office Visit</u>						
Infant Or Child (New)	99381 - 99384	EP	5DCS	Well Child	V202	1
Adolescent (New)	99385			Routine general medical exam at a health care facility and /or health checkup	V700	1
Infant Or Child (Established)	99391- 99394	EP	5DCS	Well Child	V202	1
Adolescent (Established)	99395			Routine general medical exam at a health care facility and /or health checkup	V700	1
<u>Additional Services Performed As Appropriate</u>						
Developmental/Behavioral Screening	96110	EP	5DCS			
Hearing Screening	92551					
Vision Screening	99173					
Venipuncture (If Done)	36415					
Ear, Finger Or Heel Stick	36416					
Lab(S) Completed						
Lab Handling (If Outside Lab)	99000					

Section 085.020 Continued On Next Page

Section 085.020 Continued

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Vaccines	See Vaccine Codes	EP	5DCS	As Approp	As Approp	1
Single Administration	90471					
Multiple Administration (Number Of Shots Over One (1))	90472					# imms given over one

COMMENTS:

EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT

- | | |
|--|---|
| <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 |
|--|---|

Vision Screening (99173): When a physician, nurse or nursing assistant screens a child during an EPST&T visit for an OBJECTIVE vision screen utilizing a Snellen, Snellen ABC, Tumbling E Chart, Titmus, photo screener or sure sight machine, this service should be coded using the 99173 code. Use this code in addition to the EPST&T preventive code when an OBJECTIVE screening is provided to children at the ages of 3, 4, 5, 6, 8, 10, 12, 15, and 18 years, according to the AAP Periodicity Schedule.

Hearing Screening (92551) : When a physician, nurse, or nursing assistant screens a child during an EPST&T visit for an OBJECTIVE hearing screen utilizing an audioscope, Tetratone II or an audiometer, this service can be coded using the 92551 code. Use this code in addition to the EPST&T preventive code for an OBJECTIVE screening provided to children at the ages of 4, 5, 6, 8, 10, 12, 15, and 18 years, according to the AAP Periodicity Schedule.

Developmental/Behavioral Screening (96110): A developmental/behavioral screening is to be provided at each EPST&T screening visit, based on the age of the child/young person. The screening instrument may be The Parents Evaluation of Developmental Status (PEDS); the Pediatric Symptom Checklist (PSC) or the Adolescent Developmental/Behavioral Questionnaire

For non-TennCare DCS children, a HCFA 1500 will be generated. This should be forwarded to the local DCS Office with a copy of the authorization form that you have on file.

Section 085.020 Continued On Next Page

Section 085.020 Continued

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
EPSD&T Exam Refused	EPREFUS	EP	5DCS	Unspecified Admin Purpose	V689	1
<p>COMMENTS: For all DCS children , 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>						

90.010 - Families First (FF)

Last Change Date: 04/20/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Home Visit	99350H	FF	6	Unspecified Administrative Purpose	V689	1
Other Visit (If Home Visit Is Refused)	99349H					
Attempted Home Visit	99348A					
Calls	99371					

COMMENTS:

Admit ~~clients~~ patients to FF Program on ADM Screen using date referral received. **TennCare Advocacy will be included in the visit.**

100.030 - Medical Revisit (Includes Repeat Pap or HPV)

Last Change Date: 04/20/2004

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	
Ear, Finger Or Heel Stick	36416					
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, 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 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.

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

NOTE: FOR TENNCARE CLIENTS PATIENTS ONLY

Last Change Date: 04/20/2004

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)			1
Age <18	99383 - 99384			Well Child AND One of the below diagnosis	V202	
Age 18, 19, 20	99385			Routine general medical exam AND one of the below diagnosis	V700	
<u>Established Patient, Age Specific</u>						
Age <18	99383 - 99384 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	
Additional Services Performed As Appropriate						
Developmental/ Behavioral Screening	96110	EP	Axxx			
Hearing Screening	92551					
Vision Screening	99173					
Lab(s) Completed				<u>Complete Exam</u>		
Venipuncture, (if done)	36415	FP	TnCare (Axxx)	Initial / Annual on OC's	V2501	1
Ear, Finger or Heel Stick	36416			Initial / Annual / Other Methods	V2502	
				Annual Exam -Pvt Ins Xantus	V273	

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
Lab handling (if outside lab)	99000			<u>Return Visits</u>		
Drug(s) Dispensed				Pap only	V762	1
				Pap & gyn exam	V723	
				Breast Check Only	V7610 or V7619	
				Abnormal Pap	79500	
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:

EARLY PERIODIC SCREENING, DIAGNOSIS AND TREATMENT

- | | |
|--|---|
| * Comprehensive health and developmental history | * Comprehensive unclothed physical exam |
| * Appropriate immunizations | * Appropriate laboratory tests |
| * Health education | * Hearing assessment |
| * Visual assessment | |

Vision Screening (99173): When a Physician, Nurse Or Assistant Screens A Child During An EPSD&T Visit For An OBJECTIVE Vision Screen Utilizing A Snellen, Snellen, Tumbling E Chart, Titmus, Photo Screener Or Sure Sight Machine. This Service Should Be Coded Using The 99173 Code. Use This Code In Addition To The EPSD&T Preventative Code When An OBJECTIVE Screening Is Provided To Children At The Ages Of 3, 4, 5, 6, 8, 10, 12, 15, And 18 Years, According To The AAP Periodicity Schedule.

Hearing Screening (92551): When A Physician, Nurse, Or Nursing Assistant Screens A Child During An EPSD&T Visit For An Objective Hearing Screen Utilizing an Audioscope, Tetratone II Or An Audiometer, This Service Can Be Coded Using The 92551 Code. Use This Code In Addition To The EPSD&T Preventative Code For An OBJECTIVE Screening Provided To Children At The Ages Of 4, 5, 6, 8, 10, 12, 15, And 18 Years, According To The AAP Periodicity Schedule.

Developmental Behavioral Screening (96110): A Developmental/Behavioral Screening Is To Be Provided At Each EPSD&T Screening Visit, Based On The Age Of The Child/Young Person. The Screening Instrument May Be The Parents Evaluation Of Developmental Status (PEDS), The Pediatric Symptom Checklist (PSC) Or The Adolescent Developmental/Behavioral Questionnaire.

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
<p>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 <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>COMMENTS: Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.</p>						

Section 105 - Group Education

Group Education Definitions

Last Change Date: 04/20/2004

78059 - Prenatal Education.	<p>Prenatal education is aimed at prenatal clients patients who are not necessarily enrolled in a specific program (such as HUGS), but who could benefit from risk prevention/reduction prenatal education. Prenatal education may include the following topics:</p> <ol style="list-style-type: none">1. Counseling activities to promote and support healthy behavior, i.e., avoiding substance abuse, nutrition and weight gain, seat-belt use, domestic violence, etc.2. General knowledge of pregnancy including, anatomic and physiologic changes with comfort measures for accompanying discomforts, fetal growth and development, labor and delivery, complications of pregnancy and parenting.3. Information on the development of birthing care plans, and encouragement to participate in the decisions needed during prenatal care and childbirth
78059 - Childbirth Education	<p>Childbirth education is aimed at prenatal clients patients who are not necessarily enrolled in a specific program (such as HUGS), but who could benefit from risk prevention/reduction childbirth education. Childbirth education may include the following topics:</p> <ol style="list-style-type: none">1. Anatomy and physiology of labor and birth.2. Comfort measures.3. Normal birthing process, interventions, medications and cesarean birth.4. Breastfeeding basics.

Group Education Definitions continued on next page

Group Education Definitions (Continued)

~~Last Change Date: 01/30/2004~~

78059 - Parenting Education	<p>Parenting education is aimed at parents whose children (birth through the age of 5 years) are not necessarily enrolled in a specific program (such as HUGS), but who could benefit from risk prevention/reduction and anticipatory guidance. Parenting education may include the following topics:</p> <ol style="list-style-type: none">1. Children's cognitive, social, emotional and physical development.2. Parenting attitudes, knowledge, behavior and family functioning.3. Child safety.4. Parents' mental and emotional health and/or risk behaviors.5. Families' self-sufficiency.
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105.010 Group Education

Last Change Date:04/20/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Parenting Classes	78059	CH	6	Health Related Issues OR	V654	#30 Min. Incs
Prenatal Classes		CH WH or PN		General Nutrition OR	V653	
Childbirth Classes				As Approp	As Approp	

COMMENTS:

For group education, use code 78059 with a "C" (Community Service) registration. Code 78059 should be coded in 30 minute increments in the QTY column. On the encounter form, write the number of participants in the group in the mile column beside the line your code is on. Person keying encounter will key number of participants in MILE column on the EN Screen.

* Use of the CH or WH program code would be determined by the majority of the participants.

* **ONLY FULL SERVICE PRENATAL COUNTIES CAN USE THE PN PROGRAM CODE!**

TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For 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.

SECTION 170

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Section Rescinded 04/20/2004

180.010 - TennCarePresumptiveEnrollment

For Pregnant Woman

Last Change 04/20/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TennCare Presumptive (Prenatal)	TCPRES	CH Or PN Or WH	6	Unspecified Administrative Procedure	V689	1
<p>COMMENTS:</p> <p>TCPRES Code will be used to capture all activities related to TennCare Presumptive Enrollment Process.</p> <p>Do Not Use Advocacy Code 99401T or 99402T in addition to the TCPRES code.</p> <p>If pregnancy is determined elsewhere and nurse provides prenatal counseling, codes 99401 - 99402 should be used with a diagnosis code:of V222. Consider referral to WIC and HUGS program.</p> <p>The provider who determines the presumptive eligibility will take the code.</p>						
**Motor Voter Registration	MOVO	AM	6	Unspecified Adm. Purpose	V689	1
<p>COMMENTS: ONLY FULL SERVICE PRENATAL COUNTIES CAN USE THE PN CODE! 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.</p>						

180.010 TennCare Presumptive Enrollment--Continued on Next Page

180.010 - TennCare Presumptive Enrollment

For Pregnant Women - (Continued)

****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

NE--Not eligible due to age or lack of citizenship

****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**

Note: If We Do Pregnancy Test For Confirmation Of Pregnancy, See Section 230, Page 28.

SECTION 200 - TENNCARE ADVOCACY

TennCare Advocacy Definitions

Last Change Date: 04/20/2004

Code 99401T: LEVEL I -- WHAT IS IT?

- A. Identifying & assisting ~~clients~~ patients with compiling the information they will need to take to DHS to file a TennCare application;
- B. Screening children 0 to 19 years of age for TennCare eligibility and encouraging them to file a TennCare application with DHS;
- C. Providing information about TennCare eligibility and the eligibility process through DHS and SSI;
- D. Assisting in the completion of the "Medically Eligible" application packet provided to enrollees who do not qualify for Medicaid but may qualify as medically eligible;
- E. Encouraging compliance with clinical appointments;
- F. Assisting with TennCare transportation arrangements;
- G. Providing information regarding how to access care (role of the PCP; how to change MCO/PCP; appropriate use of the ER; reporting changes in income, name, address, family size; paying co-payments for health services and prescriptions);
- H. Informing and assisting a ~~client~~ patient to appeal decisions about their eligibility;
- I. Informing and assisting a ~~client~~ patient to appeal decisions about their premium;
- J. Conducting immunization follow-up (this specifically excludes the mass mailings of immunization postcards);

The following six (6) activities are considered Level I activities when the provider, appointment, authorization, or referral is obtained with a simple phone call requiring no medical justification or judgment. Any of these Level I activities will automatically become a Level II when medical justification or judgment is needed to obtain the service.

- K. Informing and assisting a ~~client~~ patient to appeal MCO denial of service; inappropriate charges by providers for covered medical care, etc., and date-stamping TennCare appeals per established guidelines;
- L. Locating medical, dental, behavioral health, or ancillary (PT, OT, speech) providers;
- M. Obtaining referrals and authorizations for medical services, including health department services;
- N. Obtaining and making appointments with outside providers.
- O. Contacting ~~clients~~ patients by phone or home visiting if delinquent for EPSDT according to periodicity schedule;
- P. Educating ~~clients~~ patients regarding EPSDT benefits and need for compliance according to periodicity schedule.

TennCare Advocacy Definitions Continued on next page

TennCare Advocacy Definitions--Continued

99401T LEVEL I -- WHO CAN PROVIDE IT?

Any health department employee -- public health nurse, clerk, social worker / social counselor, nutritionist, nursing assistant, public health representative, etc. - may provide Level I advocacy activities.

99401T LEVEL I -- HOW DO YOU CODE IT?

Many 99401T advocacy activities can be done by different providers during a clinic visit. However, only one (1) 99401T activity may be coded on the patient encounter form per clinic visit.

99401T LEVEL I -- HOW DO I DOCUMENT IT?

99401T advocacy activities must be documented on one of the following:

- A. The TennCare Advocacy Encounter/Log; OR
- B. The TennCare Advocacy Documentation Tool; OR
- C. The SOAP clinical note.

CODE 99402T: LEVEL II -- WHAT IS IT?

- A. Assisting with understanding recommended interventions, treatments, medications and/or need for additional appointments;
- B. Obtaining referrals or prior authorizations for prescribed medications, formulas, medical supplies, durable medical equipment, or specialized medical/dental procedures;
- C. Obtaining health care for a TennCare enrollee by assisting the **client patient** to appeal an MCO/BHO decision about their medical or behavioral health care or their pharmacy benefits. This activity includes the justification a physician or nurse clinician may be required to submit to an MCO in order for a prescription to be prior authorized and provided by the MCO;
- D. Obtaining health care for a TennCare enrollee by assisting the **client patient** to appeal an MCO/BHO's lack of timely access to needed services, including provider network inadequacies, the inability to obtain an appointment within required time frames, etc.;
- E. Obtaining health care for a TennCare enrollee by assisting the **client patient** to appeal an MCO/BHO's decision about providing transportation to medical/behavioral appointments;
- F. Patient education above and beyond that which would **normally be provided for any patient** in association with the type of service delivered that day.
- G. Providing transportation.

TennCare Advocacy Definitions Continued on next page

TennCare Advocacy Definitions--Continued

The following six (6) activities are considered Level II activities when medical justification or judgment is needed to obtain the service.

- H. Informing and assisting a ~~client~~ patient to appeal MCO denial of service: inappropriate charges by providers for covered medical care, etc., and date-stamping TennCare appeals per established guidelines;
- I. Locating medical, dental, behavioral health, or ancillary (PT, OT, speech) providers;
- J. Obtaining referrals and authorizations for medical services, including health department services;
- K. Obtaining and making appointments with outside providers;
- L. Contacting ~~clients~~ patients by phone or home visit if delinquent for EPSDT according to periodicity schedule;
- M. Educating ~~clients~~ patients regarding EPSDT benefits and need for compliance according to periodicity schedules.

CODE 99402T LEVEL II -- WHO CAN PROVIDE IT?

Level II activities are obtaining actual health services or resolving difficult access to care problems. This level of advocacy requires assessment, judgment, and justification in order to actually obtain the needed TennCare service. Therefore, clerical staff and assistant staff (nursing assistant, dental assistant, and counseling assistant) will not provide Level II activities.

CODE 99402T LEVEL II -- HOW DO YOU CODE IT?

Only one (1) 99402T activity may be coded per TennCare recipient per clinic visit or per day.

CODE 99402T LEVEL II -- HOW DO YOU DOCUMENT IT?

Level II advocacy activities must be documented in the medical record

200.030 - TennCare Advocacy Activities

Last Change Date: 04/20/2004

99401T	LEVEL I
1.	Identifying and assisting clients patients with their TennCare application;
2.	Screening children 0-19 years of age for TennCare eligibility;
3.	Providing information about TennCare eligibility through a TennCare application or through DHS and SSI;
4.	Assisting in obtaining denial letters for uninsurable eligibility;
5.	Date-stamping TennCare applications or appeals per established guidelines;
6.	Encouraging compliance with clinical appointments;
7.	Assisting with TennCare transportation arrangements;
8.	Providing information regarding how to access care (role of the PCP; how to change MCO/PCP; appropriate use of the ER; reporting changes in income, name, address, family size; paying co-payments for health services and prescriptions);
9.	Informing and assisting a client patient to appeal a TennCare decision about their eligibility;
10.	Informing and assisting a client patient to appeal a TennCare decision about their premium;
11.	Conducting immunization follow-up (this specifically excludes the mass mailings of immunization postcards);
<p>The following three (3) activities are considered Level I activities when the provider, appointment, authorization, or referral is obtained with a simple phone call requiring no medical justification or judgment. <u>Any of these Level I activities will automatically become a Level II when medical justification or judgment is needed to obtain the service.</u></p>	
12.	Locating medical, dental, behavioral health, or ancillary (PT, OT, speech) providers;
13.	Obtaining referrals and authorizations for medical services, including health department services;
14.	Obtaining and making appointments with outside providers.

99401T LEVEL I - WHO CAN PROVIDE IT?	Any health department employee -- public health nurse, clerk, social worker/social counselor, nutritionist, nursing assistant, public health representative, etc. - may provide Level I advocacy activities.
99401T LEVEL I - HOW DO YOU CODE IT?	Many 99401T advocacy activities can be done by different providers during a clinic visit. However, only one (1) 99401T activity may be coded on the patient encounter form per clinic visit.
99401T LEVEL I - HOW DO YOU DOCUMENT IT?	99401T advocacy activities may be documented on one of the following: § The TennCare Advocacy Encounter/Log; OR § The TennCare Advocacy Documentation Tool; OR § The SOAP clinical note.

200.030 - TennCare Advocacy Activities (Continued on next page)

200.030 - TennCare Advocacy Activities (Continued)

99402T	LEVEL II
1.	Assisting with understanding recommended interventions, treatments, medications and/or need for additional appointments;
2.	Obtaining referrals or prior authorizations for prescribed medications, formulas, medical supplies, durable medical equipment, or specialized medical/dental procedures;
3.	Obtaining health care for a TennCare enrollee by assisting the client patient to appeal an MCO/BHO decision about their medical or behavioral health care or their pharmacy benefits. This activity includes the justification a physician or nurse clinician may be required to submit to an MCO in order for a prescription to be prior authorized and provided by the MCO;
4.	Obtaining health care for a TennCare enrollee by assisting the client patient to appeal an MCO/BHO's lack of timely access to needed services, including provider network inadequacies, the inability to obtain an appointment within required time frames, etc.;
5.	Obtaining health care for a TennCare enrollee by assisting the client patient to appeal an MCO/BHO's decision about providing transportation to medical/behavioral appointments;
6.	Patient education above and beyond that which would normally be provided for any patient in association with the type of service delivered that day.
7.	Providing transportation.
The following three (3) activities are considered Level II activities when medical justification or judgment is needed to obtain the service.	
8.	Locating medical, dental, behavioral health, or ancillary (PT, OT, speech) providers;
9.	Obtaining referrals and authorizations for medical services, including health department services;
10.	Obtaining and making appointments with outside providers.

99402T LEVEL II - WHO CAN PROVIDE IT?	Level II activities are obtaining actual health services or resolving difficult access to care problems. This level of advocacy requires assessment, judgment, and justification in order to actually obtain the needed TennCare service. Therefore, clerical staff and assistant staff (nursing assistant, dental assistant, and counseling assistant) will not provide Level II activities.
99402T LEVEL II - HOW DO YOU CODE IT?	Only one (1) 99402T activity may be coded per TennCare recipient per clinic visit or per day.
99402T LEVEL II - HOW DO YOU DOCUMENT IT?	Level II advocacy activities must be documented in the medical record.

230.260 - PKU, T₄, Hemoglobinopathy & Other Similar Tests - Initial or Repeat

Last Change Date: 04/20/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Recheck Visit	3734	CH	As Approp	Well Child	V202	1
Newborn Screening	NEWB					
Sickle Cell	85660					
Venipuncture (If Done)	36415					
Ear, Finger Or Heel Stick	36416					
Lab Handling (If Outside Lab)	99000					
COMMENTS: Do not code a Preventive or Other office visit. Code 3734 to capture time spent providing service plus applicable lab code. For a PKU Visit Code NEWB and Recheck Visit (3734).						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter	V689	1
	99402T			OR Unspecified Administrative Purpose		
COMMENTS: Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.						

230.270 - Pregnancy Test Only (Not Part of Another Visit)

Last Change Date: 04/20/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	CH OR WH	As Approp.	Rule Out Pregnancy	V724	1
Pregnancy Test	81025					
Drug(S) - Use Pharmacy Module						
COMMENTS: CH is age 0 up to 21. At age 21, code WH, Women's Health. For pregnancy test done on active Family Planning Patients use Program Code FP. If positive for pregnancy, and patient uninsured, see Presumptive Eligibility (Section 230.290 180.010). Consider referral to WIC and HUG Programs.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From 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.						

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

Last Change Date: 04/20/2004

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)	85680L			Read Positive	7955			
TB Test - 2nd Step	85680T			Read Negative	V741			
TB Skin Test Read	3734							
X-Ray If Indicated-- See X-Ray Section Of Codes List								
Prophylactic Treatment For LBTI 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	EH CPX							
Influenza Vaccine	FLU							
HBIG	HIG							
Antibody Testing -- See Antibody Section Of Codes List								
Antibody Testing --(Anti-HBs)								
Antibody Testing - HbsAg								
Antibody Testing - HCV Analine Amniotransferase (ALT)								
Antibody Testing --HIV With EIA								

230.340 - Preventive / Required Occupational Health Services for Health Department Employees* continued on next page

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

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
HIV Post Exposure Prophylaxis -- See Drug Section Of Codes List		EH	6			1
Tetanus (Dental Staff Only)	9921 TD					
New Patient	99021 - 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.