



**STATE OF TENNESSEE  
BUREAU OF HEALTH SERVICES  
DEPARTMENT OF HEALTH  
CORDELL HULL BUILDING  
425 5<sup>TH</sup> AVENUE NORTH**

Date: Friday, May 1, 2009  
To: PTBMIS Codes Manual Committee and Update Group  
From: Cathy Taylor, 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 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.
- ◆ Sections and pages listed in **red** in the Table of Contents of this change package contain changes in codes, processes, or procedures. These changes were made to bring codes in alignment with the CPT 2009 Manual, clarify directions, or provide more accurate coding to follow program specific needs and guidelines. Spelling and punctuation corrections that have been made on several pages are designated by **red text**. The "Last Change Date" at the top of each page indicates the last time this page was revised.
- ◆ Sections identified in **red** in the Table of Contents have been reformatted and are being replaced in their entirety for standardization of format and for easier reading. The sections to be replaced are Section 10, 70, 80, 85, 90, 210, 220, and 230.

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# 10.00 - GENERAL INFORMATION

## 10.010 - General Information

Last Change Date: 5/1/2009

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 standardized **reference manual followed** for correct **and consistent** coding 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 **the reference** 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 **any coding situation not listed in this manual, providers** should consult this PTBMIS Codes Manual, Current Procedures Terminology (CPT), International Classification of Diseases (ICD-9), and the **Centers for Medicare & Medicaid Services (CMS) Healthcare** Common Procedure Coding System (HCPCS) for the clinical situation **that is closest** to their **special or unique** circumstance. **The provider should** then rely on their professional judgment and experience to decide how best to code the service **according to the appropriate reference manuals listed above**.

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 **standardized reference** supported by other coding sources such as PTBMIS Procedures Codes list, Current Procedure Terminology (CPT), and the **CMS Healthcare** 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

**Last Change Date: 5/1/2009**

**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.

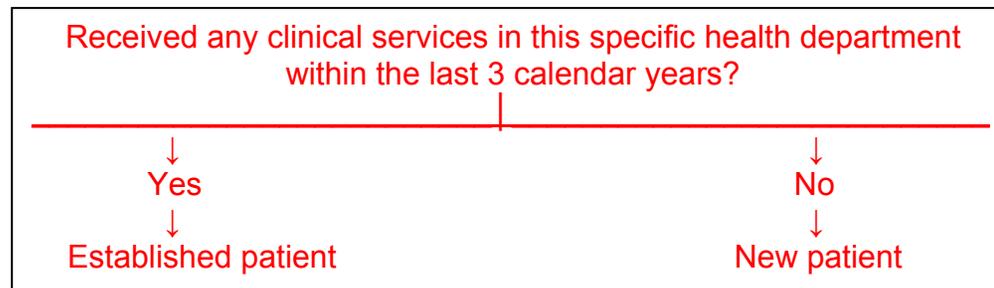
An established patient is one who has received professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three years.

**Definition of New and Established Public Health Patient: (For billing purposes)** A new patient is one who has not received any **clinical** services from a local health department within the past three years **by calendar date**

An established patient is one who has received **any clinical** services from the local health department within the past three years **by calendar date**.

**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 **any clinical** services is considered a “new patient” visit.

### Decision Tree for New vs. Established Patients:



**Example:** Patient was in clinic 1/15/2006 for immunizations only and returns 2/15/09 for STD program services – New patient office visit is indicated since last visit was over 3 calendar years from the 2/15/09 visit date.

**Example:** Patient was in clinic 3/1/06 for WIC certification and returns 2/1/09 for Primary Care services - established patient office visit code is indicated since last visit was less than 3 years from the 2/1/09 visit date.

## Definition of New & Established Patients (Continued)

By coding accurately, completely and consistently, providers perform an extremely critical role in public health. Over-coding constitutes fraud. Under-coding 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 Visit and Counseling Code Rules:

1. More than one counseling code may be coded on an encounter the same day if coded to different diagnosis codes and different program codes.

Example: Provider sees the patient for breastfeeding counseling and also provides the patient with a resupply of FP contraception.

2. An office visit and counseling can be coded to the same encounter if they are coded to different program codes and documentation is sufficiently supportive to show each code could stand alone.

Example: Provider does an STD exam office visit and also provides nutrition education counseling for WIC on the same encounter

Example: AIDS Prevention counseling: 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. Another visit and a nutrition counseling visit may be coded during the same office visit based on Ryan White program guidelines.

# SECTION 70 - COMMUNICABLE DISEASE

## Epidemiology Services Definitions

### **99348A - Attempted Home Visit/Off-site:**

Performed by Public Health Nurse or Public Health Representative. This code is used to document an unsuccessful contact investigation attempt. A confidential note may be left for the patient to call representative. Example: Hep A, Meningitis, need to contact pt. within 24-48 hours.

### **78059 - No medical record, 30 min. increments - Field Service:**

Performed by the Public Health Nurse or Public Health Representative providing the following services: Audit of school/day care immunization records, review of medical records, conduct mass education or mass screening. No individual medical record is opened yet.

### **3560 - Has medical record, 30 min. increments - Field Service:**

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

### **99350H - Home/Off-site:**

Service provided by Public Health Nurse or Public Health Representative. Contact investigation initiated, initial interview or re-interview may occur and lab work collected. **Appropriate** referrals are made, counseling/education and additional information gathered. Approximately 30 - 45 min.

### **Office Visit - (Billing Third Party) - 99201-99205 New Pt., or 99211-99215 Est. Pt. 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.

### **3734 - Recheck Office/Home/Off-Site (Billing State STD Program):**

Performed by Public Health Nurse or Public Health Representative for follow-up visit.

## 70.010 - Epidemiology

Last Change Date: 5/1/2009

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY	
New Patient	99201 - 99205	EI	As Appropriate  Pvt Pay - 6  OR Private Insurance (5XXX)  OR TNCare - (AXXX)	Follow-up Exam OR	V679	1	
				Complaint Without Diagnosis Made	V655		
Established Patient	99211 - 99215						
Lab(s) Completed							
Venipuncture (if done)	36415						
Lab Handling (if outside lab)	99000						
Drugs - Use Pharmacy Module							
Related Functions							
Vaccines Given (See Vaccine/Immunization Section for list of vaccine codes)							
Counseling (DO NOT CODE COUNSELING AND A VISIT)	99401 - 99404						
Recheck Visit	3734						
Home Visit / Off Site Visit	99350H						
Attempted Home Visit	99348A						

Section 70.010, (Continued On Next Page)

## 70.010 - Epidemiology (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY																																				
<p><b>COMMENTS:</b>            Code Counseling (99401-99404) if service provided is counseling only. Do not code counseling if an office visit has been coded to the same program. Third party pay sources may be billed for services provided to patients under the EI Program WITH SIGNED CONSENT FROM THE PATIENT. DO NOT use EI for Pediculosis or Scabies. DO NOT generate an encounter for telephone contacts.</p> <p><u>Other Diagnosis Codes that may be used for EI.</u></p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;"><u>Case</u></th> <th style="width: 15%; text-align: center;"><u>Contact</u></th> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;"><u>Case</u></th> <th style="width: 15%; text-align: center;"><u>Contact</u></th> </tr> </thead> <tbody> <tr> <td>Hepatitis A</td> <td style="text-align: center;">0701</td> <td style="text-align: center;">V0179</td> <td style="text-align: center;">RMSF</td> <td style="text-align: center;">0820</td> <td style="text-align: center;">V0189</td> </tr> <tr> <td>Hepatitis B</td> <td style="text-align: center;">07030</td> <td style="text-align: center;">V0179</td> <td style="text-align: center;">Pertussis</td> <td style="text-align: center;">0330</td> <td style="text-align: center;">V019</td> </tr> <tr> <td>Meningitis</td> <td style="text-align: center;">3229 or 0360 or 3200*</td> <td style="text-align: center;">V0189</td> <td style="text-align: center;">Rabies</td> <td style="text-align: center;">071</td> <td style="text-align: center;">V015</td> </tr> <tr> <td>Measles (Rubeola)</td> <td style="text-align: center;">0559</td> <td style="text-align: center;">V0179</td> <td style="text-align: center;">Rubella</td> <td style="text-align: center;">0569</td> <td style="text-align: center;">V014</td> </tr> <tr> <td>Mumps</td> <td style="text-align: center;">0729</td> <td style="text-align: center;">V0179</td> <td style="text-align: center;">Salmonella</td> <td style="text-align: center;">0039</td> <td style="text-align: center;">V0189</td> </tr> </tbody> </table>								<u>Case</u>	<u>Contact</u>		<u>Case</u>	<u>Contact</u>	Hepatitis A	0701	V0179	RMSF	0820	V0189	Hepatitis B	07030	V0179	Pertussis	0330	V019	Meningitis	3229 or 0360 or 3200*	V0189	Rabies	071	V015	Measles (Rubeola)	0559	V0179	Rubella	0569	V014	Mumps	0729	V0179	Salmonella	0039	V0189
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TennCare Advocacy	99401T	TO	6	Same As Primary Diagnosis For The Encounter <b>OR</b>		1																																				
	99402T																																									
					Unspecified Administrative Purpose	V689																																				
<p><b>COMMENTS:</b>            Advocacy may be coded as appropriate. Refer to <u>TennCare Section</u> to identify activities and services related to TennCare.</p>																																										

- \* Descriptions:
- 3229 - Unspecified
  - 0360 - Meningococcal
  - 3200 - Haemophilus

# 70.020 - Epidemiology - Field Services

Last Change Date: **5/1/2009**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Field Service (Audit, Mass Screening, Surveillance Contact, Mass Education)		EI	6	As <b>Appropriate</b> OR		# 30 Min Increments
"C" Registration (Community Service) (Has <b>NO</b> Medical Record)	78059			Health Related Issue	V654	
"L" Registration (Long) (Has Medical Record)	3560					
<b>COMMENTS:</b> 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</u> column on the <u>EN</u> screen.)						
TennCare Advocacy	99401T 99402T	TO	6	Same As primary Diagnosis For The Encounter OR Unspecified Administrative Purpose	V689	1
<b>COMMENTS:</b> Advocacy may be coded as <b>appropriate</b> . Refer to <u>TennCare Section</u> to identify activities and services related to TennCare.						
<b>COMMENTS:</b> Other Diagnosis Codes that may be used for EI.						
	<u>Case</u>	<u>Contact</u>		<u>Case</u>	<u>Contact</u>	
Hepatitis A	0701	V0179		RMSF	0820	V0189
Hepatitis B	07030	V0179		<b>Pertussis</b>	<b>0330</b>	<b>V019</b>
Meningitis	3229 or 0360 or 3200*	V0189		Rabies	071	V015
Measles (Rubeola)	0559	V0179		Rubella	0569	V014
Mumps	0729	V0179		Salmonella	0039	V0189

Descriptions: 3229 – Unspecified  
0360 – Meningococcal  
3200 – Haemophilus

# 70.030 - AIDS Prevention - HIV Counseling and Testing

Last Change Date: **5/1/2009**

**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 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 and HIV-2 Serum	86703					
OraSure Test Antibody, HIV-1, Oral Swab (saliva)	ORASURE					
Rapid HIV-1 and HIV-2 Antibody	ORAQUIK					
Venipuncture (If Done)	36415					
Ear, Finger or Heel Stick (If Done)	36416					
Lab Handling (If Outside Lab)	99000					
<b>COMMENTS:</b> 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. 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 <b>any</b> HIV counseling <b>given</b> 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 <b>OR</b>		1
	99402T					
				Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b> Advocacy may be coded as <b>appropriate</b> . Refer to <u>TennCare Section</u> to identify activities and services related to TennCare.						

## 70.040 - AIDS Prevention - Return Visit for Test Results

Last Change Date: **5/1/2009**

**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 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><b>COMMENTS:</b>                      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. 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 <b>any</b> HIV counseling <b>given</b> 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 <b>OR</b>		1
	99402T			Unspecified Administrative Purpose	V689	
<p><b>COMMENTS:</b>                      Advocacy may be coded as <b>appropriate</b>. Refer to <u>TennCare Section</u> to identify activities and services related to TennCare.</p>						

## 70.050 - AIDS Prevention - Field Service

Last Change Date: **5/1/2009**

**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 <b>OR</b>	V016	# 30 Minute Increments
"C" Registration (Community Service) (Has <b>NO</b> Medical Record)	78059			HIV Counseling	V6544	
"L" Registration (Long) (Has Medical Record)	3560					
<b>COMMENTS:</b> 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</u> column on the EN screen.)						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis For The Encounter <b>OR</b>		1
	99402T			Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b> Advocacy may be coded as <b>appropriate</b> . Refer to <u>TennCare Section</u> to identify activities and services related to TennCare.						

## 70.060 - AIDS Ryan White - Dental

Last Change Date: **5/1/2009**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Diagnostics	D0120 - D0330	AR	Ryan White - (5RWB)	As <b>Appropriate</b>	As <b>Appropriate</b>	1
Preventive	D1110 - D1351					
Restorative	D2110 - D2954					
Endodontic	D3110 - D3430					
Periodontic	D4210 - D4341					
Removable Prosthetics	D5110 - D5761					
Fixed Prosthetics	D6210 - D6930					
Surgical	D7110 - D7960					
Palliative	D9110					
Dental Consultation	30066					
<b>COMMENTS:</b> Clinical dental services are individual care programs provided in fixed facilities affiliated with the health department.						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis For The Encounter <b>OR</b>		1
	99402T				Unspecified Administrative Purpose	
<b>COMMENTS:</b> Advocacy may be coded as <b>appropriate</b> . Refer to <u>TennCare Section</u> to identify activities and services related to TennCare.						

# 70.070 - AIDS Ryan White - Medical

Last Change Date: 12/17/2003

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Office Visit, Time Specific</u>		AR	5RWB	HIV OR	07953	1
New Patient	99201 - 99205			AIDS	042	2 (If 2 Hours)
Established Patient	99211 - 99215					
<u>Home Nursing Assessment</u>						
Initial Visit	99341					
Subsequent Visit	99347					
<u>Nutrition Services</u>						
Initial Visit, Office or Home	99404					
Other Office or Home Visit	99403					
Lab(s) Completed						
Venipuncture (if done)	36415					
Ear, Finger, or Heel Stick						
Lab Handling (if outside lab)	99000					
Related Functions						
Drugs - Use Pharmacy Module						
<b>COMMENTS:</b>						
<p>This section is for a visit for evaluation &amp; management of HIV positive patients. The patient must be a Tennessee resident, must be clinically tested as HIV positive and <u>not have any third party coverage</u> that will provide for the specific service needed. AR Program Code should not be used on encounters generated during HIV clinics <u>unless</u> the patient meets Ryan White eligibility criteria. Use ST Program Code for HIV clinics when patient does not qualify for Ryan White. An Other Visit and a Nutrition Counseling Visit may be coded during the same office visit based on Ryan White</p>						

**Section 70.070, (Continued On Next Page)**

## 70.070 - AIDS Ryan White - Medical (Continued)

Program Guidelines. See AIDS Support Fee Schedule for description of services. Providers should use Code 99347 for subsequent home visits to provide care coordination after billable visits are exhausted to capture RVU's .

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TennCare Advocacy	99401T	TO	6	Primary Diagnosis For The Encounter <b>OR</b>		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.

# STD Services Definitions

Last Change: 5/1/2009

## **99348A -- Attempted Home Visit/Off-site:**

Performed by Public Health Nurse or Public Health Representative. This code is used to document an unsuccessful contact investigation attempt. A confidential note may be left for the patient to call representative.

## **78059 -- No medical record, 30 minute increments - Field Service:**

Performed by the Public Health Nurse or Public Health Representative providing mass education or mass screening. No individual medical record is opened yet.

**Lab Monitoring/Surveillance:** Performed by the Public Health Representative to private labs to educate and troubleshoot any problems in the reporting of STD positive results.

## **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.

## **99350H - Home/Off-site:**

Service provided by Public Health Nurse or Public Health Representative. Contact investigation initiated, initial interview or re-interview may occur. **Appropriate** referrals are made, counseling/education and additional information gathered. Approximately 30 to 45 min. Arranging for or providing transportation. May collect lab work. (if interview, re-interview, counseling/education provided and/or elicitation of contacts the time may increase 30-120 minutes).

## **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.

## **3734 Recheck Office/Home/Off-Site (Billing State STD Program)**

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

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

Last Change Date: **5/1/2009**

PROCEDURE/.	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Other Visit</u>		ST	As <b>Appropriate</b>  Pvt Pay: 6  Pvt Ins: (5XXX)  TNCare: - (AXXX)	As <b>Appropriate</b> For Reportable and Non-Reportable STDs		
New Patient/	99201 - 99205			AIDS	042	1
Established Patient	99211 - 99215			Chlamydia ( <b>Unspecified Urinary Site</b> )	09955	
Lab(s) Completed				Gonorrhea (Acute Genitourinary)**	0980	
Venipuncture (if done)	36415			HIV (Asymptomatic Infection)	V08	
Lab Handling (if outside lab)	99000			STD Contact / Exposure	V016	
Drugs Dispensed *- Use Pharmacy Module				Syphilis, (Early Latent)	0929	
Related Functions				Syphilis, Latent (Unknown Duration)	0971	
Counseling (ONLY IF VISIT NOT CODED -- See Comments For Exceptions)	99401 - 99404			Syphilis Primary, (Genital)**	0910	
Recheck Visit	3734		6	Syphilis, Secondary	0913	

\* If an injection which is not a part of the visit is given, also use injection code **96372**

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

**Section 70.080, (Continued On Next Page)**

## 70.080 - STD - STD VISITS (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Home / Off-Site Visit	99350H	ST	As Appropriate	Venereal Disease, Unspecified	0999	1
Attempted Home Visit	99348A					
<p><b>COMMENTS:</b></p> <p>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.</p> <p>Do not code counseling in addition to an Other or Preventive Visit since counseling is considered part of the visit.</p> <p>The highest level provider should code the visit. <b>EXCEPTION: If patient requests HIV testing in addition to the ST visit, the provider who does the HIV testing and counseling 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).</b> Do not code condoms dispensed.</p> <p>Third party pay sources may be billed for clinical services provided to patients under the ST Program <b>WITH SIGNED CONSENT FROM THE PATIENT.</b></p> <p><b>For Home/Off-Site Visits to contacts, use the source case record to establish the encounter. If source case has no record, open one.</b> When the contact presents to clinic, open record on contact.</p> <p>Code treatment for both reportable and non-reportable sexually transmitted diseases using program code ST.</p>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis		1
	99402T			OR		
				Unspecified Administrative Purpose	V689	
<p><b>COMMENTS:</b></p> <p>Advocacy may be coded as appropriate. Refer to <u>TennCare Section</u> to identify activities and services related to TennCare.</p>						

## 70.090 - STD - Field Service

Last Change Date: **5/1/2009**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Field Service (Audit, Mass Screening, Contact, Mass Education)</u>		ST	6	As <b>Appropriate</b> OR	As <b>Appropriate</b>	# 30 Min Increments
"C" Registration (Community Service) (Has <b>NO</b> Medical Record)	78059			HIV Counseling	V6544	
"L" Registration (Long) (Has Medical Record)	3560					
<b>COMMENTS:</b> Do not code counseling in addition to an Other or Preventive Visit since counseling is considered part of the visit.						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis OR		1
	99402T			Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b> Advocacy may be coded as <b>appropriate</b> . Refer to <u>TennCare Section</u> to identify activities and services related to TennCare.						

## 70.100 - STD - Screening Visits: (Patient Requests Testing for STD--No Known Contact)

**Last Change Date: 5/1/2009**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Preventive Visit, Age Specific		ST	As Appropriate	As Appropriate	As Appropriate	1
New Patient	99381 - 99387					
Established Patient	99391 - 99397					
Lab(s) Completed						
Venipuncture (If Done)	36415					
Lab Handling (If Outside Lab)	99000					

**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.

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 provider who does the HIV testing and counseling 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.

# TB Elimination Program Definitions

Last Change Date: 5/1/2009

## TB Screening/Skin Testing:

- TBS** Screening of individual for TB utilizing TB/LTBI Risk Assessment Tool (**TB RAT**), health department or other location.
- 3734** Follow-up visit for TB skin test reading.

## TB Treatment:

- 99347H** **Directly Observed Therapy (DOT), Health Department or off-site, OR delivering monthly re-supply:**  
Limited contact with patient to provide medications (DOT or monthly medications) with assessment for signs and symptoms of toxicity; no other services provided. Performed by Public Health Nurse or other trained health department personnel.
- 99348A** **Attempted Visit, Home or any Off Site Location:**  
Attempted visit for DOT, delivery of monthly re-supply, contact investigation, follow-up lab work; patient not located or contacted. Performed by Public Health Nurse or other trained health department personnel.
- 99350H** **Follow-up Visit, Home or any Off Site Location:**  
Monthly follow-up visit, interval history, drug monitoring, biochemical monitoring, screening co-existing disease. May include Directly Observed Therapy (DOT) OR delivery of monthly re-supply. May include referrals, review of test results, counseling and education, gathering additional information. Performed by Public Health Nurse or other trained health department personnel.
- 3734** **Recheck, Health Department or Other Location:**  
Follow-up visit for TB skin test **reading**.
- 1516** **Case Closure:**  
Close out patient. Use with **appropriate** disposition code.

TB Elimination Program Definitions, (Continued On Next Page)

## TB Elimination Program Definitions (Continued)

### Contact Investigation:

**99350H Contact Investigation, Initial Visit OR Follow-up Visit(s), Any Off Site Location (including jails, prisons, etc.):**

**Initial Visit** - Initial contact investigation, conduct initial interview, collect lab work; administer TB skin test, if **appropriate**. Public Health Nurse or other trained health professional.

**Follow-up Visit** - Monthly follow-up visit, interval history, drug monitoring, biochemical monitoring, screening co-existing disease. May include Directly Observed Therapy (DOT) OR delivery of monthly re-supply. May include referrals, reviews of test results, counseling and education, gathering additional information, Public Health Nurse or other trained health department personnel.

**99348A Attempted Visit, Any Off Site Location:**

Attempted visit for DOT, delivery of monthly re-supply, contact investigation, follow-up lab work; patient not located or contacted. Performed by Public Health Nurse or other trained health department personnel.

**3560 Field Service Visit, Off Site (other than Health Department) - Patient has medical record:**

Gather information from patient or initiate contact investigation. Performed by Public Health Nurse or Public Health Representative. **No medical service provided**. Number of units should reflect 30- minute **increments**. (Example: field service visit, 60 minutes equals 2 units).

TB Elimination Program Definitions, (Continued On Next Page)

## TB Elimination Program Definitions (Continued)

### Community Site/Targeted Testing:

- 78059 Community Site - Educational Counseling Visit:**  
Preventive education and counseling of individual community, business leaders or groups of clients. May be performed by Public Health Nurse or other trained TB personnel; time spent should be documented in 30 minute increments.
- 78059TP Community Site – Total Population:**  
Total population of the community site where TB screening, preventive education and tuberculin testing occurs; enter total number of persons in the group, regardless of whether they are individually contacted.
- 78059SP Community Site – Total Screened Population:**  
Total number of persons screened individually with the TB/LTBI Risk Assessment Tool (RAT).
- 78059IN Community Site – Use of Interpreter:**  
Number of individuals screened (with TB/LTBI Risk Assessment Tool) in a language other than English; interpreter is used.
- 78059HR Community Site – High Risk:**  
Number of individuals identified as High Risk among those screened with the TB/LBTI Risk Assessment Tool.

# 70.140 - TB Screening/Skin Testing for Individuals

Last Change Date: **5/1/2009**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TB Screening	TBS	TB	6	Unspecified <b>Administrative</b> Purpose	V689	1
TB Skin Test	86580	TB	As <b>Appropriate</b>	TB Skin Test	V741	
<b>TB Skin Test Read</b>	<b>3734</b>	<b>TB</b>	<b>6</b>	<b>TB Skin Test Negative or TB Skin Test Positive</b>	<b>V741*</b> <b>7955</b>	
<b>New Patient Established Patient Counseling (Do Not Code Counseling and a Visit.)♦</b>	<b>99201 - 99205 99211 - 99215 99401 - 99404</b>	<b>TB</b>	<b>As Appropriate</b>	<b>TB Skin Test Negative or TB Skin Test Positive</b>	<b>V741*</b> <b>7955</b>	
<p><b>Comments:</b>                      Use of TB/LTBI Risk Assessment Tool to determine whether a patient is at high or low risk of TB infection. High-risk patients will be counseled and offered a TB skin test. Low-risk clients will only be given further counseling or testing when indicated <b>appropriate</b>. <b>If patient has a positive TB skin test, use appropriate counseling <u>or</u> office visit code and appropriate payor code. *Use V741 with TB skin test read code when test is negative, use 7955 with TB skin test read code when test is positive. Other diagnosis codes for LTBI and active TB are determined by TB physician or nurse practitioner at the time of treatment.</b></p> <p style="color: red;">♦ Counseling and an office visit cannot be coded to the same program on the same day's encounter.</p> <p>See Section 230.330, page 33, for other skin test requirements</p>						
TennCare Advocacy	99401T	TO	6	Same As Primary Diagnosis OR		1
	99402T			Unspecified Administrative Purpose	V689	
<p><b>COMMENTS:</b>                      Advocacy may be coded as <b>appropriate</b>. Refer to <u>TennCare Section</u> to identify activities and services related to TennCare.</p>						

# 70.150 - TB Treatment

Last Change Date: **5/1/2009**

PROCEDURE	CODE	PRG.	RE	DIAGNOSIS	CODE	QTY	
New Patient	99201 - 99205	TB	As Appropriate	TB Active * OR	01000-01896	1	
Established Patient	99211 - 99215		Pvt. Pay 6 OR	TB Skin Test Negative OR	V741		
Labs Completed			Priv. Ins 5XXX OR	Positive Skin test, OR	7955		
Venipuncture (if done)	36415		TNCare AXXX	TB Contact OR	V011		
Lab Handling (if outside lab)	99000			Latent TB Infection OR	01090		
X-Ray –  See X-Ray Section of Codes List				TB Suspect OR	V712		
				Inactive Case OR LTBI Treated	V1201		
DOT/Monthly re-supply	99347H		6				
Attempted Home Visit	99348A						
***Home Visit/Off Site	99350H						
Drugs – Use Pharmacy Module							
<p>COMMENTS:            Only code 99350H when additional services over and above DOT/monthly re-supply are provided. <b>If only DOT (Health Dept. or off-site) or monthly re-supply (Health Dept. or off-site) is done, code 99347H. Patients with a new positive skin test must have a chest x-ray and be seen by a physician or nurse practitioner to rule out active TB.</b>            * Check ICD-9 codes. *** For home visit change visit setting on encounter to “02 for home”.</p>							

**Section 70.150, (Continued On Next Page)**

## 70.150 - TB Treatment (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Case Closure - +Test / Latent or Active Cases / Suspects	1516	TB	6	Unspecified Administrative Purpose	V689	1

**COMMENTS:**

When a patient completes, leaves, or does not start 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. See the codes below:

CODE	Description	CODE	Description	CODE	Description
<b>AC</b>	Active TB developed	<b>MC</b>	Patient moved to MCR	<b>RE</b>	Refused Evaluation for TB
<b>AE</b>	Adverse effect of medicines	<b>MS</b>	Patient moved to Shelby Co	<b>RM</b>	Refused medication / treatment
<b>AT</b>	Already Treated	<b>NT</b>	No TB found	<b>RT</b>	Refused skin test
<b>DA</b>	Patient moved to Davidson Co	<b>N1</b>	Patient moved to NER	<b>S3</b>	Patient moved to SER
<b>DE</b>	Death	<b>OS</b>	Patient moved out of state	<b>S6</b>	Patient moved to SCR
<b>ET</b>	Patient moved to ETR	<b>PD</b>	Provider decision	<b>SU</b>	Patient moved to Sullivan Co.
<b>HA</b>	Patient moved to Hamilton Co.	<b>PL</b>	Patient lost to follow-up	<b>TC</b>	Treatment completed
<b>JM</b>	Patient moved to Madison Co	<b>PM</b>	Patient moved, follow-up unknown	<b>UC</b>	Patient moved to UCR
<b>KN</b>	Patient moved to Knox Co.	<b>PT</b>	Patient chose to stop	<b>WT</b>	Patient moved to WTR

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.

# 70.160 - TB - Contact Investigation, Any Site

Last Change Date: **5/1/2009**

PROCEDURE	CODE	PRG.	RE	DIAGNOSIS	CODE	QTY	
TB Screening	TBS	TB	6	Unspecified <b>Administrative</b> Purpose	V689	1	
New Patient	99201 - 99205		As <b>Appropriate</b>	Pvt Pay 6 OR  Pvt. Ins. 5XXX OR  TNCare AXXX.	TB Contact		V011
Established Patient	99211 - 99215						
TB Skin Test	86580						
TB Skin Test Read	3734		6				
Counseling (Do not code counseling and a visit.)	99401-99404	TB	6	TB Contact	V011	1	
Attempted Visit, Home or Off Site	99348A	TB	6	TB Contact	V011	1	
Initial or Follow-up Visit	99350H						
Field Service Visit, Limited	3560						
<b>Comments:</b>							
Note: Staff may link contact to source case by putting case source patient ID on encounter form and in the note/follow-up field on the encounter screen.							
TennCare Advocacy	99401T	TO	6	Same as primary diagnosis OR		1	
	99402T			Unspecified Administrative Purpose	V689		
<b>COMMENTS:</b>							
Advocacy may be coded as <b>appropriate</b> . Refer to <u>TennCare Section</u> to identify activities and services related to TennCare.							

# 70.170 - TB - Community Site/Targeted Testing

Last Change Date: **5/1/2009**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b><u>Community Service Encounter:</u></b>						
Community Site Educational Counseling Visit	78059*	TB	6	Unspecified <b>Administrative Purpose</b>	V689	# 30 Min <b>Increments</b>
Total Population At Site	78059TP					# In Population
Total Screened Population At Site	78059SP					# Screened
High-Risk Among Screened Population	78059HR					# Identified As High Risk
Use of Interpreter	78059IN					# Screened Language Other Than English
<b>COMMENTS:</b> *For community site visits when an interpreter is used or a bilingual provider conducts a session in a language other than English, code "IN" in the DISPOSITION field for procedure 78059 with <b>appropriate</b> units of time. <b>If patient has a positive TB skin test appropriate counseling or office visit code can be used.</b>						
<b><u>Individual Encounter:</u></b>						
*TB Skin test	86580	TB	6	TB Skin Test <b>Negative</b> <b>OR</b> TB Skin Test <b>Positive</b>	V741 7955	1
TB Skin test Read	3734					
Case closure	1516					
<b>COMMENTS:</b> * This procedure should be recorded on the individual encounter and linked in the note field to the screening site by placing the community site patient ID number in the notes/follow-up field on the encounter screen.						
TennCare Advocacy	99401T	TO	6	Same As Primary Diagnosis <b>OR</b>		1
	99402T					
<b>COMMENTS:</b> Advocacy may be coded as <b>appropriate</b> . Refer to <u>TennCare Section</u> to identify activities and services related to TennCare. If case closed use code 1516 (case closure) and disposition code per instructions on page 27.						

# Section 80 - DENTAL

## Dental Definitions

*Dental Clinical - Provides comprehensive dental care to children and emergency care for adults.*

**Code D9430** - Office Visit - Observation, no other services performed.

**Code 3734** - Re-check - Assess the status of a previously existing condition of an established patient.

**Code 78059** - Field Service - Performed by dental clinical staff providing the following services, mass screenings, mass education and health fairs.

# 80.010 - Dental Clinical

**Last Change Date: 5/1/2009**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Diagnostics	D0120 - D0330	DN or DP*	Pvt Pay 6 <b>OR</b> Pvt Ins- (5XXX)  TNCare  ADDS  Ryan White - (5RWB)	Dental Exam	V722	1
Preventive	D1110 - D1351			OR		
Restorative	D2110 - D2954			As Appropriate		
Endodontic	D3110 - D3430			OR		
Periodontic	D4210 - D4341			Emergency Care		
Removable Prosthetics	D5110 - D5761			**EMER		
Fixed Prosthetics	D6210 - D6930					
Surgical	D7110 - D7960					
Palliative	D9110					
Office Visit (Observation)	D9430					
Re-check	3734					
*DP is for patients when seen in the mobile or school-transport program.						
TennCare Advocacy	99401T	TO	6	Same As Primary Diagnosis	OR	1
	99402T			Unspecified Administrative Purpose		
<b>Comments:</b> Advocacy may be coded as appropriate. Refer to <u>TennCare Section</u> to identify activities and services related to TennCare.						
<b>Private Pay Adult Dental Services</b>						
Private pay adult dental services require a minimum fee of \$5.00 per visit to be paid at the time of the visit. Before the patient leaves the Health Department, the encounter should be keyed and <b>UPDATED – BUT NOT FINALIZED</b> . If the balance due from the patient for the services received is less than \$5.00, the command “ <b>MINF DN</b> ” ( <b>MINF</b> space prg <b>DN</b> code) should be entered while on the encounter screen. The difference between the patient’s charge(s) for the day’s visit and the \$5.00 minimum will be calculated by the system and applied to the balance due. The “Update Complete” message will be shown and the encounter can be finalized.						
<b>Private Pay Adult Dental Services With Lab</b>						
The appropriate procedure code followed by the “A” modifier must be used. This will charge the full cost of the lab to the patient.						
<b>Private Pay Adult Dental Services Without Lab</b>						
The appropriate procedure code with no modifier should be used. This will allow the charge to be based on the sliding fee scale.						
<b>**For emergency dental services use diagnosis code EMER.</b>						

**80.020 - Preventive Services**

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

**Deleted**

**80.030 - Dental Preventive - Field Services**

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

**Deleted**

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

**Last Change Date: 9/1/2004**

**Deleted**

**80.050 - Dental School-Based Services -- Individual**

**Last Change Date: 9/1/2004**

**Deleted**

## 80.060 Dental - Field Services

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Field Service	78059	DP	6	Unspecified Administrative Purpose	V689	30 Min. Increments

# SECTION 085 - EPSD&T

## EPSD&T Definitions

Last Change Date: **5/1/2009**

**Immunization Administration Code Definitions:** Reference 2009 CPT Manual – Professional Edition (page 386)

### Vaccine / Immunization Administration

**90471** – Immunization administration

Includes percutaneous, intradermal, subcutaneous, or intramuscular injections  
One vaccine (single or combination vaccine/toxoid)

**Do not report 90471 in conjunction with 90473**

**+90472** – Each additional vaccine (single or combination vaccine/toxoid)

List separately in addition to code for primary procedure

**Use 90472 in conjunction with 90471 or 90473**

**90473** – Immunization administration by intranasal or oral route

One vaccine (single or combination vaccine/toxoid)

**Do not report 90473 in conjunction with 90471**

**+90474** – Each additional vaccine (single or combination vaccine/toxoid)

List separately in addition to code for primary procedure

**Use 90474 in conjunction with 90471 or 90473**

Examples:

1 shot = 90471

2 shots = 90471 and 90472 (quantity 1)

1 intranasal/oral = 90473

1 intranasal/oral and 2 shots = 90473 and 90472 (quantity 2)

2 intranasal/oral and 2 shots = 90473 and 90474 (quantity 3)

**The 90474 code is only for when a provider would rarely give both multiple oral/intranasal vaccines and shots.**

## 085.010 - EPSD&T Visit

**NOTE: FOR TENNCARE PATIENTS ONLY**

**Last Change Date: 5/1/2009**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b><u>Preventive Visit - Age Specific</u></b>						
<b><u>New or Established Patient Office Visit</u></b>						
Infant or Child (New)	99381 - 99384	EP	AXXX	Well Child/ <b>EPSDT</b>	V202	1
Adolescent (New) <b>(Ages 18, 19 and 20)</b>	99385			<b>Adolescent Well Exam/</b> EPSDT	V700	1
Infant or Child (Established)	99391- 99394	EP	AXXX	Well Child/ <b>EPSDT</b>	V202	1
Adolescent (Established) <b>(Ages 18, 19 and 20)</b>	99395			<b>Adolescent Well Exam/</b> EPSDT	V700	1
<b><u>Additional Services Performed As Appropriate</u></b>						
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 EPSD&T, (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Vaccines	See Vaccine Codes	EP	AXXX	As Appropriate	As Appropriate	1
*Single Administration (percutaneous, intradermal, subcutaneous, or IM)	90471					
*Multiple Administration- # of shots over 1	90472					# of Immunizations: Shots given Over 1
*Single Administration (intranasal or oral )	90473					1
*Multiple Administration	90474					# of Immunizations Shots, nasal/oral given over one

**COMMENTS:**

**EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT**

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>* Comprehensive health and developmental history</li> <li>* Appropriate immunizations</li> <li>* Health education</li> <li>* Vision assessment</li> </ul> | <ul style="list-style-type: none"> <li>* Comprehensive unclothed physical exam</li> <li>* Appropriate laboratory tests</li> <li>* Hearing assessment</li> </ul> |
|--|---|

**Vision Screening (99173):** When a physician, nurse or nursing assistant screens a child during an EPSD&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 EPSD&T preventive code when an OBJECTIVE screening is **provided to children 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 preventive code for an OBJECTIVE screening **provided to children according to the AAP** Periodicity Schedule.

**Developmental/Behavioral Screening (96110):** A developmental/behavioral screening is to be provided at each EPSD&T screening visit **to children according to the AAP Periodicity Schedule**. The screening instrument may be The Parents Evaluation of Developmental Status (PEDS); the Pediatric Symptom Checklist (PSC) or the Adolescent Developmental/Behavioral **Questionnaire**.

\*See Definitions page 1 of this section for Vaccine/Immunization Administration Codes selections.

## Section 085.010, (Continued On Next Page)

## Section 085.010 EPSD&T, (Continued)

Last Change Date: 10/16/2006

**COMMENTS:**

For all children on TennCare, an assessment is always made while the child is present in clinic (or during a home visit, if appropriate) to determine if the child is due for an EPSD&T screen according to the periodicity schedule. If due a screen and the child is present, the child will be offered a screen by the discipline that can do the screenings. If for any reason the screenings cannot be done that day (e.g., during a home visit), an appointment will be scheduled for a later date, either with the LHD or PCP.

**NOTE: Disposition codes are no longer required.**

TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For The Encounter <b>OR</b>	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.

## 085.020 - EPSD&T Visit

**NOTE: FOR NON-TENNCARE CUSTODIAL DCS PATIENTS ONLY**

Last Change Date: 5/1/2009

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b><u>Preventive Visit - Age Specific</u></b>						
<b><u>New or Established Patient Office Visit</u></b>						
Infant or Child (New)	99381 - 99384	EP	5DCS	Well Exam / EPSDT	V202	1
Adolescent (New) (Ages 18, 19 and 20)	99385			Adolescent Well Exam / EPSDT	V700	1
Infant or Child (Established)	99391- 99394	EP	5DCS	Well Exam	V202	1
Adolescent (Established) (Ages 18, 19 and 20)	99395			Adolescent Well Exam / EPSDT	V700	1
<b><u>Additional Services Performed As Appropriate</u></b>						
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 EPSD&T Visit – For Non-TennCare Custodial Patients Only (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Vaccines	See Vaccine Codes	EP	5DCS	As <b>Appropriate</b>	As <b>Appropriate</b>	1
*Single Administration ( <b>percutaneous, intradermal, subcutaneous, or IM</b> )	90471					
*Multiple Administration Number of shots over one (1)	90472					# of Immunizations: Shots given Over One
*Single Administration (intranasal or oral )	90473					1
*Multiple Administration	90474					# of Immunizations Shots, oral, or intranasal given over one

**COMMENTS:**

\*See Definitions page 1 of this section for Vaccine/Immunization Administration Codes selections.

**EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT REQUIRED EXAM COMPONENTS**

- |   |  |
|---|--|
| 1. Comprehensive health and developmental history | 5. Comprehensive unclothed physical exam |
| 2. Appropriate immunizations                      | 6. Appropriate laboratory tests          |
| 3. Health education                               | 7. Hearing assessment                    |
| 4. Vision assessment                              |  |

Vision Screening (99173): When a physician, nurse or nursing assistant screens a child during an EPSD&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 EPSD&T preventive code when an OBJECTIVE screening is **provided to children 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 preventive code for an OBJECTIVE screening **provided to children according** to the AAP Periodicity Schedule.

Developmental/Behavioral Screening (96110): A developmental/behavioral screening is to be provided at each EPSD&T screening visit **to children according to the AAP Periodicity Schedule**. The screening instrument may be The Parents Evaluation of Developmental Status (PEDS); the Pediatric Symptom Checklist (PSC) or the Adolescent Developmental/Behavioral **Questionnaire**.

**Section 085.020, (Continued On Next Page)**

## Section 085.020 EPSD&T Visit – For Non-TennCare Custodial Patients Only (Continued)

**COMMENTS:**

For non-TennCare DCS children, a **CMS 1500 (formerly called a HCFA )** will be generated. This should be forwarded to **the Regional Accountant for preparation of a journal voucher (JV).**

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 is to be documented **in the medical record.**

NOTE: Disposition codes are no longer required.

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For The Encounter <b>OR</b>	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.

# SECTION 90 - FAMILIES FIRST

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Section Rescinded **5/1/2009**

# SECTION 210 - BREAST & CERVICAL CANCER **SCREENING** PROGRAM

## Breast & Cervical Cancer **Screening** Definitions

Last Change Date: **5/15/09**

- **Code 99080A – New Enrollment for BCS includes (to be used one time only)**
  - Verification of eligibility for the service (Age 40 and over)
  - Completion of data entry screen for initial screening and lab results
  - Education about prevention services and particular screening methods that will be used
  - Authorization and referral for routine or diagnostic services according to protocol
  - Verification of eligibility for **diagnostic services only** for women 18-39 screened by another program
  - Scheduling with the referral provider
  - Follow-up to assure that patient kept referral appointment
  - Arranging transportation, if necessary
  - Arranging for interpreter services, if necessary
  
- **Code 99080B – Referral Reports and Documentation (Requires documentation by the nurse in the patient record and can be used more than one time)**
  - Tracking and follow-up with referral provider to collect diagnostic information, results and recommendations
  - Entering case specific information into PTBMIS in the required data fields
  - Locate missing information prior to submission to Central Office
  - Contacting patient about next steps for diagnosis and / or treatment
  - Scheduling with provider
  - Assuring that patient kept the referral / treatment appointment

## 210.010 - Screening Visit for Breast & Cervical Cancer

Last Change Date: **5/15/2009**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b><u>BCS Case Management</u></b>		BCS	6	Unspecified Administrative Purpose	V689	1
New Enrollment For BCS	99080A*					
Referral Reports and Documentation	99080B**					
<b><u>Preventive visit - Age specific</u></b>		BCS	As Appropriate	Gynecological Exam  Breast Screening, unspecified	V7231  V7610	1
New Patient	99386					
Established Patient	99396					
<b><u>Pap Smear</u></b>						
Sent to Pathnet	88142					
Lab Handling (if outside lab)	99000					
<b>COMMENTS:</b>						

**Section 210.010, (Continued On Next Page)**

## 210.010 - Screening Visit for Breast & Cervical Cancer (Continued)

Women must be 40 years of age or older and meet the general eligibility guidelines for the program. Screening services including office visits and lab tests will not be covered by **TBCSP** for women under 40. These services for women younger than 40 must be coded to FP, WH, or CH depending on the age and/or eligibility status of the woman

**TBCSP** covers services for eligible women including office visits, Pap tests, colposcopies, mammograms and other diagnostic procedures listed on the reimbursement schedule.

The program cannot pay for treatment; women who are diagnosed with breast or cervical cancer are referred to TennCare as presumptive eligible women with full Medicaid coverage for 45 days. See Section 180 (TennCare Presumptive Eligible Enrollment) for coding Presumptive Eligibility Enrollment. Other gynecological cancers are not covered by this Medicaid category

\* Code 99080A should only be used one time.

\*\* Code 99080B requires documentation by the nurse in the patient record and can be used **up to three (3) times within a 60 day period**. See Program Guidelines)

TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter <b>OR</b>		1
	99402T			Unspecified Administrative Purpose	V689	

COMMENTS: Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.

## 210.020 Colposcopy Dysplasia Clinic Visit

Last Change Date: **5/1/2009**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Colposcopy Without Biopsy	57452	CH OR WH OR BCS	6	Abnormal Pap	7950	1
Colposcopy With Biopsy	57454					
Lab(s) completed						
Lab Handling	99000					
<b>COMMENTS:</b> Must bill TennCare, Medicare or private insurance first. If you are using the Payor 6 code, women <b>must</b> meet the general program eligibility guidelines for the BCS program. (250% FPI, uninsured or underinsured and 40-64 years of age). The only exception is women under 40 who meet the general eligibility guidelines and need cervical diagnostics following a screening Pap test result. These women should be enrolled in BCS for the required diagnostics only. If they then need treatment for a pre-cancerous condition, the BCS program will also enroll them in presumptive eligibility for TennCare.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter <b>OR</b>		1
	99402T					
				Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b> Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.						

**COMMENT:**

**An office visit cannot be coded on the same day as the colposcopy or on the day immediately prior to the colposcopy.**

# SECTION 220 - VACCINES / IMMUNIZATIONS

## Vaccines / Immunizations Definitions

### Vaccine / Immunization Administration

#### **90471** – Immunization administration

Includes percutaneous, intradermal, subcutaneous, or intramuscular injections

One vaccine (single or combination vaccine/toxoid)

**Do not report 90471 in conjunction with 90473**

#### **+90472** – Each additional vaccine (single or combination vaccine/toxoid)

List separately in addition to code for primary procedure

**Use 90472 in conjunction with 90471 or 90473**

#### **90473** – Immunization administration by intranasal or oral route

One vaccine (single or combination vaccine/toxoid)

**Do not report 90473 in conjunction with 90471**

#### **+90474** – Each additional vaccine (single or combination vaccine/toxoid)

List separately in addition to code for primary procedure

**Use 90474 in conjunction with 90471 or 90473**

#### Examples:

1 shot = 90471

2 shots = 90471 and 90472 (quantity 1)

1 intranasal/oral = 90473

1 intranasal/oral and 2 shots = 90473 and 90472 (quantity 2)

2 intranasal/oral and 2 shots = 90473 and 90474 (quantity 3)

The 90474 is to be used only when we rarely give **both multiple** oral/intranasal vaccines and shots.

## 220.010 - Immunizations With Comprehensive Exam

Last Change Date: 5/1/2009

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Preventive Office visit Age Specific</u>		CH OR EP	As <i>Appropriate</i>	Exam, Well Baby OR	V202	1
				<i>Exam, Adolescent Well</i>	<i>V700</i>	
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 <i>Appropriate</i>	System Assigns Vaccine Codes	As <i>Appropriate</i>	As <i>Appropriate</i>
<i>*Single Administration (percutaneous, intradermal, subcutaneous, or IM)</i>	90471				1	
*Multiple Administration Number of shots over one (1)	90472				<i># of Immunizations: Shots given Over One</i>	
<i>*Single Administration (intranasal or oral )</i>	90473				1	
<i>*Multiple Administration</i>	90474				<i># of Immunizations Shots, oral, or intranasal given over one</i>	

*\*See Definitions page 1 of this section for Vaccine/Immunization Administration Codes selections.*

**Section 220.010, (Continued On Next Page)**

## 220.010 - Immunizations With Comprehensive Exam (Continued)

**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 <b>OR</b>		1
	99402T			Unspecified Administrative Purpose	V689	

**COMMENTS:**

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

## 220.020 Immunization Only Visit (No Exam)

Last Change Date: **5/1/2009**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Vaccines	See Vaccine Codes	CH OR WH	As <b>Appropriate</b>	System Assigns Vaccine Code	As <b>Appropriate</b>	1
<b>*Single Administration</b> (percutaneous, intradermal, subcutaneous, or IM)	90471	MH OR				1
Single Administration (No Charge) **	90471NC					1
<b>*Multiple Administration</b> Number of shots over one (1)	90472					<b># of Immunizations: Shots given Over One</b>
<b>*Single Administration</b> (intranasal or oral )	90473					1
<b>*Multiple Administration</b>	90474					<b># of Immunizations Shots, oral, or intranasal given over one</b>
<p><b>COMMENTS:</b>                      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.   <b>*See Definitions page 1 of this section for Vaccine/Immunization Administration Codes selections.</b>   <b>** Only to be used in accordance with the rules and regulations governing fees for services</b></p>						

**Section 220.020, (Continued On Next Page)**

## 220.020 Immunization Only Visit (No Exam) (Continued)

TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter <b>OR</b>		1
	99402T			Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b> Advocacy may be coded as appropriate. See <a href="#">TennCare Section</a> to identify activities and services related to TennCare.						

## 220.030 Tetanus - Td - Trauma Care Required

Last Change Date: **5/1/2009**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Other Visit</u>		CH OR MH OR WH	As <b>Appropriate</b>	Injury, Superficial W/O Infection <b>OR</b>	9198	1
New Patient (10-30 Min)	99201 - 99203			As <b>Appropriate</b>	As <b>Appropriate</b>	
Established Patient (10-25 Min)	99212 - 99214					
Vaccine	Td			System Assigns Vaccine Code	As <b>Appropriate</b>	1
	<b>TDP</b>					
	DTA					
*Single Administration	90471		As <b>Appropriate</b>			
<b>COMMENTS:</b>						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter <b>OR</b>		1
	99402T			Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b>						
Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.						
<b>*See Definitions page 1 of this section for Vaccine/Immunization Administration Codes selections.</b>						

## 220.040 - Tetanus Booster - Post Traumatic - or No Trauma - No Care

Last Change Date: **5/1/2009**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Vaccine	Td	CH OR MH OR WH	As <b>Appropriate</b>	System Assigns Vaccine Code	As <b>Appropriate</b>	1
	DTA					
*Single Administration	90471			As <b>Appropriate</b>		
<b>COMMENTS:</b>						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter <b>OR</b>		1
	99402T			Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b>						
Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.						
<b>*See Definitions page 1 of this section for Vaccine/Immunization Administration Codes selections.</b>						

## 220.050 - Injection Codes

Last Change Date: **5/1/2009**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>ON-SITE CLINIC INDIVIDUAL PATIENT "L" REGISTRATION (LONG) (HAS MEDICAL RECORD)</b>		CH OR MH OR WH	As <b>Appropriate</b>	FLU	V0481	1
Flu Injection*	90782F					
Pneumonia Injection	90782P			PNE	V039	
Injection of Drug or, Antibiotics (Other Than Immunizations)	<b>96372**</b>			As <b>Appropriate</b>	As <b>Appropriate</b>	
<b>COMMENTS:</b>						
* 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						
**When a Therapeutic, Prophylactic or Diagnostic Injection (CPT Code <b>96372</b> ) 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 For Encounter <b>OR</b> <b>Unspecified Administrative Purpose</b>	As <b>Appropriate</b> Or <b>V689</b>	1
	99402T					
<b>COMMENTS:</b>						
Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.						

## 220.060 Vaccine Codes - On-Site Clinics

**Last Change Date: 5/1/2009**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
"L"Registration (Long) (Has Medical Record)		As <b>Appropriate</b>	As <b>Appropriate</b>	As <b>Appropriate</b>	As <b>Appropriate</b>	1
VACCINE	CODE	VACCINE	CODE	VACCINE	CODE	
Chicken Pox	CPX	Hepatitis B Immune Globulin*	HIG	Rabies, Pre-Exposure (Group)		PR2
Chicken Pox - Adult	VVC	Hep A & Hep B, Adult, 3 Dose	HAB	Rabies, Pre-Exposure (Single)		PR5
DTP - HIB Comb. Vaccine	DHB	HIB & Hepatitis B Comb.	HHB	Rotavirus (Rotateq)**		RTA
DT -Pediatric	DT	Human Papilloma Virus - Adult	HPA	<b>Rotavirus 2 dose (Rotarix)</b>		<b>RV1</b>
Diphtheria, Tetanus, Acellular Pertussis	DTA	Human Papilloma Virus	HPV	Strep Pneumonia (PNE Conjugate)		STP
		Influenza - Babies (6 Thru 35 Months of Age)	FLB	TDaP (Tetanus, Diphtheria, Acellular Pertussis (For Ages 11 and Over)		TDP
DtaP-Hep.B-IPV Combination Vaccine	DHI	Influenza-Children (3 Thru 18 Years of Age)	FLC			
Diphtheria, Tetanus, Acellular Pertussis, PLUS Hemophilus / INFB	DTH	Influenza, Intranasal (5 Thru 49) Donated No Charge	FLM			
<b>DTaP, HIB, IPV Vaccine Combination</b>	<b>DHV</b>	Influenza, Intranasal (5 Thru 49) With Charge	FLN			
<b>DtaP/IPV</b>	<b>DTI</b>	<b>Influenza, Railroad Medicare</b>	<b>FLR</b>			
<b>Haemophilus / INFB 3 dose</b>	<b>HI3</b>	Influenza (Adults)	FLU			
Haemophilus / INFB 4 dose	HI4	Immune Serum Globulin*	iSG			
Hepatitis A - Adult (19 & over)	HAA	Lyme Disease	LYM			
Hep A - Adult (19 & over) No slide	HAX	Meningococcal	MEN			
Hep A - Adult (19 & over) No Charge(Outbreak)	HAZ	Meningitis Conjugate – Adult ( <b>Ages 19-55</b> )	MCV			
Hepatitis A - Pediatric/Adolescent (1 thru 18 - 2 dose)	HAS	Meningitis Conjugate ( <b>Ages 11-18</b> )	MC4			
Hepatitis B - 19 yrs & up	HBO	Measles, Mumps & Rubella	MMR			
Hepatitis B -Newborn Thru 18 yrs	HBV	Measles, Mumps & Rubella for Adults	MMA			
Hepatitis B (Contract)	HBC	<b>Measles, Mumps &amp; Rubella (MMR for college age 19 and over) No Slide</b>	<b>MMC</b>			
Hep B - (Dialysis/Imm Suppressed) 3 Dose	HD3	Pneumococcal	PNE			
Hep B - (Dialysis/Imm Suppressed) 4 Dose	HD4	Rabies, Post Exposure	POR			
<p>*Use administration code <b>96372</b> for these shots instead of 90471 or 90472.  **Use administration code 90473 for rotavirus oral vaccine or Flu Mist if it is the only vaccine given. <b>If either/both of these oral/nasal vaccines</b> are given in conjunction with additional vaccines use code 90473 for the rotavirus or flu mist vaccine, then <b>see Definitions on page 1 of this section for appropriate selections of Vaccine/Immunization Administration Codes.</b></p>						

**Section 220.060, (Continued On Next Page)**

## 220.060 VACCINE CODES - ON-SITE CLINICS (Continued)

Last Change Date: 5/1/2009

HISTORY ONLY VACCINE	CODE	HISTORY ONLY VACCINE	CODE	HISTORY ONLY VACCINE	CODE
Chicken Pox Disease	CPD	Mumps	MUM		
Hep B (Dialysis/Immune Suppressed)	HBD	Polio, Oral	OPV		
Hep B, Adolescent, 2 Dose	HB2	Respiratory Syncytial Virus	RSV		
Measles	MEA	Rotavirus (Rotashield)	RTV		
Measles & Rubella	MR	Rubella	RUB		
Measles, Mumps, Rubella, Varicella	MMV	Zoster (Shingles)	ZOS		

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter <b>OR</b>		1
	99402T			Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b> Advocacy may be coded as appropriate. See <u>TennCare Section</u> 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 Appropriate	As Appropriate	As Appropriate	1
Hepatitis A -- 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 Appropriate	As Appropriate	As Appropriate	As Appropriate	# 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		
<b>COMMENTS:</b> Do not use code 78059 for mass immunization clinics. Code vaccine(s) 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	
<b>COMMENTS:</b> Advocacy may be coded as appropriate. See <u>TennCare Section</u> 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 <b>Appropriate</b>	As <b>Appropriate</b>	As <b>Appropriate</b>	As <b>Appropriate</b>	# Of <b>Immunizations</b> 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					

**Section 220.090, (Continued On Next Page)**

## 220.090 Vaccine Codes for Mass Immunization Clinics (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Tetanus Diphtheria	78095					
IPV	78096					
ISG	78107					
DTAP	78098					
CPX	78083					
Pneumonia Conjugate	78086					
<b>TennCare</b> Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter <b>OR</b>	V689	1
	99402T			Unspecified Administrative Purpose		
<b>COMMENTS:</b> Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.						

**220.100 - Rescinded 10/16/2006**

## 220.110 - Field Services

Last Change Date: 04/01/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Field service (Audit / Contact / Mass Screening / Mass Education)</u>		IM	6	Unspecified Administrative Purpose	V689	# 30 Min Incs
"C" Registration (Community Service) (Has <b>NO</b> Medical Record)	78059					
"L" Registration (Long) (Has Medical Record)	3560					
<p><b>COMMENTS:</b>                      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 30minute increments in the quantity column.</p>						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter <b>OR</b>		1
	99402T			Unspecified Administrative Purpose	V689	
<p><b>COMMENTS:</b>                      Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.</p>						