



**STATE OF TENNESSEE
BUREAU OF HEALTH SERVICES
DEPARTMENT OF HEALTH
CORDELL HULL BUILDING
425 5th AVENUE NORTH**

Date: Tuesday, October 17, 2006
To: PTBMIS Codes Manual Update Group
FROM: Theresa Lindsey, Assistant Commissioner
Bureau of Health Services
Subject: PTBMIS Codes Manual Update

The latest changes to the PTBMIS Codes Manual are included in this email. 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 indicated the last time this page was revised.
- Within a given section, changed or added words will be denoted by **shaded text**.
- Deleted lines or row 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.
- 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 refer to the instructions on the following pages for removing old pages and adding new pages to the PTBMIS Codes Manual.

1. Table of Contents	
Remove pages 1-7	Add pages 1-7
2. Section 10 – Introduction	
Remove page 3	Add page 3
3. Section 20 – Administrative Services	
Remove pages 3, 4, 6, 7	Add pages 3, 4, 6, 7, 10
SECTION	EXPLANATION
20.020	Added procedure 78020A to charge for medical records copies over 40.
20.030	Removed word “TATTOO” from Temporary Permit.
20.050	Changed \$2.50 to “one-half of fee”.
20.080	Added page for Voluntary Acknowledgement of Paternity
4. Section 40 – Breastfeeding	
Remove page 1	Add pages 1, 8
SECTION	EXPLANATION
40.070	Added page for Breastfeeding Peer Counseling and definition
5. Section 70 – Communicable Disease	
Remove page 12	Add page 12
SECTION	EXPLANATION
70.080	Replace code 90782 with 90772
6. Section 85 – EPSDT	
Remove page 4	Add page 4
SECTION	EXPLANATION
	Removed EPREFUS (EPSDT refusal)
7. Section 100 – Family Planning	
Remove pages 1-22	Add pages 1-24
SECTION	EXPLANATION
	All changes are shaded or strike thru.
8. Section 150 – WIC	
Remove pages 2, 3, 4	Add pages 2, 3, 4
SECTION	EXPLANATION
150.010	Add medical diagnosis code V653.
150.020	Replaced “Dietary Counseling” with “Nutrition Education” in heading. Replaced “counseling” with “education” counseling codes 99401-99404 changed to Education Codes 97802-97803 Comment: revised to reflect changes in codes.
150.030	Replaced <u>nutrition</u> with <u>counseling</u> in diagnosis. Changed V654 to V6540
9. Section 180 – TennCare Presumptive Enrollment	
Remove pages 2, 4	Add pages 2, 4
SECTION	EXPLANATION
180.010	Added or Primary Diagnosis From Encounter
180.020	Deleted comment regarding PE referral
10. Section 200 – TennCare Advocacy	
Remove pages 1-7	Add pages 1-6
SECTION	EXPLANATION
	All changes are shaded or strike thru.

11. Section 220 – Immunizations	
Remove pages 2, 6-15	Add pages 2, 6-14
SECTION	EXPLANATION
	All changes are shaded or strike thru.
12. Section 230 – Visits	
Remove pages 1, 7, 8, 14-16, 35, 36	Add pages 1, 7, 8, 14-16, 35, 36
SECTION	EXPLANATION
	All changes are shaded or strike thru.
13. Section 240 – WIC	
Remove pages 2-5	Add pages 2-5
SECTION	EXPLANATION
	All changes are shaded or strike thru.

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Definition of New & Established Patients (Continued)

Last Change Date: 10/16/2006

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 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.

Office Visits and Counseling Code Rules

AIDS Prevention

1. Do not code an office visit code and a counseling code on an encounter at the same time by one provider **except** AIDS Prevention Section 70 page 5 and 6 which states:
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 an office visit plus a counseling code.
2. Another visit and a nutrition counseling visit may be coded during the same office visit based on Ryan White program guidelines.

Other

More than one counseling code may be coded on an encounter if coded by separate providers using a different diagnosis and different program codes.

Example:

Patient sees a nurse for a positive pregnancy test and sees the nutritionist for WIC, then two counseling codes may be used on the encounter.

An office visit and counseling can be coded on the same encounter but be different program codes and different providers.

Example:

If a patient comes for primary care and has an office visit by one provider then needs a FP re-supply issued by the nurse, both the office visit and counseling code may be coded on the encounter because of different providers.

20.020 - Copies / Fax (Per Page)

Last Change Date: 10/16/2006

(Use Administrative Encounter Form (PH-3309))

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
"C" Registration, (Community service) (Has NO Medical Record)	78020	AM	6	Unspecified Administrative Purpose	V689	# Of Pages
	78020A*					# Of Pages >40
"L" Registration, (Long) (Has Medical Record)	11005					
<p>COMMENTS:</p> <p>Can charge for maximum of 40 copies with price cap of \$20.00 effective 09-16-97.</p> <p>Copies of medical records for patients and workman's comp will have no charge.</p> <p>Code 78020A* for each additional page over 40 (to be used for attorney's request).</p>						

20.030 - General Environmental Services

Last Change Date: 10/16/2006

(Use Administrative Encounter Form (PH-3309))

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Temporary Permit (Food, Tattoo establishments)	78087	FG	6	Unspecified Administrative Purpose	V689	# Of \$30.00 Incs To Equal Fee
Permit Fees per \$1.00 unit	PRMTFEE		6	Unspecified Administrative Purpose	V689	# Of \$1.00 Incs To Equal fee
COMMENTS: Use code PRMTFEE for Tattoo Parlors temporary permit.						

20.050 - Birth Certificates

Last Change Date: 10/16/2006

(Use Administrative Encounter Form (PH-3309))

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY			
<u>"C" Registration, (Community Service) (Has NO Medical Record)</u>			6	Unspecified Administrative Purpose	V689	# Issued			
Birth Certificate	78023A	BR							
Birth Certificate	78023B	BC							
Additional Copy	78025A	BR							
Additional Copy	78025B	BC							
Birth Certificate - Veteran	78033	BC							
<u>"L" Registration, (Long) (Has Medical Record)</u>									# Issued
Birth Certificate	11053A	BR							
Birth Certificate	11053B	BC							
Additional Copy	11054A	BR							
Additional Copy	11054B	BC							
Birth Certificate - Veteran	VETBC	BC							
<p>COMMENTS: PATIENT SEARCH MANDATORY. No registration found, use "C" (Community Service) Registration Codes. Registration found, use "L" (Long) Registration Codes.</p> <p>Code two lines to issue copies of birth certificates. Use program code BR with procedure codes ending with A to deposit the \$2.50 one-half of the fee to Vital Records in Nashville. Use program code BC with procedure codes ending with B to deposit the \$2.50 one-half of the fee to the local health department account. The same rule applies to additional copies.</p>									

20.050 - Birth Certificates (Continued on Next Page)

20.050 - Birth Certificates (Continued)

PROCEDURE			CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
EXAMPLE:								
11053A	BR	6	V689	1	(Deposits \$2.50 one half of the fee to Vital Records in Nashville)			
11053B	BC	6	V689	1	(Deposits \$2.50 one half of the fee to Local Health Department)			

20.080 - Voluntary Acknowledgement of Paternity

Last Change Date: 10/16/2006

(Use Administrative Encounter Form (PH-3309))

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
"L" Registration, (Long) (Has Medical Record)	VAOP	AM	6	Unspecified Administrative Purpose	V689	1
COMMENTS: Put mother's name in the note field on the encounter.						

SECTION 40 - BREASTFEEDING

Breastfeeding Definitions

Last Change Date: 10/16/2006

Code 99350H -- Initial Home Visit includes

- Complete breastfeeding assessment in patient's home, related to a documented problem or medical diagnosis
- Develop of Care Plan
- Provide breastfeeding counseling and make any necessary referrals
- Document in medical record

Code 99349H -- Follow-up Home Visit

- Update previous breastfeeding assessment in patient's home
- Review and update plan of care
- Provide counseling
- Document in the medical record

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.

Code 78059 -- (no medical record) and Code 3560 -- (has medical record) Field Service:

Provide mass education at health fairs, presentations in the community or workshops for other agencies about the WIC program and its benefits.

Code 1009 -- Peer Counseling Activity

This code is used to document breastfeeding counseling done by a breastfeeding Peer Counselor hired with WIC Breastfeeding Peer Counseling grant funds. Peer counseling activity must be documented in the patient's medical record. Activity may be face-to-face, on or off-site, or over the telephone.

40.070 - Breastfeeding Peer Counseling

Last Change Date: 10/16/2006

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Peer Counseling	1009	BF	6	Unspecified Admin. Purpose	V689	1
<p>COMMENTS: Peer Counseling should be documented in the patients' medical record. May be face-to-face, on or off-site, or over the telephone. Must be provided by a Peer Counselor hired with WIC Breastfeeding Peer Counseling grant funds.</p> <p>The disposition code should be recorded on the encounter and entered into the disposition field on the PTBMIS encounter screen. See the codes below:</p>						
CODE	DESCRIPTION					
FS	Breastfeeding Survey					
IC	Individual Counseling					
BP	Breast Pump Issuance					
HV	Home Visit or Hospital Visit					
GC	Group Counseling					

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

Last Change Date: 10/16/2006

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			AIDS	042	1
Established Patient	99211 - 99215		Pvt Pay: 6	Chlamydia (unspec.urinary site)		
Lab(s) completed				Gonorrhea (acute genitourinary)**		
Venipuncture (if done)	36415		Pvt Ins: (5XXX)	HIV (asymptomatic infection)		
Lab handling (if outside lab)	99000			STD Contact / Exposure		
Drugs dispensed *- use Pharmacy Module			TNCare: - (AXXX)	Syphilis, (Early Latent)		
Related Functions				Syphilis, Latent,(Unknown Duration)		
Counseling (ONLY IF VISIT NOT CODED -- see comments for exceptions)	99401 - 99404			Syphilis Primary, (genital)**		
Recheck Visit	3734			6	Syphilis, Secondary	

* If an injection is given, use injection code ~~90782~~90772

**If non-genital, refer to ICD-9-CM manual for appropriate ICD-9 code.

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

Section 085.010 Continued

Last Change Date: 10/16/2006

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
EPST&T Exam Refused	EPREFUS	EP	AXXX 6	Unspecified Admin Purpose	V689	+
<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 EPST&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 EPST&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>						

SECTION 100 - FAMILY PLANNING

Family Planning Definitions

Last Change Date: 10/16/2006

Code 3734 - Recheck: - Assess the status of a previously existing condition of an established patient to be used by a licensed provider and/or public health rep. The NA should use venipuncture code 36415 when drawing blood and the nurse will use recheck code 3734.

100.010 - Counseling (No Exam)

Last Change Date: 01/01/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401	FP	As Approp	As Approp	As Approp	1
FP Supplemental						
COMMENTS: Do not code a counseling visit for abnormal pap follow-up. Pap follow-up is considered part of the original visit. RVU's are set high enough for original visit to capture this follow-up activity. However, a recheck visit may be coded for a <u>face to face</u> follow-up. You may code Advocacy if issues regarding access to care arise during the course of your follow-up discussion with patients who have TennCare.						
TennCare Advocacy	99401T	TO	6	Same As Primary Diagnosis For Encounter		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.						

100.020 - Exam Visit

Last Change Date: 10/16/2006

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	
*Referral (if made)	1222		6	Unspecified Administrative Purpose	V689	
Lab(s) Completed			As Approp 5XXX	Annual Exam - Pvt Ins or Health Net Routine GYN exam	V7231	
Venipuncture (If Done)	36415					
Ear, Finger or Heel Stick	36416					
Lab Handling(If Outside Lab)	99000					
Drugs Dispensed	Use Pharmacy Module					
Injection Drug or Antibiotic (other than vaccinations)	90772					
COMMENTS: *Only use procedure code 1222 (referral) and disposition code BE in the disposition field when a clinical breast exam (CBE) result requires referral.						

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, Depo; and injection code 90782 90772.						
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 90772. 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		1
	99402T			OR	Unspecified Administrative Purpose	
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 or HPV)

Last Change Date: 10/16/2006

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Other Visit	99211 - 99215	FP	As Approp	<u>Return Visits</u>		1
*Referral (If Made)	1222		6	<u>Unspecified Administrative Purpose</u>	V689	
Lab(S) Completed			As Approp	Pap Only	V762	
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:

*Only use procedure code 1222 (referral) and disposition code BE in the disposition field when a clinical breast exam (CBE) result requires referral.

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~~90772.

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~~90772. **Subsequent quarterly visits for Depo should be coded per Supply Visit Service Section.**

Section 100.030 Continued on Next Page

100.030 - Medical Revisit (Includes Repeat Pap or HPV) (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
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: 10/16/2006

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					
Ear, Finger or Heel Stick	36416					
Lab Handling (If Outside Lab)	99000					
Drug(s) Dispensed*	Use Pharmacy Module					
Injection Drug or Antibiotic (Other Than Vaccinations)	90772					
<u>FP Supplemental</u> 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) instead of counseling code 99401.

Use the supply visit (99401- counseling) when you have "deferred the exam" and are providing up to a 3-month supply of contraceptives.

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.

*When giving Depo use injection code ~~90782~~ 90772 in addition to the Depo code.

100.040 - Supply Visit (Any Method) (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From 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>						

100.050 - Norplant Insertion

Last Change Date: 04/01/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Preventive Visit, Established Patient, Age Specific	99393 - 99396	FP	As Approp	Norplant Insertion	V255	1
Norplant Kit	A4260 OR					
	From Pharmacy Module					
Norplant Insertion	11975					
<u>FP Supplemental</u>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From Encounter OR	V689	1
	99402T			Unspecified Administrative Purpose		
COMMENTS: Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.						

100.060 - Norplant Removal

Last Change Date: 04/01/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Preventive Visit, Established Patient, Age Specific	99393 - 99396	FP	as approp	Norplant Check, Removal Or Surveillance	V2543	1
Norplant Removal	11976					
<u>FP Supplemental</u>						
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.						

100.070 - Norplant Removal / Insertion

Last Change Date: 04/01/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Preventive Visit, Established Patient, Age Specific	99393 - 99396	FP	As Approp	Norplant Check, Removal Or Surveillance AND	V2543	1
Norplant Removal And Reinsertion	11977			Norplant Insertion	V255	
Norplant Kit	A4260					
<u>FP Supplemental</u>						
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.						

100.080 - IUD Insertion

Last Change Date: 10/16/2006

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Preventive Visit, Established Patient, Age Specific Other visit	99393 99396 99211	FP	As Approp	IUD Insertion	V251	
Insert IUD	58300					
IUD (No Charge) OR	J7300					
IUD Paragard OR	IUDP					
IUD Mirena	IUDM					
<u>FP Supplemental</u>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From Encounter OR		1
	99402T			Unspecified Administrative Purpose		
COMMENTS:						
<p>* Code J7300 should only be used by Metros who do not use the pharmacy module. All rural regions and Metros using the pharmacy module also need to use this module to record the dispensing of the IUD(NDC Code). This will allow tracking for inventory purposes only, but will not produce a charge.</p> <p>Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.</p>						

100.090 - IUD Removal

Last Change Date: 04/01/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Preventive Visit, Established Patient, Age Specific	99393 - 99396	FP	As Approp	IUD Check Or Removal	V2542	1
Removal Of IUD	58301					
<u>FP Supplemental</u>						
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.						

100.100 - IUD Removal / Insertion

Last Change Date: 04/01/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Preventive Visit, Established Patient, Age Specific	99393 - 99396	FP	As Approp	IUD Check Or Removal	V2542	1
Removal Of IUD	58301			IUD Insertion	V251	
Insert IUD	58300					
IUD	J7300					
<u>FP Supplemental</u>						
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.						

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.						

100.120 - Pregnancy Test Only

Last Change Date: 10/16/2006

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	FP	As Approp	Pregnancy Test Negative	V7241	1
				Or		
Pregnancy Test	81025			Pregnancy Test Positive Unconfirmed By Exam	V7240	
Drug (S) Use Pharmacy Module						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From Encounter		1
				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.						

100.130 - Emergency Contraceptive Pills

Last Change Date: 10/16/2006

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	FP	As Approp	ECP encounter for counseling and prescription	V2503	1
Pregnancy Test	81025			Pregnancy test, negative	V7241	
				OR	V7240	
Drug(s) Dispensed	Use Pharmacy Module					
COMMENTS: If it is determined that an exam is necessary when patient presents for an ECP visit, code the appropriate level Other Visit and leave off the counseling code.						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From Encounter OR		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.						

100.140 - Vasectomy - Initial Counseling and Consent

Last Change Date: 9/1/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Preventive Counseling</u>		FP	Pvt Pay - 6 OR TnCare - (AXXX) (*With Prior Authorization)	Other Family Planning Counseling	V2509	1
15 Minutes	99401					
30 Minutes	99402					
45 Minutes	99403					
60 Minutes	99404					
COMMENTS: For private pay patients, charges for vasectomies will slide based on income. The family planning program may be billed for patients below the poverty level of for the adjusted amount after slide is applied. (For example: if the patient liability slides to 50%, the patient is expected to pay 50%; the remaining 50% can be billed to Family planning, according to their instructions) * For TennCare eligibles, prior authorization for the procedure should be obtained from the patient's MCO.						
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.						

100.150 - Vasectomy - Preventive Visit Done During An FP Visit

Last Change Date: 9/1/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Preventive Visit New Patient</u>		FP	Pvt Pay - 6 OR TnCare - (AXXX) (*With Prior Authorization)	Other Family Planning Counseling	V2509	1
18-39 Yrs.	99385					
40-64 Yrs.	99386					
<u>Preventive Visit, Established Patient</u>						
18-39 Yrs.	99395					
40-64 Yrs.	99396					
COMMENTS: For private pay patients, charges for vasectomies will slide based on income. The family planning program may be billed for patients below the poverty level of for the adjusted amount after slide is applied. (For example: if the patient liability slides to 50%, the patient is expected to pay 50%; the remaining 50% can be billed to Family planning, according to their instructions). * For TennCare eligibles, prior authorization for the procedure should be obtained from the patient's MCO.						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From Encounter OR	V689	1
	99402T			Unspecified Administrative Purpose		
COMMENTS: Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.						

100.160 - Vasectomy and Follow-Up Sperm Count

Last Change Date: 9/1/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
**Vasectomy And Follow-Up Sperm Count	55250	FP	Pvt Pay - 6 OR *TnCare (With Prior Authorization) - (AXXX)	Sterilization	V252	1
<p>COMMENTS: For private pay patients, charges for vasectomies will slide based on income. The family planning program may be billed for patients below the poverty level of for the adjusted amount after slide is applied. (For example: if the patient liability slides to 50%, the patient is expected to pay 50%; the remaining 50% can be billed to Family planning, according to their instructions)</p> <p>* For TennCare eligibles, prior authorization for the procedure should be obtained from the patient's MCO.</p> <p>** Charges and RVUs for follow up sperm count lab work are included in the procedure.</p>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From 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>						

100.170 - Vasectomy - Post Operative Semen Exam

Last Change Date: 04/01/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Recheck**	3734	FP	6	Other Specified Contraceptive Management (Post Vasectomy Sperm Code)	V258	1
<p>COMMENTS: For private pay patients, charges for vasectomies will slide based on income. The family planning program may be billed for patients below the poverty level of for the adjusted amount after slide is applied. (For example: if the patient liability slides to 50%, the patient is expected to pay 50%; the remaining 50% can be billed to Family planning, according to their instructions)</p> <p>* For TennCare eligibles, prior authorization for the procedure should be obtained from the patient's MCO.</p> <p>** Charges and RVUs for follow up sperm count lab work are included in the procedure.</p>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From 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>						

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

NOTE: FOR TENNCARE PATIENTS ONLY

Last Change Date: 10/16/2006

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
If Family Planning services are provided and all components of an EPSD&T exam are also done						
<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	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			1
Hearing Screening	92551					
Vision Screening	99173					
*Referral(if made)	1222		6	Unspecified Administrative Purpose	V689	
Drug(s) Dispensed						
Injection Drug or Antibiotic (Other Than Vaccinations)	90772					
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	
Lab handling (if outside lab)	99000			Annual Exam - Pvt Ins Xantus Routine GYN Exam	V7231	
Comments: *Only use procedure code 1222 (referral) and disposition code BE in the disposition field when a clinical breast exam (CBE) result requires referral.						

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			Return Visits					
Drug(s) Dispensed				Pap only	V762	1			
				Pap & gyn exam	V7232				
				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			
<p>EARLY PERIODIC SCREENING, DIAGNOSIS AND TREATMENT</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>* Comprehensive health and developmental history</p> <p>* Appropriate immunizations</p> <p>COMMENTS:* Health education</p> <p>* Visual assessment</p> </td> <td style="width: 5%; text-align: center; vertical-align: top;"> <p>*</p> <p>*</p> <p>*</p> </td> <td style="width: 45%; vertical-align: top;"> <p>* Comprehensive unclothed physical exam</p> <p>* Appropriate laboratory tests</p> <p>* Hearing assessment</p> </td> </tr> </table>							<p>* Comprehensive health and developmental history</p> <p>* Appropriate immunizations</p> <p>COMMENTS:* Health education</p> <p>* Visual assessment</p>	<p>*</p> <p>*</p> <p>*</p>	<p>* Comprehensive unclothed physical exam</p> <p>* Appropriate laboratory tests</p> <p>* Hearing assessment</p>
<p>* Comprehensive health and developmental history</p> <p>* Appropriate immunizations</p> <p>COMMENTS:* Health education</p> <p>* Visual assessment</p>	<p>*</p> <p>*</p> <p>*</p>	<p>* Comprehensive unclothed physical exam</p> <p>* Appropriate laboratory tests</p> <p>* Hearing assessment</p>							
<p>Vision Screening (99173): When a Physician, Nurse Or Assistant Screens A Child During An EPSD&T Visit For An <u>OBJECTIVE</u> 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 <u>OBJECTIVE</u> 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.</p>									
<p>Hearing Screening (92551): When A Physician, Nurse, Or Nursing Assistant Screens A Child During An EPSD&T Visit For An <u>Objective</u> 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 <u>OBJECTIVE</u> Screening Provided To Children At The Ages Of 4, 5, 6, 8, 10, 12, 15, And 18 Years, According To The AAP Periodicity Schedule.</p>									

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>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.</p>						
<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			OR 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>						

150.010 - Nutritional Counseling, High Risk

Last Change Date: 10/16/2006

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Individual Counseling</u>		NU OR As Approp.	Pvt Pay - 6 OR Pvt Ins - (5XXX) OR TNCare - (AXXX)	Medical Diagnosis	V653	1
15 Minute Medical Nutrition Counseling	99401					
30 Minute Medical Nutrition Counseling	99402					
45 Minute Medical Nutrition Counseling	99403					
60 Minute Medical Nutrition Counseling	99404					
<u>Group Counseling</u>						
*30 Minutes	99411					
*60 Minutes	99412					
COMMENTS:						
Medical nutrition counseling must be coded by a Registered Dietitian only. The patient <u>MUST</u> have a medical diagnosis. Do not code a Preventive or Therapeutic Visit in addition to counseling.						
For group counseling, use group counseling codes (99411 and 99412) on an individual encounter for each participant.						
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.						

***CPT 2000 defines 99411 as Preventive Medicine counseling provided to individuals in a group setting (separate procedure); approximately 30 minutes and 99412 is approximately 60 minutes.**

150.020 - ~~Dietary Counseling~~ Nutrition Education, Nutrition Educators

Last Change Date: 10/16/2006

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling Education	99401 - 99404 97802 - 97803	NU OR As Approp	Pvt Pay - 6 OR Pvt Ins - (5XXX) OR TNCare - (AXXX)	Dietary Counseling	V654	1
Group Counseling Education						
*30 Minutes	99411 97804					
*60 Minutes	99412					
COMMENTS: *CPT 2000 2005 defines 99411 97804 as Preventive Medicine counseling education/instruction provided to individuals in a group setting (separate procedure); approximately 30 minutes and 99412 is approximately 60 minutes.						
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.						

150.030 - Field Services - Community Nutrition Services

Last Change Date: 10/16/2006

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Field Service (Audit / Contact / Mass Screening / Mass Education</u>		NU	6	General Nutrition Counseling OR	V653	# 30 Min Incs
"C" Registration (Community Service) (Has NO Medical Record)	78059			Health Related Issues OR	V6540	
"L" Registration (Long) (Has Medical Record)	3560			As Approp.	As Approp	
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 groups, write the number of participants in the mile column on the encounter form. The person keying the encounter will key the number or participants in the <u>MILE column on the EN screen.</u>						
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.						

180.010 - TennCarePresumptiveEnrollment

For Pregnant Woman

Last Change 10/16/2006

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 Or Primary Diagnosis From Encounter	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

180.020 - TennCare Presumptive Enrollment

For Breast and Cervical Cancer

Last Change 10/16/2006

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TennCare Presumptive (Breast And Cervical))	TCPRES*	BCS	6	Unspecified Administrative Procedure	V689	1
<p>COMMENTS: 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>When Coding For An Initial PE Referral From Outside Providers For Breast And Cervical Cancer Program Code TCPRES Would Be Used In Addition To Code 99080A. If There Is Further Work On Behalf Of This PE Patient, Use The 99080B Code With TCPRES To Indicate Activities To Collect And Transfer Data Related To Diagnostic Procedures Performed.</p> <p>If The Patient Is Already Enrolled In TBCCEDP, Code 99080B Would Be Used With TCPRES When Activities Are Performed To Collect And Transfer Data Related To The Diagnostic Procedures Performed On The Patient.</p> <p>The Provider Who Determines The Presumptive Eligibility Will Take The Code.</p>						
**Motor Voter Registration	MOVO	AM	6	Unspecified Adm. Purpose Or Primary Diagnosis From Encounter	V689	1
<p>**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:</p> <p>**RG -- Registered at the Health Department today</p> <p>CR -- Currently registered to vote</p> <p>TF -- Took registration form home</p> <p>DD -- Declined, declination form signed</p> <p>NE -- Not eligible due to age or lack of citizenship</p> <p>**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.</p>						

SECTION 200 - TENNCARE ADVOCACY

TennCare Advocacy Activities/ Definitions

Last Change Date: 10/16/2006

TennCare advocacy activities should be above and beyond what is normally provided for any patient.

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

- A. Identifying & assisting patients with compiling the information they will need to take to DHS to file a TennCare application;
- B. ~~Screening~~Referring children 0 to ~~19~~21 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;~~Encouraging compliance with clinical appointments;
- E. Assisting with TennCare transportation arrangements;
- F. Providing information regarding how to access care (role of the PCP; how to change MCO/PCP; ~~appropriate use of the ER;~~
- G. Reporting changes in income, name, address, family size; ~~paying~~
- H. ~~Providing information about~~ co-payments for health services and prescriptions);
- I. Informing and assisting a patient to appeal decisions about their eligibility;
- J. ~~Informing and assisting a patient to appeal decisions about their premium;~~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 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 patients by phone ~~if due or home visiting if~~ delinquent for EPSDT according to periodicity schedule;
- P. Educating patients regarding EPSDT benefits and need for compliance according to periodicity schedule.

TennCare Advocacy Definitions Continued on next page

TennCare Advocacy Definitions--Continued

TennCare advocacy activities should be above and beyond what is normally provided for any patient.

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 put comment in date of service.
- 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 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 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 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.~~ Providing information regarding appropriate use of the ER.

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 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 patients by phone ~~if due 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 as a note in the medical record

200.010 - TennCare Advocacy

Last Change Date: 04/01/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Advocacy	99401T	TO	6	Primary Diagnosis For The Encounter		1
	99402T			Unspecified Administrative Purpose	V689	

COMMENTS:

Refer to TennCare Advocacy Activities ([Section 200.030](#)) list for specific coding information.

Use TennCare Advocacy Log/Encounter Form for Advocacy activities not in connection with a visit for which an encounter has been established.

Multiple providers could provide Advocacy and document their activities on the TennCare Advocacy Documentation Tool.

Code 99401T may only be coded once per encounter. **Code 99402T** may only be coded once per encounter.

200.020 - TennCare Advocacy Field Service

Last Change Date: 04/01/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Field Service</u>		TO	6	As Approp OR	As Approp	# 30 Min Incs
"C" Registration (Community Service) (Has NO Medical Record)	78059			Health Related Issues	V654	
"L" Registration (Long) (Has Medical Record)	3560					
COMMENTS: For use at health fairs, community presentations, dislocated workers presentations (in 30 minute increments).						

200.030 - TennCare Advocacy Activities

Last Change Date: 10/16/2006

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220.010 - Immunizations With Comprehensive Exam

Last Change Date: 10/16/2006

PROCEDURE//	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Preventive Office Visit Age Specific</u>		CH OR EP	As Approp	Exam, Well Baby OR	V202	1
New Patient	99381 - 99383			Exam, Routine	V709	
Established Patient	99391 - 99393					
Lab(S) Completed						
Venipuncture (If Done)	36415					
Ear, Finger Or Heel Stick	36416					
Lab Handling (If Outside Lab)	99000					
Drug(S)	Use Pharmacy Module					
Vaccines	See Vaccine Codes	CH OR MH OR WH OR EP	As Approp	System Assigns Vaccine Codes	As Approp	As Approp
Single Administration	90471				1	
Multiple Administration (Number Of Shots Over 1)	90472				# Imms Given Over One	
COMMENTS:						
If you have contracted to charge an office visit for giving an immunization (i.e., Hep B), code the vaccine (i.e. HBC) and use code 10299 or 78085 - Education/Contract Services with the appropriate quantity at \$1.00 per unit to make up the difference.						
Code injections (i.e., Hep B) given to patients 21 and over when there is no contract and should be no charge using Program Code EI rather than MH or WH.						
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.						

220.050 - Injection Codes

Last Change Date: 10/16/2006

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>ON-SITE CLINIC INDIVIDUAL PATIENT "L" REGISTRATION (LONG) (HAS MEDICAL RECORD)</u>		CH OR MH OR MHWH	As Approp	FLU	V0481	1
Flu Injection*	90782F					
Pneumonia Injection	90782P			PNE	V039	
Injection of Drug or Antibiotics (Other Than Immunizations), etc.	90782 90772**			As Approp	As Approp	
<p>COMMENTS:</p> <ul style="list-style-type: none"> * Flu shots for children (FLB & FLC) should be coded the same as any other childhood immunization using administration code 90471 instead of injection code 90782F <p>**When a Therapeutic, Prophylactic or Diagnostic Injection (CPT Code 90772) is reported on the same date of service as an E/M office visit, the injection is considered to be included in the office visit. If the two are not related, and a significant separately identifiable E/M service is performed, then the 25 modifier should be appended to the office visit code.</p>						
TennCare Advocacy	99401T	TO	6	May use primary diagnosis for encounter OR		1
	99402T			Unspecified administrative purpose	V689	
<p>COMMENTS:</p> <p>Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.</p>						

220.060 Vaccine Codes - On-Site Clinics

Last Change Date: 10/16/2006

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
"L" Registration (Long) (Has Medical Record)		As Approp	As Approp	As Approp	As Approp	1
VACCINE	CODE	VACCINE	CODE	HISTORY ONLY VACCINE	HISTORY CODE	
Chicken Pox	CPX	HIB & Hepatitis B Comb.	HHB	Chicken Pox Disease	CPD	
Chicken Pox - Adult	VVC	Inactive Polio	IPV	DTaP, HIB, IPV Vaccine Combination	DHV	
DTP - HIB Comb. Vaccine	DHB	Influenza (Adults)	FLU	Hep B (Dialysis / Immune Suppressed)	HBD	
DT - Pediatric	DT	Influenza - Babies (6 Thru 35 Months Of Age)	FLB	Hep B, Adolescent, 2 Dose	HB2	
Diphtheria, Tetanus, Acellular Pertussis	DTA	Influenza-Children (3 Thru 18 Years Of Age)	FLC	Measles	MEA	
		Influenza, Intranasal (5 Thru 49) Donated No Charge	FLM	Measles & Rubella	MR	
DTaP-Hep.B-IPV Combination Vaccine	DHI	Influenza, Intranasal (5 Thru 49) With Charge	FLN	Measles, Mumps, Rubella, Varicella	MMV	
Diphtheria, Tetanus, Acellular Pertussis, PLUS Hemophilus / INFB	DTH	Immune Serum Globulin	ISG*	Mumps	MUM	
Hemophilus / INFB 3 Dose	HI3	Lyme Disease (E, TN)	LYM	Polio, Oral	OPV	
Hemophilus / INFB 4 Dose	HI4	Meningococcal	MEN	Respiratory Syncytial Virus	RSV	
Hepatitis A - Adult (19 & Over)	HAA	Meningitis Conjugate (Menactra) Adult	MCV*	Rotavirus (Shelby County) (Rotashield)	RTV	
Hep A - Adult (19 & Over) No Slide	HAX	Meningitis Conjugate Menactra (Supplied By Program)	MC4*	Rubella	RUB	
Hep A - Adult (19 & Over) No Charge (Outbreak)	HAZ	Measles, Mumps & Rubella	MMR	Human Papilloma Virus	HPV	
Hepatitis A - Pediatric/Adolescent (1 Thru 18 - 2 Dose)	HAS	Measles, Mumps & Rubella For Adults- Adult	MMA			
Hepatitis B - 2019 Yrs & Up	HBO	Pneumococcal	PNE			
Hepatitis B - Newborn Thru 4 18 Yrs	HBV	Rabies, Post Exposure	POR			
Hepatitis B (Contract)	HBC	Rabies, Pre-Exposure (Group)	PR2			
Hep B - (Dialysis/Imm Suppressed) 3 Dose	HD3	Rabies, Pre-Exposure (Single)	PR5			
Hep B - (Dialysis/Imm Suppressed) 4 Dose	HD4	Rotavirus (Rotateq)	RTA			
Hepatitis B Immune Globulin	HIG*	Strep Pneumonia (PNE Conjugate)	STP			
Hep A & Hep B, Adult, 3 Dose	HAB	Tdap (Tetanus, Diphtheria, Acellular Pertussis (Age 7 & Over)	TDP			
*Use Administration Code 90772 For These Shots Instead Of 90471 Or 90472.						

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

220.060 VACCINE CODES - ON-SITE CLINICS (Continued)

Last Change Date: 10/16/2006

VACCINE	CODE	VACCINE	CODE			
Tetanus	TET					
Tetanus-Diphtheria	TD					
*Use Administration Code 90772 for these shots instead of 90471 or 90472.						
PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
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.						

220.070 - International Travel Vaccine Codes

Last Change Date: 10/16/2006

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Cholera	CHL	IT	As Approp	As Approp	As Approp	1
Hepatitis A -- Ages 2-17	HAP					
Hepatitis A -- Age 18 And Over Adult (19 And Over)	HAA					
Inactive Polio	IPT					
Typhoid	TPN					
Typhoid, Oral	TPO					
Yellow Fever, Single Dose	YFS					

220.080 - Mass Immunization Clinics

Last Change Date: 10/16/2006

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Vaccine(S)	See Mass Vaccine Codes	CH OR WH OR MH OR As Approp	As Approp	As Approp	As Approp	# Of Imms Given
Flu Injection	78091F					# Injections
Pneumonia Injection	78091P					
Administration Of All Other Vaccines	78091					
Mass Administration Of All Other Vaccines	78091		6	Total # Given		
COMMENTS: Do not use code 78059 for mass immunization clinics. Code vaccine(s) only administered and show number of each given in QTY column.						
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.						

220.090 - Vaccine Codes for Mass Immunization Clinics

Last Change Date: 10/16/2006

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Flu (Black)	78088B	CH OR WH OR MH OR As Approp	As Approp	As Approp	As Approp.	# Of Imms Given
Flu (White)	78088W					
Flu (All Other Races)	78088A					
Hepatitis A	78089					
Hepatitis B	78094					
Hepatitis B -- No Charge (Adult)	78094NC					
Hepatitis B (Pediatric And Adolescent)	78082					
MMR	78093					
Pneumonia	78092					
TDAP	78099					

220.090 Vaccine Codes for Mass Immunization Clinics (Continued on Next Page)

220.090 Vaccine Codes for Mass Immunization Clinics (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Tetanus Diphtheria	78095					
OPV IPV	78096					
ISG	78107					
DTAP	78098					
CPX	78083					
STP Pneumonia Conjugate	78086					
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.						

220.100 - Rescinded 10/16/2006

This page left blank intentionally due to information being added to Section 220.080.

220.110 - Field Services

Last Change Date: 04/01/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Field Service (Audit / Contact / Mass Screening / Mass Education)		IM	6	Unspecified Administrative Purpose	V689	# 30 Min Incs
"C" Registration (Community Service) (Has NO Medical Record)	78059					
"L" Registration (Long) (Has Medical Record)	3560					
COMMENTS: Field Representatives should use code 78059 for school and day care audits, 24 month surveys, field visits and mass screenings using the facility as the "patient" with a "C" Registration. Field visits made to individual patients who have a "L" Registration should be coded using 3560 to capture the visit. Both 78059 and 3560 are coded in 30 minute increments in the quantity column.						
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.						

SECTION 230 - VISITS FOR CLINICAL SERVICE & RELATED PROCEDURES

Visits for Clinical Service & Related Procedures Definitions

Last Change Date: 10/16/2006

Code MOVO:

Procedure code to be used when offering patients the opportunity to register to vote.

Code 3734 - Recheck:

Assess the status of a previously existing condition of an established patient to be used by a licensed provider and/or public health rep. Then NA should use venipuncture code 36415 when drawing blood and the nurse will use recheck code 3734

230.060 - Health Care Management - Problem Visit

Last Change Date: 10/16/2006

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Other Visit</u>		CH OR MH OR WH	As Approp	Medical Diagnosis Required	As Approp	1
New Patient	99201 - 99205					
Established Patient	99211 - 99215					
Lab(s) Completed						
Venipuncture (If Done)	36415					
Ear, Finger Or Heel Stick	36416					
Lab Handling (If Outside Lab)	99000					
Related Functions						
Drug(s) Dispensed						
Injection Drug or Antibiotic (Other than Vaccinations)	90772					
COMMENTS: Use modifier "25" with an Other Management Service provided <u>in addition to a Preventive Service on the same day by the same provider or another provider</u> within the Health Department. Use a medical diagnosis code for the Other Visit and a preventive diagnosis code for the Preventive Visit.						
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.						

230.070 - Preventive Exam With Problem Identified

Last Change Date: 10/16/2006

Preventive exam with medical problem such as head lice or an ear infection

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Preventive Visit - Age Specific		CH OR WH OR MH	As Approp	Preventive Visit Diagnosis PLUS	As Approp	1
New Patient OR	99381 - 99387					
Established Patient	99391 - 99397					
PLUS ADD--> Other Visit - With "25" Modifier						
New Patient OR	9920125 - 9920525					
Established Patient	9921125 - 9921525					
Lab(s) Completed						
Venipuncture (If Done)	36415					
Ear, Finger Or Heel Stick	36416					
Lab Handling (If Outside Lab)	99000					
Related Functions						
Drug(s) Dispensed						
Injection Drug or antibiotic (Other than Vaccinations)	90772					
COMMENTS: Use modifier "25" with an Other Management Service provided <u>in addition</u> to a Preventive Service <u>on the same day by the same provider</u> or another provider within the Health Department. Use a medical diagnosis code for the Other Visit and a preventive diagnosis code for the Preventive Visit.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.						

230.130 - Injection Only Visits - Generic - Subsequent Visits

Last Change Date: 10/16/2006

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Recheck Visit	3734	CH OR MH OR WH	As Approp.	Applicable Medical Diagnosis	As Approp	1
Injection Fee	90782 90772*					
<p>COMMENTS: NOT HALDOL OR PROLIXIN These injections are given with orders from private MD and the patient provides the medication.</p> <p style="background-color: #e0e0e0;">*When a Therapeutic, Prophylactic or Diagnostic Injection (CPT Code 90772) is reported on the same date of service as an E/M office visit, the injection is considered to be included in the office visit. If the two are not related, and a significant separately identifiable E/M service is performed, then the 25 modifier should be appended to the office visit code.</p>						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
<p>COMMENTS: Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.</p>						

230.140 - Injection Only Visits - Haldol / Prolixin - Initial Visit

Last Change Date: 10/16/2006

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Other Visit - Time Specific</u>		CH OR MH OR WH	As Approp	Applicable Medical Diagnosis	As Approp	1
New Patient	99201 - 99205					
Established Patient	99211 -99215					
Injection Fee	90782 90772*					
COMMENTS: These injections are given with orders from private MD and the patient provides the medication.						
*When a Therapeutic, Prophylactic or Diagnostic Injection (CPT Code 90772) is reported on the same date of service as an E/M office visit, the injection is considered to be included in the office visit. If the two are not related, and a significant separately identifiable E/M service is performed, then the 25 modifier should be appended to the office visit code.						
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.						

230.150 - Injection Only Visits - Haldol / Prolixin - Subsequent Visits

Last Change Date: 10/16/2006

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Other Visit - Established Patient - Time Specific	99211 - 99215	CH OR MH OR WH	As Approp	Applicable Medical Diagnosis	As Approp	1
Injection Fee	90782 90772*					
COMMENTS: These injections are given with orders from private MD and the patient provides the medication.						
*When a Therapeutic, Prophylactic or Diagnostic Injection (CPT Code 90772) is reported on the same date of service as an E/M office visit, the injection is considered to be included in the office visit. If the two are not related, and a significant separately identifiable E/M service is performed, then the 25 modifier should be appended to the office visit code.						
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: 10/16/2006

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TB Skin Test	86580	EH	6	TB Skin Test	V741 Or As Appropriate	1
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						
Hepatitis B-HB Vaccine	HBO					
MMR Vaccine	MMR					
Varicella Vaccine	CPX					
Influenza Vaccine	FLU					
HBIG	HIG					
Tetanus, Diphtheria, Acellular Pertussis	TDP					
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 (All Dental Staff And Any Nursing Staff Who Apply Dental Fluoride Varnish)	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.

240.010 - WIC Certification / Recertification

Last Change Date: 10/16/2006

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
WIC Evaluation Visit	1000	WI	6	Well Child Exam OR	V202	1
Nutrition Counseling	99401			Post Partum Exam OR	V242	
Voucher Issuance	1004			Pregnancy, Normal OR	V222	
Hemoglobin	85018			Dietary Counseling	V653	
Ear, Finger Or Heel Stick	36416					
COMMENTS: The provider who actually does the certification and determines which nutritional risk code is used to put the participant on the WIC Program puts their provider code beside the 1000 procedure code. The provider who makes the determination that the person is not eligible for WIC (SDI) should use the 1000 code. HGB HGB not done during WIC certification visit should be coded CH or WH.						
*Motor Voter Registration	MOVO	AM	6	Unspecified Adm. Purpose Or Primary Diagnosis From Encounter	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 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.						
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.						

240.020 - WIC Voucher Pickup

Last Change Date: 10/16/2006

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Voucher Issuance	1004	WI	6	Unspecified Administrative Purpose or Primary Diagnosis from Encounter	V689	1
Nutrition Counseling	99401			Dietary Counseling	V653	
COMMENTS: Counseling must be documented in the patients' medical record. Provider must be a nurse, nutritionist, or nutrition educator.						
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.						

240.030 - Group Nutrition Education (During WIC Voucher Pickup Visit Only)

Last Change Date: 10/16/2006

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Group Education AND	99411	WI	6	Dietary Counseling OR	V653	1
Voucher Issuance (Code On Each Individual Participant's Encounter Form)	1004			Unspecified Administrative Purpose	V689	
COMMENTS: Establish individual encounters for each participant in the group and code the group education (99411) and voucher issuance (1004).						
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.						

240.040 -Issue VOC Card

Last Change Date: 10/16/2006

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
WIC Voucher Issuance	1004	WI	6	Unspecified Administrative Purpose OR Primary Diagnosis from Encounter	V689	1
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
<p>COMMENTS: Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.</p>						