

# 20 - ADMINISTRATIVE SERVICES

## Administrative Services Definitions

None yet available

## 20.010 - Child Restraint Device (3 Months)

Last Change Date: 04/01/2001

Use Administrative Encounter Form (PH-3309)						
PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
"C" Registration, (Community Service) (Has <b>NO</b> Medical Record)	78004	HP	6	Unspecified Administrative Purpose	V689	1
"L" Registration, (Long) (Has Medical Record)	11002					

## 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 <b>NO</b> Medical Record)	78020	AM	6	Unspecified Administrative Purpose	V689	# Of Pages
	78020A*					# Of Pages >40
"L" Registration, (Long) (Has Medical Record)	11005					
<p><b>COMMENTS:</b>            Copies of medical records for patients and workman's comp will have no charge.             Code 78020A* for each additional page over 40 (<b>to be used for attorney's request</b>).</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 Establishments)	78087	FG	6	Unspecified Administrative Purpose	V689	# Of \$30.00 Increments To Equal Fee
Permit Fees Per \$1.00 Unit	PRMTFEE		6	Unspecified Administrative Purpose	V689	# Of \$1.00 Increments To Equal fee
<b>COMMENTS:</b> Use code PRMTFEE for Tattoo Parlors temporary permit.						

## 20.040 - Ground Water Services

Last Change Date **5/2010**

Use Administrative Encounter Form (PH-3309)						
PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Sewage Disposal, 1000 Gal	78064	EN	6	Unspecified Administrative Purpose	V689	As Appropriate
Construction Inspection – Conventional	78064A					
Construction Inspection – Alternative & Large	78068A					
Add 1000 Gal Tank	78066					
Environment-Water Sample Total Coliform	78036					
Environment Inspection Letter	78030					
Subdivision Per Lot	78084					
Installer's Permit	78026					
Pumper's Permit	78028					
Soil Scientist High Intensity	78040					

## 20.050 - Birth Certificates

Last Change Date: 5/2010

Use Administrative Encounter Form (PH-3309)						
PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b><u>"C" Registration, (Community Service) (Has NO Medical Record)</u></b>			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				
<b><u>"L" Registration, (Long) (Has Medical Record)</u></b>						
Birth Certificate	11053A	BR				
Birth Certificate	11053B	BC				
Additional Copy	11054A	BR				
Additional Copy	11054B	BC				
Birth Certificate - Veteran	VETBC	BC				
<p><b>COMMENTS:</b>            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 <b>BR</b> with procedure codes ending with A to deposit <b>the appropriate</b> fee to Vital Records in Nashville. Use program code <b>BC</b> with procedure codes ending with B to deposit <b>the appropriate</b> fee to the local health department account. The same rule applies to additional copies.</p>						

## 20.050 - Birth Certificates (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>EXAMPLE:</b>						
Birth Certificate (Deposits <b>the appropriate portion of the</b> fee to Vital Records in Nashville)	11053A	BR	6	V689		1
Birth Certificate (Deposits <b>the appropriate portion of the</b> fee to Local Health Department)	11053B	BC	6	V689		1

# 20.060 - Death Certificates

Last Change Date: 04/01/2001

Use Administrative Encounter Form (PH-3309)						
PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b><u>"C" Registration, (Community Service) (Has NO Medical Record)</u></b>		VR	6	Unspecified Administrative Purpose	V689	# Issued
Death Certificate	78022					
Death Certificate - Veteran	78054					
Verify Death Certificate Info	78057					
<b><u>"L" Registration, (Long) (Has Medical Record)</u></b>						
Death Certificate	11030					
Death Certificate - Veteran	VETVR					

## 20.070 - Cremation Permits

Last Change Date: 11/01/2002

Use Administrative Encounter Form (PH-3309)						
PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
"C" Registration, (Community Service) (Has <b>NO</b> Medical Record)		VR	6	Unspecified Administrative Purpose	V689	#
Cremation Permit	CREM					Issued

## 20.080 - Voluntary Acknowledgement of Paternity

Last Change Date: **5/2010**

Use Administrative Encounter Form (PH-3309)						
PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
"L" Registration, (Long)	VAOP	AM	6	Unspecified Administrative Purpose	V689	1
<b>COMMENTS:</b>  Encounters should be established using the child's record. If the child does not already have a PTBMIS record, create one using a Long "L" registration.  Key the mother's name in the Note/ <b>Follow</b> field on the EN screen.						

# SECTION 30 - BLUE CROSS CONTRACTS

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Section Rescinded 04/2009

# SECTION 40 – BREAST FEEDING

## Breast feeding Definitions

Last Change Date: 5/2010

### Code 99350H -- Initial Home Visit Includes:

- Complete breast feeding assessment in patient's home as related to a documented problem or medical diagnosis
- Development of Care Plan
- Provision of breastfeeding counseling
- Any necessary referrals
- Documentation in medical record

### Code 99349H -- Follow-up Home Visit Includes:

- Update to previous breast feeding assessment in patient's home
- Review and update of the plan of care
- Counseling
- Documentation 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 – Breast Feeding Peer Counseling Activity

This code is used to document ~~breastfeeding counseling~~ all Breast Feeding Peer Counseling activities (individual counseling, breast feeding survey, breast pump issuance, home visit, hospital visit, or group counseling/classes) done by a Breast Feeding Peer Counselor ~~hired~~ funded with a WIC Breast Feeding Peer Counseling Grant. ~~funds~~. Peer counseling activities must be documented in the patient's medical record. ~~Activity~~ These counseling activities may be face-to-face, on or off-site or over the telephone.

# 40.010 – Breast Feeding Counseling

Last Change Date: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	BF	6	Dietary Counseling	V653	1
<p><b>COMMENTS:</b></p> <p style="margin-left: 40px;">Counseling <u>must</u> be documented in the patient's medical record. May be face-to-face, on or off-site. <del>or over the telephone</del>. Must be provided by a health professional trained to do Breast Feeding counseling (i.e., BF Coordinator, Nutritionist, PHN <del>or BFPC</del>). <del>If over the telephone, change visit setting to 04.</del></p>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis For The Encounter		1
	99402T			<b>OR</b>		
				Unspecified Administrative Purpose		
<p><b>COMMENTS:</b></p> <p style="margin-left: 40px;">Advocacy may be coded as appropriate. Refer to <u>TennCare Section</u> to identify activities and services related to TennCare.</p>						

## 40.020 - Breast Pump Issuance

Last Change Date: 04/01/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Electric Breast Pump Issuance	10708	BF	6	Postpartum	V242	1
Manual Breast Pump Issuance	10708M					
<p><b>COMMENTS:</b></p> <p>Code as a "stand alone" procedure when breast pump issuance is the only service provided. <u>Do not code counseling.</u> If pump is issued during another type visit, add code <b>10708M</b> or <b>10708</b> to the encounter using <b>BF</b> as the program code.</p>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis For The Encounter	V689	1
	99402T			OR Unspecified Administrative Purpose		
<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>						

# 40.030 – Breast Feeding Survey

Last Change Date: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Breastfeeding Survey	99401- <b>99404</b>	BF	6	Pregnancy	V222	1
<p><b>COMMENTS:</b></p> <p>Face-to-face visit with patient to do breastfeeding survey and determine needs. Provider should be a nurse, <b>Nutrition Educator, Nutritionist, Breast Feeding Coordinator</b>. May be coded individually or in conjunction with other services.</p> <p>*When extensive breast feeding counseling is done during the same visit that the survey is completed, <b>the appropriate level of counseling code</b> should be used. <i>Example:</i> A late-term prenatal patient who is planning to breast feed receives counseling to address concerns uncovered in the survey and in-depth counseling on the mechanics of breast feeding.</p>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis For The Encounter		1
	99402T			<b>OR</b>		
				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>						

# 40.040 – Breast Feeding Home Visits

Last Change Date: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Home Visit - Initial Visit	99350H	BF	6	Dietary Counseling	V653	1
Home Visit - Follow-up Visit	99349H					
Attempted Home Visits	99348A					
<b>COMMENTS:</b>						
Change site code to reflect off-site location of visit. Home visits <del>to</del> for non-WIC patients should be referred to <del>provided under</del> the HUGS program.						
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 appropriate. Refer to <u>TennCare Section</u> to identify activities and services related to TennCare.						

## 40.050 – Breast Feeding Class (On-Site)

Last Change Date: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Group Counseling (30 minutes)	99411	BF	6	Prenatal <b>OR</b>	V222	1
Group Counseling (60 minutes)	99412			Postpartum	V242	
<b>COMMENTS:</b>						
<p style="text-align: center;">Establish individual encounters for each participant in the group and code group education--&gt; <b>99411</b> or 99412. CPT 2010 defines <b>these codes</b> as Preventive Medicine counseling provided to individuals in a group setting (separate procedure); <b>approximately 30 minutes for code 99411 and approximately 60 minutes for code 99412.</b></p>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis For The Encounter		1
	99402T			<b>OR</b>		
				Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b>						
<p style="text-align: center;">Advocacy may be coded as appropriate. Refer to <u>TennCare Section</u> to identify activities and services related to TennCare.</p>						

# 40.060 – Breast Feeding Group Education (Off-Site)

Last Change Date: 04/01/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Field Service (Audit, Contact / Mass Screening, Mass Education)		BF	6	<b>USE</b> Dietary Counseling <b>OR</b>	V653	# 30 min increments
"C" Registration (Community Service) Has <b>NO</b> medical Record)	78059			Health Related Issues	V654	
<b>COMMENTS:</b>						
For off-site group presentations code 78059 in 30 minute increments in the QTY column. Write the number of participants in the group in the notes column of the WIC encounter form or in the miles column beside the line your code is on if you use the front of the form. Person keying the encounter will key number of participants in the <u>MILE</u> column on the EN Screen.						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis For The Encounter		1
	99402T			<b>OR</b>		
				Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b>						
Advocacy may be coded as appropriate. Refer to <u>TennCare Section</u> to identify activities and services related to TennCare.						

# 40.070 – Breast Feeding Peer Counseling

Last Change Date: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Peer Counseling	1009	BF	6	Unspecified Administrative Purpose	V689	1
<p><b>COMMENTS:</b></p> <p style="color: red;">All Breast Feeding Peer Counseling activities should be documented in the patient's medical record. The disposition code chosen from the list below should be recorded on the encounter to identify which Breast Feeding Peer Counseling activity has been completed. The disposition code is to be entered into the disposition field on the PTBMIS encounter screen. These counseling activities may be face-to-face, on or off-site, or over the telephone.</p> <p style="color: red;">The 1009 code is only to be used by the Breast Feeding Peer Counselor who is hired funded through the WIC Breast Feeding Peer Counseling Grant. <del>funds</del>. No other providers are to use the 1009 code.</p> <p>See the codes below:</p>						
CODE	DESCRIPTION					
FS	Breast Feeding Survey					
IC	Individual Counseling					
BP	Breast Pump Issuance					
HV	Home Visit or Hospital Visit					
GC	Group Counseling					

# SECTION 50 - CARE COORDINATION

## Child Health and Development Program (CHAD) Definitions:

Last Change Date: 04/20/2004

### TARGET POPULATION:

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

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

### **99348A Home Visit Attempt:**

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

### **99350H -- Home Visits, Primary Patient:**

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

### **99350C -- Home Visit -- Other Patient**

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

### **99349H -- Other Visit -- Primary Patient**

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

### **99349C -- Other Visit --Other Patient**

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

### **1516 -- Case Closure**

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

# 50.010 - CHAD - SSBG

Last Change 04/20/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Home Visit -- Primary Patient	99350H	AD	6	Child <b>OR</b>	V202	1
Home Visit -- Other Patient	99350C			Prenatal <b>OR</b>	V222	
Other Visit -- Primary Patient	99349H			Postpartum	V242	
Other Visit -- Other Patient	99349C					
Home Visit Attempt	99348A					
Case Closure	1516*					
<p>COMMENTS:</p> <p>Code <u>one</u> of the Income Eligibility Codes with each SSBG visit.</p> <p>*With each Case Closure (1516), circle a status code on the encounter form. The person who keys the encounter should key status code in the disposition column on the EN Screen.</p> <p><b>Social Services Block Grant = SSBG</b></p>						

**Section 50.010, (Continued On Next Page)**

## 50.010 - CHAD - SSBG (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY		
<b><u>CHAD Eligibility</u></b>		AD	6	Child <b>OR</b>	V202	6		
Income Eligible	IE			Prenatal <b>OR</b>	V222			
Supplemental Security Income	SSI			Postpartum			V242	
Aid to Families With Dependent Children	AFD							
Without Regard to Income	WRI							
Not Eligible	NE							
Case Closure	1516*							
<b><u>Status at Closure</u></b>								
Achieved / Maintained	11							
No Progress	12							
Regression	13							
Moved, Lost Contact, Deceased	14							
<b>COMMENTS:</b>								
Code <u>one</u> of the Income Eligibility Codes with each <b>Social Services Block Grant (SSBG)</b> visit.								
*With each Case Closure (1516), circle a status code on the encounter form. The person who keys the encounter should key status code in the disposition column on the EN Screen.								

# 50.015 CHAD Physicals

Last Change Date: **5/2010**

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

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

**Section 50.015, (Continued On Next Page)**

## 50.015 - CHAD - Physicals (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Vaccines	See Vaccine Code	EP or AD or HU	AXXX or 5XXX or 6	System Assigns	System Assigns	NA
Single Admin of vaccine	90471			As <b>Appropriate</b>	As <b>Appropriate</b>	1
Multiple Admin of vaccine (Number of shots over one [1])	90472					# Imms Given Over One (1)
<b>*Single Administration (intranasal or oral )</b>	<b>90473</b>					<b>1</b>
<b>*Multiple Administration</b>	<b>90474</b>					<b># of Immunizations Shots, intranasal/oral given over one</b>

**COMMENTS:**

All EPSDT exams must include for clinical services:

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

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

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

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

**\*See Definitions page 1 of Section 085 for Vaccine/Immunization Administration Codes selections.**

# Children Special Services (CSS)

## (Applications, Follow-up, and Care Coordination) Definitions:

Last Change Date 04/20/2004

**FUNDING:**

Children Special Services (CSS) is the Federal Title V, MCH Block Grant, Children with Special Health Care Needs (CSHCN) program offered by the Tennessee Department of Health, Maternal and Child Health Section

**SERVICE SITE:**

The primary service site is in the home.

**TARGET POPULATION:**

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

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

**99350H -- Home Visit:**

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

**99348A -- Attempted Home Visit:**

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

**99403 - Office Visit:**

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

**99404 - Other Contacts:**

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

**1516 - Case Closure:**

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

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

Last Change Date: 04/01/2001

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

# HUGS - Help Us Grow Successfully

## Definitions

**Last Change Date: 5/2010**

### **TARGET POPULATION:**

The target population is pregnant women and women up to two (2) years postpartum. Their children can remain in the program up to age 6. Women over 18 who are pregnant but have no other children in the home should be enrolled in the HUGS program as they are no longer eligible for CHAD services.

The following are definitions for each service code listed on the **HUGS encounter sheet**:

### New Patient Home Visits:

**99341X -- Home visit** for the evaluation and management of a new patient which requires a problem focused history and straightforward decision making in ONE significant issue. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. ***This is a low complexity visit (approximately 20 minutes).***

**99342X -- Home visit** for the evaluation and management of a new patient which requires an expanded problem focused history and low complexity decision making in ONE significant issue. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. ***This is a low complexity visit (approximately 30 minutes).***

**99343X -- Home visit** for the evaluation and management of a new patient which requires a detailed history and medium complexity decision making in TWO significant issues. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. If visit is less complex but has GREATER THAN (>) 3 members being assessed, provider may code up one level higher. ***This is a medium complexity visit (approximately 45 minutes).***

**99344X -- Home visit** for the evaluation and management of a new patient which requires a comprehensive history and high complexity decision making in THREE - FOUR significant issues. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. If visit is less complex but has GREATER THAN (>) 3 members being assessed, provider may code up one level higher. ***This is a high complexity visit (approximately 60 minutes).***

**99345X -- Home visit** for the evaluation and management of a new patient which requires a comprehensive history and high complexity decision making in THREE – FOUR significant issues. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. If visit is less complex but has GREATER THAN (>) 3 members being assessed, provider may code up one level higher. ***This is a high complexity visit (approximately 75 minutes).***

**HUGS Definitions, (Continued On Next Page)**

## HUGS Definitions, Continued

**99345X1 -- Home visit** for the evaluation and management of a new patient which requires a comprehensive history and highest complexity decision making in FIVE OR MORE significant issues. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. If visit is less complex but has GREATER THAN (>) 3 members being assessed, provider may code up one level higher. ***This is the highest complexity visit (approximately 90 minutes or more).***

### Established Patient Home Visits

**99347X -- Home visit** for the evaluation and management of an established patient which requires a problem focused history and straightforward decision making in ONE significant issue. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. ***This is a low complexity visit (approximately 15 minutes).***

**99348X -- Home visit** for the evaluation and management of an established patient which requires an expanded problem focused history and low complexity decision making in ONE significant issue. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. ***This is a low complexity visit (approximately 25 minutes).***

**99349X -- Home visit** for the evaluation and management of an established patient which requires a detailed history and medium complexity decision making in TWO significant issues. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. If visit is less complex but has GREATER THAN (>) 3 members being assessed, provider may code up one level higher. ***This is a medium complexity visit (approximately 40 minutes).***

**99350X -- Home visit** for the evaluation and management of an established patient which requires a comprehensive history and moderate complexity decision making in THREE - FOUR significant issues. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. If visit is less complex but has GREATER THAN (>) 3 members being assessed, provider may code up one level higher. ***This is a high complexity visit (approximately 60 minutes).***

**99350X1 -- Home visit** for the evaluation and management of an established patient which requires a comprehensive history and high complexity decision making in THREE – FOUR significant issues. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. If visit is less complex but has GREATER THAN (>) 3 members being assessed, provider may code up one level higher. ***This is a high complexity visit (approximately 75 minutes).***

**99350X2 -- Home visit** for the evaluation and management of an established patient which requires a comprehensive history and high complexity decision making in FIVE OR MORE significant issues. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. If visit is less complex but has GREATER THAN (>) 3 members being assessed, provider may code up one level higher. ***This is the highest complexity visit (approximately 90 minutes or more).***

**HUGS Definitions, (Continued On Next Page)**

## HUGS Definitions, Continued

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

**99412 – Group Education:** This code is used for classes provided to clients in a group setting for the purpose of prevention and/or risk factor reduction interventions. Classes must be 60 minutes or longer in length.

**1516 – CASE CLOSURE:** This code is used to close the case to home visiting services when family has knowledge, skills, and resources to meet future challenges.

Modifiers:

**1516C** – Client chooses to end services

**1516M** – Client changed residence

**1516R** – Client refused initial offer of HUGS services

**1516U** – Unable to locate client after three attempts

## 50.030 - HUGS - Contact **With** Patients

Last Change Date: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Home Visit - New Family, Low Complexity, 20 min	99341X	HU	6	Count of Individuals Seen (e.g. HUGS4 )	HUGS#	1
Home Visit - New Family, Medium Complexity, 30 min	99342X					
Home Visit - New Family, Medium Complexity, 45 min	99343X					
Home Visit - New Family, High Complexity, 60 min	99344X					
Home Visit - New Family, High Complexity, 75 min	99345X					
Home Visit - New Family, Highest Complexity, 90min +	99345X1					
Home Visit - Est. Family, Low Complexity, 15 min	99347X					
Home Visit - Est. Family, Medium Complexity, 25 min	99348X					
Home Visit - Est. Family, Medium Complexity, 40 min	99349X					
Home Visit - Est. Family, High Complexity, 60 min	99350X					
Home Visit - Est. Family, High Complexity, 75min +	99350X1					
Home Visit - Est. Family, Highest Complexity, 90min +	99350X2					
Attempted Home Visit	99348A					
Group Education	99412					
Case Closure	1516					
Case Closure – Client Choice	1516C					
Case Closure – Client Changed Residence	1516M					
Case Closure – Client Refused Services	1516R					
Case Closure – Unable to Locate Client	1516U					

# SECTION 60 - CHILDREN'S SPECIAL SERVICES

## Children's Special Services Definitions

### FUNDING:

Children's Special Services (CSS) is the Federal Title V, MCH Block Grant, Children with Special Health Care Needs (CSHCN) program offered by Tennessee Department of Health, Maternal and Child Health [Section](#).

### SERVICE SITE:

These codes are administrative purposed and are entered at the CSS Regional or Large Metro site.

### TARGET POPULATION:

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

### COMMENTS:

~~Codes are self-explanatory.~~ Refer to the CSS Policy and Procedure manual.

The CPT codes in this section are standard codes. The current CPT Evaluation and Management (E/M) and the CPT Services Guideline codes should be followed.

## 60.010 - CSS - Medical Services Enrollment

Last Change Date: 04/01/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Certification > 100% FPL	1876A	CS	6	As <span style="color: red;">Appropriate</span>	As <span style="color: red;">Appropriate</span>	1
Certification < 100% FPL	1876B					
Recertification > 100% FPL	1878A					
Recertification < 100% FPL	1878B					
<span style="color: red;">Federal Poverty Level (FPL)</span>						

## 60.020 - CSS - Non-Medical Enrollment For TennCare Recipients

Last Change Date: 04/01/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Certification > 100% FPL	1876AT	CS	6	As <span style="color: red;">Appropriate</span>	As <span style="color: red;">Appropriate</span>	1
Certification < 100% FPL	1876BT					
Recertification > 100% FPL	1878AT					
Recertification < 100% FPL	1878BT					
SSI Eligible	SSI					
Federal Poverty Level (FPL) Supplemental Security Income (SSI)						

## 60.030 - CSS - Closures

Last Change Date: 04/01/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Maximum Treatment	1901	CS	6	As <span style="color: red;">Appropriate</span>	As <span style="color: red;">Appropriate</span>	1
Over Age	1902					
Moved Out of State	1903					
Patient Expired	1904					
Not Diagnostically Eligible	1905					
Registration Error	1906					
Unable to Locate	1907					
Family Not Interested	1908					
Not Financially Eligible	1909					
Moved Within State	1910					

## 60.040 Parents Encouraging Parents (PEP)

Last Change Date: 04/01/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
PEP Provider Activity	PEP	CS	6	Unspecified Administrative Service	V689	As Appropriate

**COMMENTS:**

Codes for types of service provided should be in the "Disp" field.

PP	PEP Presentation
RI	Request for Information
TR	Trained resource parents
CS	Child care reimbursements submitted
TS	Telephone reimbursements submitted
FE	Follow-up on established parents
MM	Monthly meetings
MR	Matches with referred parents
NC	Referrals on new parents from CSS
NR	Referrals on new parents
RC	Referrals to CSS
RO	Referrals to outside organizations
SE	Support Groups established
SG	Support groups in operation -- (count only at end of year)

For Disposition (DISP) Codes "CS" and "TS" the total dollar amount submitted should be entered in the Res/Ref field. For Disposition Code "RI" the total number of information items given out should be recorded in the "Qty" field.

# 60.050 - Speech / Audiology - Screening

Last Change Date: 04/01/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Hearing Screen Visit	3570	CH OR MH OR WH	6	Appropriate Medical Diagnosis	As Appropriate	1

## 60.060 - Speech / Audiology - Test Codes For CSS

Last Change Date: 04/01/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Hearing Screen - Pure Tone Air	92551	CS	6	Appropriate Medical DX	As Appropriate	1
Pure Tone Audiometry - Air only	92552					
Pure Tone Audiometry - Air and Bone	92553					
Tympanogram	92567					
Speech Screening	V5362					
Acoustic Reflex	92568					

# 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: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401- <del>99404</del>	FP	As Appropriate	As Appropriate	As Appropriate	1
FP Supplemental						
<b>COMMENTS:</b> 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 <b>OR</b>		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.						

# 100.020 - Exam Visit

Last Change Date: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b><u>Preventive Visit, Age Specific</u></b>		FP	As Appropriate  6  5XXX	<b><u>Complete Exam</u></b>		
New Patient	99383 - 99386			Initial / Annual On OC's	V2501	1
Established Patient	99393 - 99396			Initial / Annual Other Methods	V2502	
Referral (if made)	1222			<del>Unspecified Administrative Purpose</del>	<del>V689</del>	
Lab(s) Completed				Routine GYN Exam (with or without Pap)	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) *	96372					
<p><b>COMMENTS:</b>            Mark Y for "<b>Breast Exam Referral</b>" <del>procedure code 1222 (referral)</del> on the Family Planning Supplemental form located on the back of the encounter form <del>and disposition code BE in the disposition field</del> when a clinical breast exam (CBE) result requires referral.</p> <p style="color: red;">*When a Therapeutic, Prophylactic or Diagnostic Injection (CPT Code 96372) 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 "Other" Office Visit code. The "Other" Office Visit code should be tied to the appropriate medical diagnosis code.</p>						

**Section 100.020, (Continued On Next Page)**

## 100.020 – Exam Visit (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Recheck	3734	FP	As Appropriate	As Appropriate	As Appropriate	1
Lab(s) Completed						
Lab Handling (If Outside Lab)	99000					
Drugs Dispensed - Use Pharmacy Module						
<p><b>COMMENTS:</b>            Patient is put on table.</p> <p>For Depo Users: if a woman must wait for menses to occur <b>before initial Depo injection</b>, then that initial injection is considered part of the original visit. When menses occur and she returns for initial Depo injection, code a Recheck (3734) Visit and Depo <del>and injection code 96372.</del></p> <p>If a patient is issued a prescription, purchases Depo and returns for injection, code a recheck visit and injection code 96372. Subsequent quarterly visits for Depo should be coded per Supply Visit Service Section.</p> <p>Code condoms <b>only on FP Supplemental</b>. GenProbe done on FP patient is coded FP, not ST. <b>FP patients who present for services not related to the FP Program should code the services provided to the appropriate program.</b> Code vaccines <b>to CH/WH if a</b> 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" Office Visit code must have the "25" modifier added. (See VISITS SECTION) 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 of Encounter  OR Unspecified Administrative Purpose	V689	1
	99402T					
<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>						

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

Last Change Date: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Other Visit	99211 - 99215	FP	As Appropriate	<u>Return Visits</u>		1
<del>Referral (if Made)</del>	<del>1222</del>		<del>6</del>	<del>Unspecified Administrative Purpose</del>	<del>V689</del>	
Lab(s) Completed			As Appropriate	Pap Only	V762	
Venipuncture (If done)	36415		Pap & Gyn Exam	V7231		
Ear, Finger or Heel Stick	36416		Breast Check Only	V7610 or V7619		
Lab Handling (If outside lab)	99000		Abnormal Pap <b>OR</b>	7950		
Drugs Dispensed	Use Pharmacy Module		Other <b>Appropriate</b> Diagnosis	As <b>Appropriate</b>		
<b><u>FP supplemental</u></b>						

**COMMENTS:**

Mark Y for "Breast Exam **Referral**" ~~procedure code 1222 (referral)~~ on the Family Planning Supplemental form located on the back of the encounter form ~~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 and Depo. ~~and injection code 96372.~~

Recheck Visit	3734	FP	As <b>Appropriate</b>
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 **96372**.  
**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	Primary Diagnosis From Encounter	V689	1
	99402T			OR Unspecified Administrative Purpose		
<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>						

# 100.040 - Supply Visit (Any Method)

Last Change Date: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling Visit	99401	FP	As Appropriate	O.C. Surveillance <b>OR</b>	V2541	1
Lab(s) Completed				Other Contraceptive Method 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)	96372					
<b>FP Supplemental</b> Note: Use same codes for 1 or more packs of OC's. Do BP, weight and history						
<p><b>COMMENTS:</b></p> <p>If a medical problem is treated during a supply visit, the appropriate E &amp; M office visit (Other) code should be used (99211-99215) instead of counseling code 99401.</p> <p>Use the supply visit (99401- counseling) when you have "deferred the exam" and are providing up to a 3-month supply of contraceptives.</p> <p>Code condoms <b>only on FP Supplemental</b>. GenProbe done on FP patient is coded FP, not ST. <b>FP patients who present for services not related to the FP Program should code the services provided to the appropriate program.</b> Code vaccines <b>to CH/WH if a FP patient gets immunization(s) during FP visit.</b> 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" Office Visit code must have the "25" modifier added. (See VISITS SECTION) 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>						

**Section 100.040, (Continued On Next Page)**

## 100.040 - Supply Visit (Any Method) (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From Encounter	V689	1
	99402T			OR 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.						

## **100.050 - Norplant Insertion**

**Deleted under review**

## 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 Appropriate	Norplant Check, Removal Or Surveillance	V2543	1
Norplant Removal	11976					
<b><u>FP Supplemental</u></b>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From Encounter  <b>OR</b> Unspecified Administrative Purpose	V689	1
	99402T					
<b>COMMENTS:</b> Advocacy may be coded as appropriate. Refer to <u>TennCare Section</u> to identify activities and services related to TennCare.						

## **100.070 - Norplant Removal / Insertion**

**Deleted 5/2010**

## 100.075 – Implanon Insertion/Removal/Maintenance

Last Change Date: 5/2010

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>INSERTION</b>						
Counseling	99401-99404	FP	As Appropriate	Insertion of Implantable Subdermal Contraceptive	V255	1
Implanon Insertion	11975					
Implanon	IMPLAN <b>AND</b> From Pharmacy Module*					
Lab(s) Completed as appropriate						
<b><u>REMOVAL and REINSERTION</u></b>						
Implanon Removal and Reinsertion	11977	FP		Check, Removal or Surveillance of Implantable Subdermal Contraceptive  <b>and</b> Insertion of Implantable Subdermal Contraceptive	V2543	1
Implanon	IMPLAN <b>AND</b> From Pharmacy Module*				V255	
<b><u>REMOVAL</u></b>						
Implanon Removal	11976	FP	As Appropriate	Check, Removal or Surveillance of Implantable Subdermal Contraceptive	V2543	1
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From Encounter		1
	99402T			<b>OR</b>  Unspecified Administrative Purpose		

**COMMENTS:**

\*All rural regions and Metros using the pharmacy module also need to use the Pharmacy module to record the dispensing of the Implanon (NDC Code). This will allow tracking for inventory purposes only, but will not produce a charge.

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: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling (if done or in conjunction with pregnancy testing)	99401- 99404	FP	As Appropriate	As Appropriate		
Labs completed as appropriate		FP	As Appropriate	IUD Insertion	V251	
Insert IUD	58300					
IUD Paragard <b>OR</b>	IUDP					
IUD Paragard (Free) <b>OR</b>	IUDPF					
IUD Mirena <b>OR</b>	IUDM					
IUD Mirena (Free)	IUDMF					
<b><u>FP Supplemental</u></b>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From Encounter  <b>OR</b> Unspecified Administrative Purpose	V689	1
	99402T					

**COMMENTS:**

All rural regions and Metros using the pharmacy module also need to use the **Pharmacy** module to record the dispensing of the IUD (NDC Code). This will allow tracking for inventory purposes only, but will not produce a charge.

An office visit is not indicated the day of IUD insertion or removal. (See CPT Surgical Package Definition in current CPT Manual.)

Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.

# 100.090 - IUD Removal

Last Change Date: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401-99404	FP	As Appropriate	IUD Check or Removal	V2542	1
Removal of IUD	58301					
Labs completed as appropriate						
<b><u>FP Supplemental</u></b>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis of Encounter		1
	99402T			<b>OR</b>	Unspecified Administrative Purpose	
<b>COMMENTS:</b>						
<p>Advocacy may be coded as appropriate. Refer to <u>TennCare Section</u> to identify activities and services related to TennCare.</p> <p style="color: red;">An office visit is not indicated the day of IUD insertion or removal. (See CPT Surgical Package Definition in current CPT Manual.)</p>						

## 100.100 - IUD Removal / Insertion

Last Change Date: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401-99404	FP	As Appropriate	IUD Check or Removal	V2542	1
Removal of IUD	58301			IUD Insertion	V251	
Insert IUD	58300					
IUD	J7300					
IUD Paragard <b>OR</b>	IUDP					
IUD Paragard (Free) <b>OR</b>	IUDPF					
IUD Mirena <b>OR</b>	IUDM					
IUD Mirena (Free)	IUDMF					
Labs completed as appropriate						
<b><u>FP Supplemental</u></b>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis of Encounter		1
	99402T			<b>OR</b> Unspecified Administrative Purpose	V689	

**COMMENTS:**

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.

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: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Recheck Visit*	3734	FP	As Appropriate	IUD <b>Check</b> or Removal	V2542	1
Labs completed as appropriate						
<b>FP Supplemental</b>						
<p><b>COMMENTS:</b> *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.</p>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From Encounter	V689	1
	99402T			<b>OR</b>		
<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>						

## 100.120 - Pregnancy Test Only

Last Change Date: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY	
Counseling	99401 - 99404	FP	As Appropriate	Pregnancy Test Negative	V7241	1	
Pregnancy Test	81025	FP		OR	Pregnancy Test Positive Unconfirmed By Exam	V7240	
GenProbe*	GENP	ST		Laboratory Examination	V7260		
Lab Handling (If Outside Lab) For GenProbe	99000	ST					
Drug (s) Use Pharmacy Module							
TennCare Advocacy	99401T	TO	6	Primary Diagnosis of Encounter		1	
	99402T			OR			
				Unspecified Administrative Purpose	V689		

**COMMENTS:**

Advocacy may be coded as appropriate. Refer to [TennCare Section](#) to identify activities and services related to TennCare. \*Follow current GenProbe guidelines.

# 100.130 - Emergency Contraceptive Pills

Last Change Date: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	FP	As Appropriate	ECP Encounter For Counseling and Prescription	V2503	1
Pregnancy Test (if indicated)	81025			Pregnancy Test, Negative	V7241	
GenProbe*	GENP	ST		Laboratory Examination	V7260	
Lab Handling (If Outside Lab) For GenProbe	99000	ST				
Drug(s) Dispensed	Use Pharmacy Module					
<b>COMMENTS:</b> If it is determined that an exam is necessary when patient presents for an ECP visit, code the appropriate level "Other" Office Visit code and leave off the counseling code.						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From Encounter		1
	99402T			<b>OR</b>	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. *Follow current GenProbe guidelines.						

## 100.140 - Vasectomy - Initial Counseling and Consent

Last Change Date: 5/2010

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>Preventive</b> Counseling		FP	Pvt Pay- 6  <b>OR</b>  TnCare (AXXX)	Other Family Planning Counseling	V2509	1
15 Minutes	99401					
30 Minutes	99402					
45 Minutes	99403					
60 Minutes	99404					
<b>COMMENTS:</b>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From Encounter	V689	1
	99402T			<b>OR</b>  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.						
Consent for sterilization is to be signed a minimum of 30 days prior to procedure. This consent expires 180 days after it is signed.						

# 100.150 - Vasectomy - Preventive Visit Done During a 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)	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					
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From Encounter  OR  Unspecified Administrative Purpose	V689	1
	99402T					
<b>COMMENTS:</b>						
Advocacy may be coded as appropriate. Refer to <u>TennCare Section</u> to identify activities and services related to TennCare.						

## 100.160 – Vasectomy - Day of Procedure

Last Change Date: 5/2010

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><b>COMMENTS:</b>                      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 eligible <b>patients</b>, 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. See Section 100.170 for coding of all post operative follow-up sperm count and semen exams.</p>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From Encounter	V689	1
	99402T			OR  Unspecified Administrative Purpose		
<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>						

# 100.170 - Vasectomy - Post Operative Semen Exam

Last Change Date: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Recheck**	3734	FP	6	Other Specified Contraceptive Management (Post Vasectomy Sperm Code)	V258	1
<p><b>COMMENTS:</b>            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 eligible <b>patients</b>, 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, <b>see Section 100.160</b>.</p>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From Encounter	V689	1
	99402T			<b>OR</b>		
<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>						

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

**NOTE: FOR TENNCARE PATIENTS ONLY**

**Last Change Date: 5/2010**

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/EPST& One of the Below Diagnosis	V202		
Age 18, 19, 20	99385			Adolescent Well Exam/EPST & One of the Below Diagnosis	V700		
<u>Established Patient, Age Specific</u>							
Age <18	99393 - 99394			Well Child/EPST& One of the Below Diagnosis	V202		
Age 18, 19, 20	99395			Adolescent Well Exam/EPST & One of the Below Diagnosis	V700		
<b><u>Additional Services Performed As Appropriate</u></b>							
Developmental/ Behavioral Screening	96110	EP	Axxx			1	
Hearing Screening	92551						
Vision Screening	99173						
<b>*Referral(if made)</b>	<b>1222</b>			<b>6</b>	<b>Unspecified Administrative Purpose</b>		<b>V689</b>
Drug(s) Dispensed ( <b>Use Pharmacy Module</b> )							
Injection Drug or Antibiotic (Other Than vaccines)	<b>96372</b>						
Lab(s) Completed				<u>Complete Exam</u>			
Venipuncture, (if done)	36415	FP	TnCare (Axxx)	Initial / Annual on OC's	V2501	1	
				Initial / Annual / Other Methods	V2502		
				Routine GYN Exam ( <b>with or without Pap</b> )	V7231		
Ear, Finger or Heel Stick	36416						
Lab handling (if outside lab)	99000						
<b>Comments:-</b> Mark Y for " <b>Breast Exam Referral</b> " procedure code 1222 (referral) on the Family Planning Supplemental form located on the back of the encounter form and disposition code BE in the disposition field when a clinical breast exam (CBE) result requires referral.							

**Section 100.180, (Continued On Next Page)**

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

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
				<u>Return Visits</u>		
				Pap only	V762	1
				Pap & Gyn Exam	V7231	
				Breast Check Only	V7610 or V7619	
				Abnormal Pap	79500	
Vaccine(s) <i>(See section 220 for complete Immunization and vaccine coding instructions)</i>	See Vaccine Codes	EP	AXXX	As <i>Appropriate</i>	As <i>Appropriate</i>	1
Single Administration	90471					
multiple administration (Number of shots over 1)	90472					# imms given over one
<b>COMMENTS:</b>						
EARLY PERIODIC SCREENING, DIAGNOSIS AND TREATMENT						
Comprehensive health and developmental history			Comprehensive unclothed physical exam			
Appropriate immunizations			Appropriate laboratory tests			
Health education			Hearing assessment			
Visual assessment						
<b>Vision Screening (99173):</b> Code 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. Use this code in addition to the EPSD&T preventive code when an OBJECTIVE screening is <i>provided to children according to the</i> AAP Periodicity Schedule.						
<b>Hearing Screening (92551):</b> Code 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. Use this code in addition to the EPSD&T preventive code for an OBJECTIVE screening <i>provided to children according to the</i> AAP Periodicity Schedule.						

**Section 100.180, (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><b>Developmental Behavioral Screening (96110):</b> A developmental/behavioral screening is to be provided at <u>each</u> EPSD&amp;T screening visit <b>to children according to the AAP Periodicity Schedule</b>. The screening instrument may be The Parents Evaluation of Developmental Status (PEDS); the Pediatric Symptom Checklist (PSC) or the Adolescent Developmental/Behavioral <b>Questionnaire</b>.</p>						
<p><b>COMMENTS:</b>            Code condoms <b>only on FP Supplemental</b>. GenProbe done on FP patient is coded FP, not ST. <b>FP patients who present for services not related to the FP Program should code the services provided to the appropriate program</b>. Code vaccines <b>to CH/WH if a FP patient</b> 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" <b>Office</b> Visit code must have the "25" modifier added. (See VISITS SECTION) 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	V689	1
	99402T			<b>OR</b> unspecified administrative purpose		
<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>						

# Section 105 - Group Education

## Group Education Definitions

**Last Change Date: 04/20/2004**

### **78059 - Prenatal Education:**

Prenatal education is aimed at prenatal patients who are not necessarily enrolled in a specific program (such as HUGS), but who could benefit from risk prevention/reduction prenatal education. Prenatal education may include the following topics:

1. Counseling activities to promote and support healthy behavior, i.e., avoiding substance abuse, nutrition and weight gain, seat-belt use, domestic violence, etc.
2. General knowledge of pregnancy including: anatomic and physiologic changes with comfort measures for accompanying discomforts, fetal growth and development, labor and delivery, complications of pregnancy and parenting.
3. Information on the development of birthing care plans, and encouragement to participate in the decisions needed during prenatal care and childbirth

### **78059 - Childbirth Education:**

Childbirth education is aimed at prenatal patients who are not necessarily enrolled in a specific program (such as HUGS), but who could benefit from risk prevention/reduction childbirth education. Childbirth education may include the following topics:

1. Anatomy and physiology of labor and birth.
2. Comfort measures.
3. Normal birthing process, interventions, medications and cesarean birth.
4. Breastfeeding basics.

### **78059 - Parenting Education:**

Parenting education is aimed at parents whose children (birth through the age of 5 years) are not necessarily enrolled in a specific program (such as HUGS), but who could benefit from risk prevention/reduction and anticipatory guidance. Parenting education may include the following topics:

1. Children's cognitive, social, emotional and physical development.
2. Parenting attitudes, knowledge, behavior and family functioning.
3. Child safety.
4. Parents' mental and emotional health and/or risk behaviors.
5. Families' self-sufficiency.

# 105.010 Group Education

Last Change Date: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Parenting Classes	78059	CH, WH or PN*	6	Health Related Issues OR	V654	#30 Min. Increments
Prenatal Classes				General Nutrition OR	V653	
Childbirth Classes				As Appropriate	As Appropriate	
<b>COMMENTS:</b>						
For group education, use code 78059 with a "C" (Community Service) registration. Code 78059 should be coded in 30 minute increments in the QTY column.						
On the encounter form, write the number of participants in the group in the MILE column beside the line your code is on. Person keying the encounter will key the number of participants in <u>MILE</u> column on the EN Screen.						
* Use of the CH or WH program code would be determined by the <u>majority</u> of the participants.						
<b>* ONLY FULL SERVICE PRENATAL COUNTIES CAN USE THE PN PROGRAM CODE!</b>						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter		1
	99402T			OR		
				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.						

# **SECTION 110 - HEALTH PROMOTION**

## **Health Promotion Definitions**

None yet available

# 110.010 - On-Site Group Sessions (No Charge)

Last Change Date: 06/30/2004

**HEALTH PROMOTION STAFF WILL USE LABOR DISTRIBUTION TO CAPTURE TIME SPENT IN HP ACTIVITIES AND WILL NOT CODE ON ENCOUNTER FORMS. OTHER HEALTH DEPARTMENT STAFF MAY USE CODES LISTED IN THIS SECTION WHEN PROVIDING HEALTH PROMOTION SERVICES. NOTE THAT THE ACTIVITY DIRECTS WHICH PROGRAM CODE TO USE - NOT THE PERSON PROVIDING THE SERVICE.**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
General Group Education	99411NC	HP	6	Health Related Issues <b>OR</b>	V6540	# 30 Min Increments
				General Nutrition <b>OR</b>	V653	
				As <b>Appropriate</b>	As <b>Appropriate</b>	
<b>COMMENTS:</b>						
On-site group sessions require an "L," long registration. Register the class/group as the "patient" using 01-01-1901 as the DOB. Code 99411NC is to be used for HP only. Code 99411NC in 30 minute increments in the QTY column. On the encounter form, write the number of participants in the mile column beside the line your code is on. Person keying the encounter will key number of participants in <u>MILE</u> column on the EN Screen.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter		1
	99402T			<b>OR</b>		
				Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b>						
Advocacy may be coded as appropriate. See the <u>TennCare Section</u> to identify activities and services related to TennCare.						

## 110.020 - Off-Site Group Sessions (No Charge)

Last Change Date: 06/30/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>Field Service (Audit, Contact, Mass Screening, Mass Education)</b>		HP	6	Health Related Issues <b>OR</b>	V6540	# 30 min Increments
"C" Registration (Community Service) - Has <b>NO</b> Medical Record	78059			General Nutrition <b>OR</b>	V653	
"L" Registration (Long) - Has Medical Record	3560			As <b>Appropriate</b>	As <b>Appropriate</b>	
<b>COMMENTS:</b>						
<p>For off-site group education/screening, use code 3560 if your PTBMIS record has an "L" (Long) registration. Use 78059 if the PTBMIS record has a "C" (Community Service) registration. Both 3560 and 78059 have the same description and should be coded in 30 minute increments in the QTY column. On the encounter form, write the number of participants in the group in the mile column beside the line your code is on. Person keying encounter will key number of participants in <u>MILE</u> column on the EN Screen.</p>						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter <b>OR</b>		1
	99402T			Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b>						
<p>Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.</p>						

## 110.030 - Education / Contract Services

(To Charge **Fee for Service** @ \$1.00 Per Unit)

Last Change Date: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b><u>Educational / Contract Services (\$1.00 per unit)</u></b>		HP	6	Health Related Issues <b>OR</b>	V6540	# Units
"C" Registration (Community Service) - Has <b>NO</b> Medical Record	78085			General Nutrition <b>OR</b>	V653	
"L" Registration (Long) - Has Medical Record	10299			As <b>Appropriate</b>	As <b>Appropriate</b>	
<b>COMMENTS:</b>  Code Education/Contract Services \$1.00 per unit, in addition to appropriate procedure code for the group session when a fee <b>for service</b> needs to be generated. Show number of units in QTY column to equal total contracted fee (i.e., \$100 contracted fee, show 100 in QTY column.)						
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 the <u>TennCare Section</u> to identify activities and services related to TennCare.						

# 110.040 - Child Restraint Device

## 3 Month Rental

Last Change Date: 5/2010

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Child Restraint Device</u>		HP	6	Unspecified Administrative Purpose	V689	1
"C" Registration (Community Service) - Has <b>NO</b> Medical Record	78004					
"L" Registration (Long) - Has Medical Record	11002					
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 the <u>TennCare Section</u> to identify activities and services related to TennCare.						

## 110.050 - Rape Prevention - On-Site Group Sessions (No Charge)

Last Change Date: 06/30/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
General Group Education	99411NC	RP	6	Health Related Issues <b>OR</b>	V6540	# 30 Min Increments
				As <b>Appropriate</b>	As <b>Appropriate</b>	
<b>COMMENTS:</b>						
<p>On-site group sessions require an "L" Long Registration. Register the class/group using 01-01-1901 as the DOB. Code 99411NC is to be used for RP only. Code 99411NC in 30 minute increments in the QTY column. On the encounter form, write the number of participants <b>in the group</b> in the MILE column beside the line your code is on. Person keying the encounter will key the number of participants in the MILE column on the EN Screen.</p>						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter <b>OR</b>		1
	99402T			Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b>						
<p>Advocacy may be coded as appropriate. See the TennCare Section to identify activities and services related to TennCare.</p>						

## 110.060 - Rape Prevention - Off-Site Group Sessions (No Charge)

Last Change Date: 06/30/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Field Service (Audit, Mass Screening, Mass Education)</u>		RP	6	Health Related Issues <b>OR</b>	V6540	# 30 Min Increments
"C" Registration (Community Service) - Has <b>NO</b> Medical Record	78059			As <b>Appropriate</b>	As <b>Appropriate</b>	
"L" Registration (Long) - Has Medical Record	3560					
<b>COMMENTS:</b>						
<p>For off-site group education/screening, use code 3560 if your PTBMIS record has an "L" (Long) registration. Use 78059 if the PTBMIS record has a "C" (Community Service) registration. Both 3560 and 78059 have the same description and should be coded in 30 minute increments in the QTY column. On the encounter form, write the number of participants in the group in the MILE column beside the line your code is on. Person keying the encounter will key the number of participants in the <u>MILE</u> column on the EN Screen.</p>						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter <b>OR</b>		1
	99402T			Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b>						
<p>Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.</p>						

# **SECTION 120 - INTERPRETER SERVICES**

## **Interpreter Services Definitions**

Last Change Date: 03/01/2002

# 120.010 - Interpreter Services

Last Change Date: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>Interpreter Services (Time Based)</b>		As Appropriate	6	Unspecified Administrative Purpose	V689	1
Approximately 15 min.	INT1					
Approximately 30 min.	INT2					
Approximately 45 min	INT3					
Approximately 60 min.	INT4					
<b>COMMENTS:</b>						
<p>INT1, INT2, INT3, and INT4 codes reflect the use of an interpreter in approximately 15-minute increments of time up to a maximum of 60 minutes. Interpreters may be local Health Department staff working in other areas, who are not providing the service. Interpreters may also include outside contract personnel, voluntary qualified community interpreters and telephonic language interpreter services.</p> <p>The provider using the interpreter should code the appropriate INT code based on the time the interpreter spent during the procedure(s) on the encounter form using his or her provider number. The INT code should be used only once per program per visit even if multiple providers delivered services within that program. <b>The identity of the interpreter or interpretation service used should be written in the visit documentation of the medical record.</b></p> <p>If multiple providers in different programs use an interpreter, then the INT code may be used more than once on an encounter form by coding it to the appropriate program codes. The INT code will not be used for front-desk registration or any other activity for which there is no corresponding procedure code even if an interpreter is involved in the activity.</p> <p>If a bilingual provider delivered a service to a patient with limited English proficiency without the use of an interpreter, then the INT code <u>would not</u> be used.</p> <p>For community site visits when an interpreter is used or a bilingual provider conducts a session in a language other than English, code IN in the DISPOSITION field for procedure 78059 with appropriate units of time.</p>						

# SECTION 130 - INTERNATIONAL TRAVEL

## International Travel Definitions

None yet available

# 130.010 - Immunizations for Foreign Travel

Last Change Date: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Vaccines	See Vaccine Codes below	IT	Pvt Pay-6	Vaccine, other	V0389	
*Single Administration (percutaneous, intradermal, subcutaneous, or IM)	90471		<b>OR</b>			1
*Multiple Administration Number of shots over one (1)	90472		Pvt Ins-(5XXX)			# 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:**

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

See section 220 for complete Immunization and vaccine coding instructions.

International travel vaccines:

Vaccine	Code		Vaccine	Code
Hepatitis A - Age 1 thru age 18	HAS		IXIARO Japanese encephalitis	VJE
Hepatitis A - Age 19 And Over	HAX		Typhoid	TPN
Inactive Polio	IPT		Typhoid, Oral	TPO
Japanese Encephalitis	JEV		Yellow Fever, Single Dose	YFS

# SECTION 140 - LEAD

## Lead Definitions

None yet available

## 140.010 - Screening Test Only

Last Change Date: 03/01/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Lab	83655	CH	Pvt Pay 6 <b>OR</b>  Pvt Ins (5XXX)  <b>OR</b>  TNCare (AXXX)	Lead Screening	V825	1
Venipuncture (if done)	36415					
Lab Handling (if outside lab)	99000					
<b>COMMENTS:</b>						
<p>If the patient has private insurance, show RE as 5XXX, affix label on LabCorp Form and mark <u>account</u>. If patient has TennCare, show RE as AXXX; make sure label has correct MCO and SSN and mark <u>insurance</u>. If patient is private pay, show RE as 6 (test will slide), affix label with correct data and mark <u>account</u>. Must have prior authorization from primary care provider to bill TennCare for Lead investigation.</p>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis For The Encounter	V689	1
	99402T			<b>OR</b>		
<b>COMMENTS:</b>						
<p>Advocacy code may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.</p>						

# 140.020 - Counseling Visit Only

Last Change Date: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	CH	Pvt Pay 6 <b>OR</b> Pvt Ins (5XXX) <b>OR</b> TNCare (AXXX)	Lead Screening	V825	1
TennCare Advocacy	99401T	TO	6	Primary Diagnosis For The Encounter		1
				<b>OR</b>		
	99402T			Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b>						
Advocacy code may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.						

# 140.030 - Lead Screening With Preventive Visit

Last Change Date: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b><u>Preventive Visit, Age Specific</u></b>		CH OR EP	Pvt Pay 6  OR  Pvt Ins (5XXX)  OR  TNCare (AXXX)	Primary Diagnosis For The Encounter	V825	1
New Patient	99381 - 99387			and		
Established Patient	99391 - 99397			Lead Screening		
Lab	83655					
Venipuncture (if done)	36415					
Ear, Finger or Heel Stick	36416					
Lab Handling (if outside lab)	99000					
<b>COMMENTS:</b>						
If patient has private insurance, show RE as 5XXX, affix label on LabCorp Form and mark <u>account</u> . If patient has TennCare, show RE as AXXX; make sure label has correct MCO and SSN and mark <u>insurance</u> . If patient is private pay, show RE as 6 (test will slide), affix label with correct data and mark <u>account</u> . Must have prior authorization from primary care provider to bill TennCare for Lead investigation						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis For The Encounter	V689	1
	99402T			OR		
				Unspecified Administrative Purpose		
<b>COMMENTS:</b>						
Advocacy code may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare						

## 140.040 - PHN Home Visit

Last Change Date: 04/01/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Home / Off-Site Visit	99350H	CH	6	As <span style="color: red;">Appropriate</span>		1
TennCare Advocacy	99401T	TO	6	Primary Diagnosis For The Encounter		1
	99402T			<b>OR</b>		
				Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b>						
Advocacy code may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.						

# 140.050 - Environmental Investigation

Last Change Date: 04/01/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Environmental Investigation	Y0897	FG	As Appropriate	Lead Poisoning	E9809	1
<p><b>COMMENTS:</b></p> <p>If patient has private insurance, show RE as 5XXX, affix label on LabCorp Form and mark <u>account</u>. If patient has TennCare, show RE as AXXX; make sure label has correct MCO and SSN and mark <u>insurance</u>. If patient is private pay, show RE as 6 (test will slide), affix label with correct data and mark <u>account</u>. Must have prior authorization from primary care provider to bill TennCare for Lead investigation.</p>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis For The Encounter		1
	99402T			OR		
				Unspecified Administrative Purpose	V689	
<p><b>COMMENTS:</b></p> <p>Advocacy code may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.</p>						

# **SECTION 150 - NUTRITION - NON-WIC**

## **Nutrition - Non-WIC Definitions**

**None yet available**

## 150.010 - Counseling (Registered Dietitian or Nurse)

Last Change Date: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY		
<b><u>Individual Counseling</u></b>		NU  OR  As <span style="color: red;">Appropriate</span>	Pvt Pay 6  OR  Pvt Ins (5XXX)  OR  TNCare (AXXX)	Medical Diagnosis	V6540	1		
15 Minute Preventive Medical Counseling	99401			OR			OR	OR
30 Minute Preventive Medical Counseling	99402							Counseling , Not Otherwise Specified
45 Minute Preventive Medical Counseling	99403							
60 Minute Preventive Medical Counseling	99404							
<b><u>Group Counseling</u></b>								
*30 Minutes	99411							
*60 Minutes	99412							
<p><b>COMMENTS:</b>                      Preventive medical counseling must be coded by a Registered Dietitian or Nurse. Do not code a Preventive or Therapeutic Visit in addition to counseling <span style="color: red;">to the same program.</span></p> <p>*For group counseling, use the group counseling codes 99411 <span style="color: red;">or</span> 99412 on an individual encounter for each participant. CPT 2009 defines <span style="color: red;">code</span> 99411 as Preventive Medicine counseling provided to individuals in a group setting (separate procedure); approximately 30 minutes and <span style="color: red;">code</span> 99412 is for approximately 60 minutes.</p>								
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter <span style="color: red;">OR</span>	V689	1		
	99402T			Unspecified Administrative Purpose				
<p><b>COMMENTS:</b>                      Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.</p>								

# 150.020 - Medical Nutrition Therapy/Registered Dietitian Only

Last Change Date: 5/2010

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY	
Medical Nutrition Therapy, Initial Assessment & Intervention, Individual, each 15 Min.	97802	NU OR As Appropriate	Pvt pay 6 OR Pvt ins ( 5XXX) OR TNCare (AXXX)	Medical Diagnosis	V653	As Appropriate	
Re-assessment & Intervention, Individual, each 15 Min.	97803			OR			Dietary Surveillance and Counseling
*30 Minutes Group (2 or More individuals) Medical Nutrition Therapy, Each 30 Min.	97804			OR			
<b>COMMENTS:</b> *CPT 2009 Manual defines 97804 as Medical Nutrition therapy provided to individuals in a group setting (separate procedure); each 30 minutes. Can only be performed by a Registered Dietitian.							
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter OR	V689	1	
	99402T			Unspecified Administrative Purpose			
<b>COMMENTS:</b> Advocacy may be coded as appropriate. See <a href="#">TennCare Section</a> to identify activities and services related to TennCare.							

# 150.030 - Nutrition Education

Last Change Date: 02/27/2007

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
"C" Registration (Community Service) - Has <b>NO</b> Medical Record	78059			Counseling, Not Otherwise Specified	V6540	
"L" Registration (Long) - Has Medical Record	3560					
<b>COMMENTS:</b>						
Use code 3560 if your PTBMIS record has an "L" (Long) registration or 78059 if the record has a "C" (Community service) registration. For groups, write the number of the 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. <b>Can</b> be done by Nutrition Educator, Registered Dietitian or Nurse.						
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.						

**150.040 - Education / Contract Services**  
**(To Charge a Fee for Service @ \$1.00 Per Unit)**

Last Change Date: 02/27/2007

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>Education / Contract Services - \$1.00 per unit</b>		NU	6	General Nutrition <b>OR</b>	V653	# Units
"C" Registration (Community service) - Has <b>NO</b> Medical Record	78085			Health Related Issues <b>OR</b>	V6540	
"L" Registration (Long) - Has Medical Record	10299			As Appropriate	As Appropriate	
<b>COMMENTS:</b>  Code Education/Contract Services \$1.00 per unit <u>in addition</u> to procedure code for the group session when a fee for service needs to be charged. Show number of units in QTY column to equal contracted fee (i.e., \$100.00 contracted fee, show 100 in QTY column).						
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.						

# 150.050 - Patient Self Management Training

Last Change Date: 02/27/2007

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b><u>Education And Training For Self Management</u></b>		NU OR As Appropriate	Pvt Pay 6 OR Pvt Ins (5XXX) OR TNCare (AXXX)	Medical Diagnosis		# Of 30 Minute Increments
Individual (30 Minutes)	98960					
2-4 Patients (30 Minutes)	98961					
5-8 Patients (30 Minutes)	98962					
<b>COMMENTS:</b>						
Patient <b>must</b> have a medical diagnosis. These codes are used to report educational and training services <u>prescribed by a physician</u> and provided by a qualified non-physician healthcare professional using an established curriculum and guidelines. (For example: NOT health educators or nutrition educators.)						
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.						

# SECTION 160 - PRENATAL

## Prenatal Definitions

Last Change Date: **5/2010**

### **FULL PRENATAL SERVICES:**

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

**Only counties providing full service Prenatal care can use the PN code.** If your county has a special arrangement to draw prenatal labs or do follow up appointments, do not code PN for these prearranged services. You will code CH/WH.

# 160.010 - Full Service Prenatal Counties Only

Last Change Date: 04/20/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Other Visit</u>		PN	As Appropriate	Pregnancy	V222	1
New Patient	99201 - 99205			OR		
Established Patient	99211 - 99215			Subsequent Pregnancy	V221	
Drug(s) Dispensed				OR		
<u>Related Functions</u>				As Appropriate		
Lab(s) Completed						
Venipuncture (If done)	36415					
Ear, Finger or Heel Stick	36416					
Lab Handling (If outside lab)	99000					
<p><b>COMMENTS:</b> ONLY FULL SERVICE PRENATAL COUNTIES CAN USE THE <b>PN</b> PROGRAM CODE!</p>						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter		1
	99402T			OR		
				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>						

# **SECTION 170**

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**Section Rescinded 04/20/2004**

# SECTION 175 - Tobacco Cessation

## Definitions

**Tobacco Cessation Program:** The Department of Health Tobacco Cessation Program was implemented to assess and assist in the cessation of tobacco use. The population is all Health Department patients age 13 and older who receive clinical services.

**Patient Tobacco Survey:** Standardized assessment tool used to determine patient's level of tobacco use and need for intervention. All health department patients age 13 and older receiving clinical services will be asked two questions regarding current and former tobacco use. If either question is answered with the affirmative, the patient will be offered the patient tobacco survey and receive evaluation and tobacco cessation counseling if requested.

# 175.010 - Exam Visit

Last Change Date: 5/2010

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Preventive Visit, Age Specific New Patient	99201 - 99205	MH WH CH	As Appropriate	History of Tobacco Use (Non-Pregnant)	3051	<b>1</b>
Preventive Visit, Age Specific Established Patient	99211 - 99215			Tobacco Use Complicating Pregnancy	64900	
Patient Tobacco Survey	TSA	QT	6			
Counseling  <b>OR</b>  Counseling and Medication Refill	99401QT 99402QT 99403QT 99404QT					
<p><b>Comment:</b> For visits including primary care or other services AND Tobacco, code for other programs first (WH, MH, CH, WIC, FP, etc.). If the visit is for Tobacco ONLY, then code for QT program. Interpreter Codes (INT1-INT4) can be used with QT program</p>						

# 175.020 - Counseling or Counseling/ Medication Refill (No Exam)

Last Change Date: 5/2010

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling OR Counseling/ Medication Refill	99401QT	QT	6	History of Tobacco Use (Non-Pregnant)	3051	1
	99402QT			Tobacco Use Complicating Pregnancy	64900	
	99403QT					
	99404QT					

# SECTION 180 - TENNCARE PRESUMPTIVE ENROLLMENT

## TENNCARE Presumptive Enrollment Definitions

Last Change Date: 11/01/2002

**Code MOVO:**

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

**Code TCPRES:**

Use when the Presumptive Eligibility activity has been completed.

# 180.010 – TennCare Presumptive Enrollment For Pregnant Woman

Last Change Date: 5/2010

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TennCare Presumptive (Prenatal)	TCPRES	CH or PN or WH	6	Unspecified Administrative Purpose	V689	1
<p><b>COMMENTS:</b></p> <p>TCPRES Code will be used to capture all activities related to TennCare Presumptive Enrollment Process.</p> <p><b>Do Not Use Advocacy Code 99401T or 99402T in addition to the TCPRES code.</b></p> <p>If pregnancy is determined elsewhere and nurse provides prenatal counseling, codes 99401 - 99404 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	<b>AM</b>	6	Unspecified Administrative Purpose or Primary Diagnosis From Encounter	V689	1
<p><b>COMMENTS:</b> ONLY FULL SERVICE PRENATAL COUNTIES CAN USE THE <b>PN</b> 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, intra-partum care, and follow-up care.</p>						

**Section 180.010, (Continued On Next Page)**

## **180.010 - TennCare Presumptive Enrollment For Pregnant Women - (Continued)**

**\*\*COMMENT:**

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

**\*\*RG--Registered at the Health Department today**

**CR--Currently registered to vote**

**TF--Took registration form home.**

**DD--Declined, declination form signed**

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

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

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

# 180.020 - TennCare Presumptive Enrollment

## For Breast and Cervical Cancer

Last Change Date: 5/2010

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TennCare Presumptive (Breast and Cervical)	TCPRES*	BCS	6	Unspecified Administrative Purpose	V689	1
<p><b>COMMENTS:</b>            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 the patient is already enrolled in TBCSP, 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 Administrative Purpose or Primary Diagnosis From Encounter	V689	1
<p><b>**COMMENT:</b> 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 190**

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**Section Rescinded 11/01/2002**

# SECTION 200 - TENNCARE ADVOCACY

## TennCare Advocacy Activities / Definitions

Last Change Date: 5/2010

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. Referring children birth to 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. 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);
- G. Reporting changes in income, name, address, family size;
- H. Providing information about co-payments for health services and prescriptions);
- I. Informing and assisting a patient to appeal decisions about their eligibility;
- J. Conducting immunization follow-up (this specifically excludes the mass mailings of immunization postcards);

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

- K. Informing and assisting a patient to appeal MCO denial of service;
- 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 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 1 -- 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 1 advocacy activities.

## **99401T LEVEL 1 -- 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 **and can be by any provider. The activity is not required to be coded to the highest level of provider.**

## **99401T LEVEL 1 -- HOW DO I DOCUMENT IT?**

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

- A. The TennCare Advocacy Encounter/Log **for** activities not in connection with a visit for which an encounter has been established; **or**
- B. **Put a dated and signed comment in the medical record's date of service documentation; or**
- C. The TennCare Advocacy Documentation Tool; or
- D. The SOAP clinical note.

## **CODE 99402T: LEVEL 2 -- 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 information regarding appropriate use of the ER.

**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;
- 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 delinquent for EPSDT according to periodicity schedule;
- M. Educating patients regarding EPSDT benefits and need for compliance according to periodicity schedules.

**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.

**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: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Advocacy	99401T	TO	6	<span style="color: red;">May use</span> Primary Diagnosis For The Encounter  <span style="color: red; font-weight: bold;">OR</span>		1
	99402T					
				Unspecified Administrative Purpose	V689	
<p><b>COMMENTS:</b></p> <p style="color: red;"><del>Refer to TennCare Advocacy Activities (Section 200.030) list for specific coding information.</del> Refer to TennCare Advocacy Activities/Definitions on pages 1-3 of this section for specific coding information.</p> <p>Use TennCare Advocacy Log/Encounter Form for Advocacy activities not in connection with a visit for which an encounter has been established.</p> <p>Multiple providers could provide Advocacy and document their activities on the TennCare Advocacy Documentation Tool.</p> <p>Code 99401T may only be coded once per encounter. Code 99402T may only be coded once per encounter.</p>						

## 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 <span style="color: red;">Appropriate</span> OR	As <span style="color: red;">Appropriate</span>	# 30 Min Increments
"C" Registration (Community Service) (Has <b>NO</b> Medical Record)	78059			Health Related Issues	V654	
"L" Registration (Long) (Has Medical Record)	3560					
<b>COMMENTS:</b> 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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**The information is found on the TennCare Advocacy Activities/Definitions page.**

# 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: 5/2010

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY		
<u>Preventive Office visit Age Specific</u>		CH OR EP	As Appropriate	Exam, Well Baby OR	V202	1		
				Exam, Adolescent Well	V700			
				Exam, Routine	V709			
New Patient	99381 - 99383							
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 Appropriate	System Assigns Vaccine Codes	As Appropriate	As Appropriate		
*Single Administration (percutaneous, intradermal, subcutaneous, or IM)	90471						1	
*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	

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

## 220.010 - Immunizations With Comprehensive Exam (Continued)

**COMMENTS:**

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

If you are providing contracted services see section 230.200 for additional coding instructions.

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>	V689	1
	99402T			Unspecified Administrative Purpose		

**COMMENTS:**

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

## 220.020 Immunization Only Visit (No Exam)

Last Change Date: 5/2010

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Vaccines	See Vaccine Codes	CH OR WH	As Appropriate	System Assigns Vaccine Code	As Appropriate	1
*Single Administration (percutaneous, intradermal, subcutaneous, or IM)	90471	MH OR				1
Single Administration (No Charge) **	90471NC					1
*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:**

If you are providing contracted services see section 230.200 for additional coding instructions

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.

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

\*\* Only to be used in accordance with the rules and regulations governing fees for services

**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	
<p><b>COMMENTS:</b>  Advocacy may be coded as appropriate. See <a href="#">TennCare Section</a> to identify activities and services related to TennCare.</p>						

## 220.030 Tetanus - Td - Trauma Care Required

Last Change Date: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Other Visit</u>		CH OR MH OR WH	As Appropriate	Injury, Superficial W/O Infection <b>OR</b>	9198	1
New Patient (10-30 Min)	99201 - 99203			As Appropriate	As Appropriate	
Established Patient (10-25 Min)	99212 - 99214					
Vaccine	<b>TD</b>			System Assigns Vaccine Code	As Appropriate	1
	TDP					
	DTA					
*Single Administration	90471			As Appropriate		
<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.						
*See Definitions page 1 of this section for Vaccine/Immunization Administration Codes selections.						

## 220.040 - Tetanus Booster - Post Traumatic

**No Trauma Care Provided**

Last Change Date: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Vaccine	TD	CH OR MH OR WH	As Appropriate	System Assigns Vaccine Code	As Appropriate	1
	TDP					
	DTA					
*Single Administration	90471			As Appropriate		
<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.						
*See Definitions page 1 of this section for Vaccine/Immunization Administration Codes selections.						

## 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 Appropriate	FLU	V0481	1
Flu Injection*	90782F					
Pneumonia Injection	90782P			PNE	V039	
Injection of Drug or, Antibiotics (Other Than Immunizations)	96372**			As Appropriate	As Appropriate	
<p><b>COMMENTS:</b>                      * Flu shots for children (FLB &amp; FLC) should be coded the same as any other childhood immunization using administration code 90471 instead of injection Code 90782F</p> <p>**When a Therapeutic, Prophylactic or Diagnostic Injection (CPT Code 96372) 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 <b>OR</b> <b>Unspecified Administrative Purpose</b>	As Appropriate Or V689	1
	99402T					
<p><b>COMMENTS:</b>                      Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.</p>						

## 220.060 Vaccine Codes - On-Site Clinics

Last Change Date: 5/2010

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
"L" Registration (Long) (Has Medical Record)		As Appropriate	As Appropriate	As Appropriate	As Appropriate	1
VACCINE	CODE	VACCINE	CODE	VACCINE	CODE	
Chicken Pox ( <i>Varicella</i> )	CPX	Hep B - (Dialysis/Immunosuppressed) 4 Dose	HD4	<i>Polio, Inactivated</i>	IPV	
Chicken Pox – Adult ( <i>Varicella</i> )	VVC	Hepatitis B Immune Globulin*	HIG	Rabies, Post Exposure	POR	
DTP - HIB Comb. Vaccine	DHB	Hep A & Hep B, Adult, 3 Dose	HAB	Rabies, Pre-Exposure (Group)	PR2	
DT -Pediatric	DT	HIB & Hepatitis B Comb.	HHB	Rabies, Pre-Exposure (Single)	PR5	
DTaP - Diphtheria, Tetanus, Acellular Pertussis	DTA	Human Papilloma Virus - Adult	HPA	Rotavirus (Rotateq)**	RTA	
		Human Papilloma Virus	HPV	Rotavirus 2 dose (Rotarix)	RV1	
DTaP-Hep B-IPV Combination Vaccine	DHI	Influenza - Babies (6 months Thru 35 months of age)	FLB	Strep Pneumonia (PNE Conjugate)	STP	
DTaP (Diphtheria, Tetanus, Acellular Pertussis), PLUS Haemophilus / INFB	DTH	Influenza-Children (3 years Thru 18 years of Age)	FLC	<i>Td (Tetanus and Diphtheria)</i>	TD	
DTaP, HIB, IPV Vaccine Combination	DHV	Influenza, Intranasal (5 years Thru 49 years) Donated No Charge	FLM	<i>Tdap (Tetanus, Diphtheria, Acellular Pertussis (For ages 11 years and over)</i>	TDP	
DTaP/IPV	DTI	Influenza, Intranasal (5 years Thru 49 years) With Charge	FLN			
Haemophilus / INFB 3 dose	HI3	Influenza, Railroad Medicare	FLR			
Haemophilus / INFB 4 dose	HI4	Influenza (Adults)	FLU			
<i>Haemophilus / INFB Booster – Hiberix</i>	<i>HIX</i>	Immune Serum Globulin*	ISG			
Hepatitis A - Adult (19 years & over)	HAA	Lyme Disease	LYM			
Hep A - Adult (19 years & over) No slide	HAX	Meningococcal	MEN			
Hep A - Adult (19 yrs & over) No Charge(Outbreak)	HAZ	Meningitis Conjugate – Adult (Ages 19 years-55 years)	MCV			
Hepatitis A - Pediatric/Adolescent (1 year thru 18 years - 2 dose)	HAS	Meningitis Conjugate (Ages 11 years -18 years)	MC4			
Hepatitis B - 19 years & up	HBO	Measles, Mumps & Rubella	MMR			
Hepatitis B -Newborn Thru 18 yrs	HBV	Measles, Mumps & Rubella for Adults	MMA			
Hepatitis B (Contract)	HBC	<i>Pneumonia (Strep Pneumonia Conjugate 13 valent)</i>	<i>P13</i>			
Hep B - (Dialysis/Immunosuppressed) 3 Dose	HD3	Pneumococcal	PNE			
*Use administration code 96372 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. If either/both of these oral/nasal vaccines are given in conjunction with additional						

**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 <b>OR</b> WH <b>OR</b> MH <b>OR</b> 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 <b>OR</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.						

## 220.090 - Vaccine Codes for Mass Immunization Clinics

Last Change Date: 5/2010

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Flu (Black)	78088B	CH OR WH OR MH OR As Appropriate	As Appropriate	As Appropriate	As Appropriate	# Of Immunizations 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					
TD	78095					
IPV	78096					
ISG	78107					
DTAP	78098					
CPX	78083					
Pneumonia Conjugate	78086					

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

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

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

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

## 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 Increments
"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>						

# SECTION 240 – WIC

## WIC Definitions

Last Change Date: 5/2010

**Code 1004- Voucher issuance includes the following activities:**

- Issue an encounter, updating the WICQ screen
- Print vouchers and receipt
- Obtain participant signatures on vouchers and receipt
- Explain use of vouchers
- Void vouchers if printed in error and reissuing corrected vouchers
- Check the receipts against the WIC Receipt Report printed at the end of the day.

**Code 1000 - WIC Certification includes the following activities:**

- Obtain certification measures (height and weight, and hemoglobin according to ~~previous~~ current WIC Program Guidelines)
- Plot measures on growth chart
- Take medical history
- Complete nutrition assessment
- Determine risk criteria
- Complete the encounter form
- Document in the medical record

**Code 78059 - (No Medical Record) and Code 3560 -- (Has Medical Record) Field Service:**

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

**Code 99350H - Initial Home Visit includes:**

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

**Code 99349H - Follow-up Home Visit**

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

**Code 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 MOVO:**

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

## 240.010 - WIC Certification / Recertification

Last Change Date: 5/2010

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
WIC Evaluation Visit	1000	WI	6	Well Child Exam OR	V202	1
Nutrition Counseling	99401-99404			Post Partum Exam OR	V242	
Voucher Issuance	1004			Pregnancy, Normal OR	V222	
Hemoglobin	85018			Dietary Counseling	V653	
Ear, Finger or Heel Stick	36416					
<b>COMMENTS:</b> 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 ( <b>Screened but determined ineligible- SDI</b> ) should use the 1000 code. HGB <b>tests that are</b> not done during WIC certification visit should be coded CH or WH.						
*Motor Voter Registration	MOVO	AM	6	Unspecified Administrative Purpose or Primary Diagnosis From Encounter	V689	1
<b>COMMENT:</b> 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 TG – 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	
<b>COMMENTS:</b> Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.						

## 240.020 - WIC Voucher Pickup

Last Change Date: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Voucher Issuance	1004	WI	6	Unspecified Administrative Purpose or Primary Diagnosis From Encounter	V689	1
Nutrition Counseling (if provided)	99401-99404			Dietary Counseling	V653	
<b>COMMENTS:</b> <p style="text-align: center; color: red;">Any counseling must be documented in the patients' medical record. Provider must be a nurse, nutritionist, or nutrition educator.</p>						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter <b>OR</b>		1
	99402T			Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b> <p style="text-align: center;">Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.</p>						

## 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 <b>AND</b>	99411	WI	6	Dietary Counseling <b>OR</b>	V653	1
Voucher Issuance (Code On Each Individual Participant's Encounter Form)	1004			Unspecified Administrative Purpose	V689	
<b>COMMENTS:</b>						
Establish <b>an</b> individual encounter 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		1
	99402T			<b>OR</b>	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.						

## 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 <b>OR</b> Primary Diagnosis From Encounter	V689	1
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter		1
	99402T			<b>OR</b>		
				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.						

## 240.050 -WIC Nutritional Counseling

Last Change Date: **5/2010**

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Group Education	99411	WI	6	Dietary Counseling	V653	1
Individual Education	99401 - 99404	WI	6	Dietary Counseling	V653	1
<b><u>Home / Off-Site Visit</u></b>						
Initial Visit	99350H					
Follow-up Visit	99349H					
<b>COMMENTS:</b>						
Use these codes when counseling only is provided and <b>if</b> no vouchers are issued. Establish <b>the appropriate</b> encounter, <b>group or individual for each educational session</b> and code the appropriate <b>counseling</b> code. For home visits, change Visit Setting to 02.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter		1
	99402T					
				<b>OR</b>		
				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.						

## 240.060 - High Risk Nutritional Counseling (RD Only)

Last Change Date: 5/2010

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
15 Minute Medical Counseling	99401	WI	6	Appropriate Medical Diagnosis	As Appropriate	1
30 Minute Medical Counseling	99402					
45 Minute Medical Counseling	99403					
60 Minute Medical Counseling	99404					
<b>COMMENTS:</b>						
<p>These codes should rarely be used since it would be more appropriate to provide this service under the nutrition program. Use the codes only if participant does not have third party coverage and is badly in need of high risk counseling. High risk counseling must be provided by a registered dietitian only and the patient must have a medical diagnosis.</p>						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter  <b>OR</b> Unspecified Administrative Purpose		1
	99402T					
					V689	
<b>COMMENTS:</b>						
<p>Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.</p>						

### Clarification for Coding Pregnancy Tests

If a woman who is not obviously pregnant presents seeking WIC services as a prenatal without written proof of pregnancy, a pregnancy test must be done to confirm pregnancy for admission to the WIC Program. The appropriate level counseling code and a pregnancy test will be coded using Program Code CH or WH. EXCEPTION: If patient is already an active Family Planning patient the pregnancy test should be coded to program FP.

**NOTE:** See Breastfeeding (BF) Section for Breastfeeding Program Codes.

## 240.070 - Field Service - Community Activities

Last Change Date: 04/01/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<b>Field Service (Audit, Mass Screening, Mass Education)</b>		WI	6	Health Related Issues <b>OR</b>	V654	# 30 Min Increments
"C" Registration (Community Service) (Has <b>NO</b> Medical Record)	78059			General Nutrition <b>OR</b>	V653	
"L" Registration (Long) (Has Medical Record)	3560			As Appropriate	As Appropriate	
<b>COMMENTS:</b> Use for contact with local agencies/groups in promoting the WIC Program and informing the public about WIC. The person who keys the encounter will key the number of participants in the <u>MILE</u> column at the EN Screen. Use for mass education at Health Fairs, presentations to groups, etc. May also use for individual contact in the field regarding a community activity.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From 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.						

# 250 - PTBMIS PROGRAM CODES

## 250.010 - STATEWIDE PTBMIS PROGRAM CODES

Last Change Date: **5/2010**

<u>CODE</u>	<u>PROGRAM</u>	<u>CODE</u>	<u>PROGRAM</u>	<u>CODE</u>	<u>PROGRAM</u>
AD	CHAD	FG	Food and General Sanitation (GEH)	TB	Tuberculosis
AM	Administration	FP	Family Planning	TN	TennCare Overages
AP	Aids Prevention	GB	Gatekeeper - BC/BS	TO	TennCare Advocacy
AR	Aids Ryan White	HP	Health Promotion	VA	Veterans Capitated Program
BC	Birth Certificates (Local health)	HU	HUGS (Help Us Grow Successfully)	VR	Vital Records (Death Certificates)
BF	Breastfeeding	IM	Immunization	WH	Women's Health (Age 21 and over)
BR	Birth Certificates (Vital Records)	IN	Insurance	WI	WIC
BCS	Breast and Cervical Cancer Screening Program	IT	International Travel	WO	WIC Over Charges (Vendor Reclaims)
CC	Care Coordination (CS Only)	LD	Lead Investigation		
CH	Child Health	MH	Men's Health (21 and over)		
CS	Children's Special Services	NU	Nutrition		
CY	Current Year CSS Certification	OT	Other		
DN	Dental Clinic	PN	Prenatal (Full Prenatal Clinics Only)		
DP	Dental Prevention	PY	Prior Year CSS Certification		
EH	Employee Health	QT	Smoking Cessation		
EI	Epidemiology	RP	Rape Prevention		
*EN	Environmental (Ground Water)	SF	CSFP (Commodity Surplus Food Program)		
EP	EPSDT (Early Periodic Screening, Diagnosis & Treatment)	ST	Sexually Transmitted Diseases		

# 260 - PTBMIS REIMBURSEMENT CODES

## 260.010 - PTBMIS REIMBURSEMENT CODES

Last Change Date: 5/2010

<u>DESCRIPTION</u>	<u>CODE</u>
CHAD	6
Dental	ADDS, 5, 6
Local Agency, Government	ZL
HUGS, TennCare	6
Headstart	ZT, 5
Medicare, Rural Health or FQHC	2
Medicare	S
Private Insurance	5XXX
Medicare Home Health	S
TennCare Advocacy	6
TennCare	AXXX
Stewart County TennCare Lab	ZW
Stewart County Medicare Lab	ZX
Ryan White	5RWB
Medicare / Medicaid Crossover	3
Tennessee Breast and Cervical Cancer <b>Screening</b> Program	6