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10.00 - GENERAL INFORMATION

10.010 - General Information

Last Change Date: 5/1/2009

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

The codes manual is intended as the reference to show providers how to correctly code encounters for those situations occurring most frequently or routinely. Many special circumstances are also covered. However, it is not possible to describe every circumstance that might happen in patient care. Therefore, in any coding situation not listed in this manual, providers should consult this PTBMIS Codes Manual, Current Procedures Terminology (CPT), International Classification of Diseases (ICD-9), and the Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS) for the clinical situation that is closest to their special or unique circumstance. The provider should then rely on their professional judgment and experience to decide how best to code the service according to the appropriate reference manuals listed above.

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

Please keep in mind, when using CPT Evaluation and Management (E/M) codes, that the CPT Services Guidelines should be followed. Levels of E/M service descriptors and examples in the selected category or subcategories should be reviewed. For example, when selecting a new patient office visit, level 99201 - 99205, the key components of history, exam and medical decision-making should be properly determined in the selection of the office visit level and documented accordingly in the medical record.

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

BUREAU OF HEALTH SERVICES

Definition of New & Established Patients

Last Change Date: 5/1/2009

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

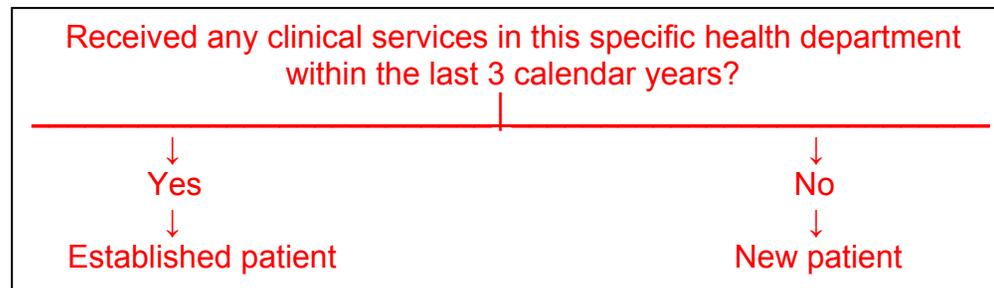
An established patient is one who has received professional services from the physician or another physician of the same specialty who belongs to the same group practice, within the past three years.

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

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

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

Decision Tree for New vs. Established Patients:



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

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

Definition of New & Established Patients (Continued)

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

Office Visit and Counseling Code Rules:

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

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

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

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

Example: AIDS Prevention counseling: Counseling codes 99401-99404 should be used for face-to-face counseling and can be used with Program AP and Reimbursement 6 in conjunction with other program office visits. Another visit and a nutrition counseling visit may be coded during the same office visit based on Ryan White program guidelines.

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 NO 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 NO Medical Record)	78020	AM	6	Unspecified Administrative Purpose	V689	# Of Pages
	78020A*					# Of Pages >40
"L" Registration, (Long) (Has Medical Record)	11005					
<p>COMMENTS: Copies of medical records for patients and workman's comp will have no charge. Code 78020A* for each additional page over 40 (to be used for attorney's request).</p>						

20.030 - General Environmental Services

Last Change Date: 10/16/2006

Use Administrative Encounter Form (PH-3309)						
PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Temporary Permit (Food 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
COMMENTS: 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
<u>"C" Registration, (Community Service) (Has NO Medical Record)</u>			6	Unspecified Administrative Purpose	V689	# Issued
Birth Certificate	78023A	BR				
Birth Certificate	78023B	BC				
Additional Copy	78025A	BR				
Additional Copy	78025B	BC				
Birth Certificate - Veteran	78033	BC				
<u>"L" Registration, (Long) (Has Medical Record)</u>						
Birth Certificate	11053A	BR				
Birth Certificate	11053B	BC				
Additional Copy	11054A	BR				
Additional Copy	11054B	BC				
Birth Certificate - Veteran	VETBC	BC				
<p>COMMENTS: PATIENT SEARCH MANDATORY. No registration found, use "C" (Community Service) Registration Codes. Registration found, use "L" (Long) Registration Codes.</p> <p>Code two lines to issue copies of birth certificates. Use program code BR with procedure codes ending with A to deposit the appropriate fee to Vital Records in Nashville. Use program code BC with procedure codes ending with B to deposit the appropriate 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
EXAMPLE:						
Birth Certificate (Deposits the appropriate portion of the fee to Vital Records in Nashville)	11053A	BR	6	V689		1
Birth Certificate (Deposits the appropriate portion of the 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
<u>"C" Registration, (Community Service) (Has NO Medical Record)</u>		VR	6	Unspecified Administrative Purpose	V689	# Issued
Death Certificate	78022					
Death Certificate - Veteran	78054					
Verify Death Certificate Info	78057					
<u>"L" Registration, (Long) (Has Medical Record)</u>						
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 NO 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
COMMENTS: 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/Follow 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 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 funded with a WIC Breast Feeding Peer Counseling Grant. Peer counseling activities must be documented in the patient's medical record. 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>COMMENTS:</p> <p style="text-align: center;">Counseling <u>must</u> be documented in the patient's medical record. May be face-to-face, on or off-site. Must be provided by a health professional trained to do Breast Feeding counseling (i.e., BF Coordinator, Nutritionist, PHN)</p>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis For The Encounter		1
	99402T			OR		
				Unspecified Administrative Purpose		
<p>COMMENTS:</p> <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>						

40.020 - 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					
COMMENTS:						
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 10708M or 10708 to the encounter using BF as the program code.						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis For The Encounter	V689	1
	99402T			OR Unspecified Administrative Purpose		
COMMENTS:						
Advocacy may be coded as appropriate. Refer to <u>TennCare Section</u> to identify activities and services related to TennCare.						

40.030 – Breast Feeding Survey

Last Change Date: 5/2010

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Breastfeeding Survey	99401- 99404	BF	6	Pregnancy	V222	1
<p>COMMENTS:</p> <p>Face-to-face visit with patient to do breastfeeding survey and determine needs. Provider should be a nurse, Nutrition Educator, Nutritionist, Breast Feeding Coordinator. 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, the appropriate level of counseling code 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			OR		
				Unspecified Administrative Purpose	V689	
<p>COMMENTS:</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					
COMMENTS:						
Change site code to reflect off-site location of visit. Home visits for non-WIC patients should be referred to the HUGS program.						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis For The Encounter OR		1
	99402T					
				Unspecified Administrative Purpose	V689	
COMMENTS:						
Advocacy may be coded as appropriate. Refer to <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 OR	V222	1
Group Counseling (60 minutes)	99412			Postpartum	V242	
COMMENTS:						
<p>Establish individual encounters for each participant in the group and code group education--> 99411 or 99412. CPT 2010 defines these codes as Preventive Medicine counseling provided to individuals in a group setting (separate procedure); approximately 30 minutes for code 99411 and approximately 60 minutes for code 99412.</p>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis For The Encounter		1
	99402T			OR		
				Unspecified Administrative Purpose	V689	
COMMENTS:						
<p>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	USE Dietary Counseling OR	V653	# 30 min increments
"C" Registration (Community Service) Has NO medical Record)	78059			Health Related Issues	V654	
COMMENTS:						
<p>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.</p>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis For The Encounter		1
	99402T			OR		
				Unspecified Administrative Purpose	V689	
COMMENTS:						
<p>Advocacy may be coded as appropriate. Refer to <u>TennCare Section</u> to identify activities and services related to TennCare.</p>						

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>COMMENTS:</p> <p>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>The 1009 code is only to be used by the Breast Feeding Peer Counselor who is funded through the WIC Breast Feeding Peer Counseling Grant. 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 OR	V202	1
Home Visit -- Other Patient	99350C			Prenatal OR	V222	
Other Visit -- Primary Patient	99349H			Postpartum	V242	
Other Visit -- Other Patient	99349C					
Home Visit Attempt	99348A					
Case Closure	1516*					
<p>COMMENTS:</p> <p style="margin-left: 40px;">Code <u>one</u> of the Income Eligibility Codes with each SSBG visit.</p> <p style="margin-left: 40px;">*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 style="margin-left: 40px;">Social Services Block Grant = SSBG</p>						

Section 50.010, (Continued On Next Page)

50.010 - CHAD - SSBG (Continued)

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

50.015 CHAD Physicals

Last Change Date: 5/2010

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY		
Preventive Visit - Age Specific								
<u>New Patient</u>		EP or AD or HU	A X X X or 5 X X X or 6	Well Child-EPSDT Or	V202	1		
Clinic Visit: Infant or Child	99381 - 99384			General Medical Exam *	V703			
<u>Established Patient</u>								
Clinic Visit: Infant or Child	99391 -99394			Well Child-EPSDT Or	V202			
				General Medical Exam *	V703			
<u>PLUS CODE ONLY IF DONE</u>								
Venipuncture	36415			As Appropriate		As Appropriate	1	
Labs Completed					As Appropriate			
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 Appropriate	As Appropriate	1
Multiple Admin of vaccine (Number of shots over one [1])	90472			# Imms Given Over One (1)		
*Single Administration (intranasal or oral)	90473					1
*Multiple Administration	90474					# of Immunizations Shots, intranasal/oral given over one

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 OR	V654	1
Home Visit Attempt	99348A			Code Assigned by Regional CSS Staff	As Appropriate	
Office Visit	99403					
Other Contacts	99404					
Case Closure	1516					
COMMENTS:						
<p style="text-align: center;">USE OF PROGRAM CODE CC IS RESTRICTED TO CSS CARE COORDINATORS ONLY. If <u>providers other than CSS Care Coordinators</u> 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:

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 Appropriate	As Appropriate	1
Certification < 100% FPL	1876B					
Recertification > 100% FPL	1878A					
Recertification < 100% FPL	1878B					
Federal Poverty Level (FPL)						

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 Appropriate	As Appropriate	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 Appropriate	As Appropriate	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 70 - COMMUNICABLE DISEASE

Epidemiology Services Definitions

99348A - Attempted Home Visit/Off-site:

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

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

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

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

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

99350H - Home/Off-site:

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

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

See CPT book for appropriate Evaluation and Management Code definitions if billing private insurance. Remember key components of history, examination and medical decision making must be met and documented accordingly.

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

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

70.010 - Epidemiology

Last Change Date: 5/1/2009

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

Section 70.010, (Continued On Next Page)

70.010 - Epidemiology (Continued)

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY																																				
<p>COMMENTS: Code Counseling (99401-99404) if service provided is counseling only. Do not code counseling if an office visit has been coded to the same program. Third party pay sources may be billed for services provided to patients under the EI Program WITH SIGNED CONSENT FROM THE PATIENT. DO NOT use EI for Pediculosis or Scabies. DO NOT generate an encounter for telephone contacts.</p> <p><u>Other Diagnosis Codes that may be used for EI.</u></p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 15%;"><u>Case</u></th> <th style="width: 15%;"><u>Contact</u></th> <th style="width: 20%;"></th> <th style="width: 15%;"><u>Case</u></th> <th style="width: 15%;"><u>Contact</u></th> </tr> </thead> <tbody> <tr> <td>Hepatitis A</td> <td>0701</td> <td>V0179</td> <td>RMSF</td> <td>0820</td> <td>V0189</td> </tr> <tr> <td>Hepatitis B</td> <td>07030</td> <td>V0179</td> <td>Pertussis</td> <td>0330</td> <td>V019</td> </tr> <tr> <td>Meningitis</td> <td>3229 or 0360 or 3200*</td> <td>V0189</td> <td>Rabies</td> <td>071</td> <td>V015</td> </tr> <tr> <td>Measles (Rubeola)</td> <td>0559</td> <td>V0179</td> <td>Rubella</td> <td>0569</td> <td>V014</td> </tr> <tr> <td>Mumps</td> <td>0729</td> <td>V0179</td> <td>Salmonella</td> <td>0039</td> <td>V0189</td> </tr> </tbody> </table>								<u>Case</u>	<u>Contact</u>		<u>Case</u>	<u>Contact</u>	Hepatitis A	0701	V0179	RMSF	0820	V0189	Hepatitis B	07030	V0179	Pertussis	0330	V019	Meningitis	3229 or 0360 or 3200*	V0189	Rabies	071	V015	Measles (Rubeola)	0559	V0179	Rubella	0569	V014	Mumps	0729	V0179	Salmonella	0039	V0189
	<u>Case</u>	<u>Contact</u>		<u>Case</u>	<u>Contact</u>																																					
Hepatitis A	0701	V0179	RMSF	0820	V0189																																					
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Mumps	0729	V0179	Salmonella	0039	V0189																																					
TennCare Advocacy	99401T	TO	6	Same As Primary Diagnosis For The Encounter OR		1																																				
	99402T																																									
				Unspecified Administrative Purpose	V689																																					
<p>COMMENTS: Advocacy may be coded as appropriate. Refer to <u>TennCare Section</u> to identify activities and services related to TennCare.</p>																																										

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

70.020 - Epidemiology - Field Services

Last Change Date: 5/1/2009

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

Descriptions: 3229 – Unspecified
 0360 – Meningococcal
 3200 – Haemophilus

70.030 - AIDS Prevention - HIV Counseling and Testing

Last Change Date: 5/1/2009

NOTE:

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

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	AP	6	Contact With Or Exposure To Venereal Disease	V016	1
Lab(s)						
Antibody, HIV-1 and HIV-2 Serum	86703					
OraSure Test Antibody, HIV-1, Oral Swab (saliva)	ORASURE					
Rapid HIV-1 and HIV-2 Antibody	ORAQUIK					
Venipuncture (If Done)	36415					
Ear, Finger or Heel Stick (If Done)	36416					
Lab Handling (If Outside Lab)	99000					
COMMENTS: Counseling Codes 99401-99404 should be used for face-to-face counseling and can be used with Program AP and Reimbursement 6 in conjunction with other program office visits. There is no charge to the patient with the AP Program code. If a patient presents for ST (See ST Section for codes) and also requests HIV testing, code the HIV test and any HIV counseling given to the AP Program and the ST services provided to ST. Code only one (1) lab handling fee. Do not code counseling for giving negative HIV results to patient over the telephone.						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis For The Encounter OR		1
	99402T					
				Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. Refer to <u>TennCare Section</u> to identify activities and services related to TennCare.						

70.040 - AIDS Prevention - Return Visit for Test Results

Last Change Date: 5/1/2009

NOTE:

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

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	AP	6	Contact With or Exposure to Venereal Disease	V016	1
<p>COMMENTS: Counseling Codes 99401-99404 should be used for face-to-face post-test counseling and can be used with Program AP and Reimbursement 6 in conjunction with other program office visits. There is no charge to the patient with the AP Program code. If a patient presents for ST (See ST Section for codes) and also requests HIV testing, code the HIV test and any HIV counseling given to the AP Program and the ST services provided to St. Code only one (1) lab handling fee. Do not code counseling for giving negative HIV results to patient over the telephone.</p>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis For The Encounter	OR	1
	99402T			Unspecified Administrative Purpose		
<p>COMMENTS: Advocacy may be coded as appropriate. Refer to <u>TennCare Section</u> to identify activities and services related to TennCare.</p>						

70.050 - AIDS Prevention - Field Service

Last Change Date: 5/1/2009

NOTE:

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

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Field Services (Audit, Contact, Mass Screening, Mass Education)		AP	6	Contact With Or Exposure To Venereal Disease OR	V016	# 30 Minute Increments
"C" Registration (Community Service) (Has NO Medical Record)	78059			HIV Counseling	V6544	
"L" Registration (Long) (Has Medical Record)	3560					
<p>COMMENTS: Use code 3560 if your PTBMIS record has a "L", long registration, or 78059 if the record has a "C", community service, registration. For either type of registration write the number of participants in the mile column on the encounter form. (The person keying the encounter will key the number of participants in the <u>MILE</u> column on the EN screen.)</p>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis For The Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
<p>COMMENTS: Advocacy may be coded as appropriate. Refer to <u>TennCare Section</u> to identify activities and services related to TennCare.</p>						

70.060 - AIDS Ryan White - Dental

Last Change Date: 5/1/2009

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

70.070 - AIDS Ryan White - Medical

Last Change Date: 12/17/2003

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

Section 70.070, (Continued On Next Page)

70.070 - AIDS Ryan White - Medical (Continued)

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

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

COMMENTS:

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

STD Services Definitions

Last Change: 5/1/2009

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

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

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

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

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

3560 -- Has medical record, 30 minute increments - Field Service:

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

99350H - Home/Off-site:

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

Office Visit - 99201-99205, New Patient, or 99211-99215, Established Patient, Office visit:

See CPT book for appropriate Evaluation and Management Code definitions if billing private insurance. Remember key components of history, examination and medical decision making must be met and documented accordingly.

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

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

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

Last Change Date: 5/1/2009

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

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

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

Section 70.080, (Continued On Next Page)

70.080 - STD - STD VISITS (Continued)

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

70.090 - STD - Field Service

Last Change Date: 5/1/2009

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

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

Last Change Date: 5/1/2009

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

COMMENTS:

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

Do not code counseling in addition to an Other or Preventive Visit since counseling is considered part of the visit

The highest level provider should code the visit. **EXCEPTION: If patient requests HIV testing in addition to the ST visit, the provider who does the HIV testing and counseling should code the appropriate counseling code using AP (AIDS Prevention) as the program code for the counseling and the HIV test and Reimbursement Code 6 (Private Pay).** Do not code condoms dispensed.

Third party pay sources may be billed for services provided to patients under the ST Program **WITH SIGNED CONSENT FROM THE PATIENT.**

For Field Visits to contacts, use the source case record to establish the encounter. If source case has no record, open one. When the contact presents to clinic, open record on contact.

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

COMMENTS:

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

TB Elimination Program Definitions

Last Change Date: 5/1/2009

TB Screening/Skin Testing:

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

TB Treatment:

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

TB Elimination Program Definitions, (Continued On Next Page)

TB Elimination Program Definitions (Continued)

Contact Investigation:

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

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

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

99348A Attempted Visit, Any Off Site Location:

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

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

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

TB Elimination Program Definitions, (Continued On Next Page)

TB Elimination Program Definitions (Continued)

Community Site/Targeted Testing:

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

70.140 - TB Screening/Skin Testing for Individuals

Last Change Date: 5/1/2009

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

70.150 - TB Treatment

Last Change Date: 5/1/2009

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

Section 70.150, (Continued On Next Page)

70.150 - TB Treatment (Continued)

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

COMMENTS:

When a patient completes, leaves, or does not start treatment the case should be closed using the 1516 procedure code and a disposition code. The disposition code should note the reason for the closure and be entered in the disposition field.

The disposition code should be recorded on the encounter form and entered into the disposition field on the PTBMIS encounter screen. See the codes below:

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

TennCare Advocacy	99401T	TO	6	Same As Primary Diagnosis OR		
	99402T			Unspecified Administrative Purpose	V689	

COMMENTS:

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

70.160 - TB - Contact Investigation, Any Site

Last Change Date: 5/1/2009

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

70.170 - TB - Community Site/Targeted Testing

Last Change Date: 5/1/2009

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

Section 80 - DENTAL

Dental Definitions

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

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

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

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

80.010 - Dental Clinical

Last Change Date: 5/1/2009

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Diagnosics	D0120 - D0330	DN or DP*	Pvt Pay 6 OR Pvt Ins- (5XXX) TNCare ADDS Ryan White - (5RWB)	Dental Exam	V722	1
Preventive	D1110 - D1351			OR		
Restorative	D2110 - D2954			As Appropriate		
Endodontic	D3110 - D3430			OR		
Periodontic	D4210 - D4341			Emergency Care		
Removable Prosthetics	D5110 - D5761			**EMER		
Fixed Prosthetics	D6210 - D6930					
Surgical	D7110 - D7960					
Palliative	D9110					
Office Visit (Observation)	D9430					
Re-check	3734					

*DP is for patients when seen in the mobile or school-transport program.

TennCare Advocacy	99401T	TO	6	Same As Primary Diagnosis OR	V589	1
	99402T			Unspecified Administrative Purpose		

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

Private Pay Adult Dental Services

Private pay adult dental services require a minimum fee of \$5.00 per visit to be paid at the time of the visit. Before the patient leaves the Health Department, the encounter should be keyed and **UPDATED – BUT NOT FINALIZED**. If the balance due from the patient for the services received is less than \$5.00, the command “**MINF DN**” (**MINF** space prg **DN** code) should be entered while on the encounter screen. The difference between the patient’s charge(s) for the day’s visit and the \$5.00 minimum will be calculated by the system and applied to the balance due. The “Update Complete” message will be shown and the encounter can be finalized.

Private Pay Adult Dental Services With Lab

The appropriate procedure code followed by the “A” modifier must be used. This will charge the full cost of the lab to the patient.

Private Pay Adult Dental Services Without Lab

The appropriate procedure code with no modifier should be used. This will allow the charge to be based on the sliding fee scale.

****For emergency dental services use diagnosis code EMER.**

80.020 - Preventive Services

Last Change Date: 11/02/2001

Deleted

80.030 - Dental Preventive - Field Services

Last Change Date: 11/02/2001

Deleted

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

Last Change Date: 9/1/2004

Deleted

80.050 - Dental School-Based Services -- Individual

Last Change Date: 9/1/2004

Deleted

80.060 Dental - Field Services

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

SECTION 085 - EPSD&T

EPSD&T Definitions

Last Change Date: 5/1/2009

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

Vaccine / Immunization Administration

90471 – Immunization administration

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

Do not report 90471 in conjunction with 90473

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

List separately in addition to code for primary procedure

Use 90472 in conjunction with 90471 or 90473

90473 – Immunization administration by intranasal or oral route

One vaccine (single or combination vaccine/toxoid)

Do not report 90473 in conjunction with 90471

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

List separately in addition to code for primary procedure

Use 90474 in conjunction with 90471 or 90473

Examples:

1 shot = 90471

2 shots = 90471 and 90472 (quantity 1)

1 intranasal/oral = 90473

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

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

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

085.010 - EPSD&T Visit

NOTE: FOR TENNCARE PATIENTS ONLY

Last Change Date: 5/1/2009

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Preventive Visit - Age Specific</u>						
<u>New or Established Patient Office Visit</u>						
Infant or Child (New)	99381 - 99384	EP	AXXX	Well Child/EPSDT	V202	1
Adolescent (New) (Ages 18, 19 and 20)	99385			Adolescent Well Exam/EPSDT	V700	1
Infant or Child (Established)	99391- 99394	EP	AXXX	Well Child/EPSDT	V202	1
Adolescent (Established) (Ages 18, 19 and 20)	99395			Adolescent Well Exam/EPSDT	V700	1
<u>Additional Services Performed As Appropriate</u>						
Developmental/Behavioral Screening	96110	EP	AXXX			
Hearing Screening	92551					
Vision Screening	99173					
Venipuncture (If Done)	36415					
Ear, Finger or Heel Stick	36416					
Lab(s) Completed						
Lab Handling (if outside lab)	99000					

Section 085.010, (Continued On Next Page)

Section 085.010 EPSD&T, (Continued)

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

COMMENTS:

EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT

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

Vision Screening (99173): When a physician, nurse or nursing assistant screens a child during an EPSD&T visit for an OBJECTIVE vision screen utilizing a Snellen, Snellen ABC, Tumbling E Chart, Titmus, photo screener or Sure Sight machine. This service should be coded using the 99173 code. Use this code in addition to the EPSD&T preventive code when an OBJECTIVE screening is provided to children according to the AAP Periodicity Schedule.

Hearing Screening (92551) : When a physician, nurse, or nursing assistant screens a child during an EPSD&T visit for an OBJECTIVE hearing screen utilizing an audioscope, Tetratone II or an audiometer, this service can be coded using the 92551 code. Use this code in addition to the EPSD&T preventive code for an OBJECTIVE screening provided to children according to the AAP Periodicity Schedule.

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

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

Section 085.010, (Continued On Next Page)

Section 085.010 EPSD&T, (Continued)

Last Change Date: 10/16/2006

COMMENTS:

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

NOTE: Disposition codes are no longer required.

TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For The Encounter OR	V689	1
	99402T			Unspecified Administrative Purpose		

COMMENTS:

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

085.020 - EPSD&T Visit

NOTE: FOR NON-TENNCARE CUSTODIAL DCS PATIENTS ONLY

Last Change Date: 5/1/2009

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Preventive Visit - Age Specific</u>						
<u>New or Established Patient Office Visit</u>						
Infant or Child (New)	99381 - 99384	EP	5DCS	Well Exam / EPSDT	V202	1
Adolescent (New) (Ages 18, 19 and 20)	99385			Adolescent Well Exam / EPSDT	V700	1
Infant or Child (Established)	99391- 99394	EP	5DCS	Well Exam	V202	1
Adolescent (Established) (Ages 18, 19 and 20)	99395			Adolescent Well Exam / EPSDT	V700	1
<u>Additional Services Performed As Appropriate</u>						
Developmental/Behavioral Screening	96110	EP	5DCS			
Hearing Screening	92551					
Vision Screening	99173					
Venipuncture (If Done)	36415					
Ear, Finger or Heel Stick	36416					
Lab(s) Completed						
Lab Handling (If Outside Lab)	99000					

Section 085.020, (Continued On Next Page)

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

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

COMMENTS:

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

EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT REQUIRED EXAM COMPONENTS

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

Vision Screening (99173): When a physician, nurse or nursing assistant screens a child during an EPSD&T visit for an OBJECTIVE vision screen_ utilizing a Snellen, Snellen ABC, Tumbling E Chart, Titmus, photo screener or Sure Sight machine. This service should be coded using the 99173 code. Use this code in addition to the EPSD&T preventive code when an OBJECTIVE screening is provided to children according to the AAP Periodicity Schedule.

Hearing Screening (92551) : When a physician, nurse, or nursing assistant screens a child during an EPSD&T visit for an OBJECTIVE hearing screen utilizing an audioscope, Tetratone II or an audiometer, this service can be coded using the 92551 code. Use this code in addition to the EPSD&T preventive code for an OBJECTIVE screening provided to children according to the AAP Periodicity Schedule.

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

Section 085.020, (Continued On Next Page)

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

COMMENTS:

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

For all DCS children, an assessment is always made while the child is present in clinic (or during a home visit, if appropriate) to determine if the child is due for an EPSD&T screen according to the periodicity schedule. If due a screen and the child is present, the child will be offered a screen by the discipline that can do the screenings. If for any reason the screenings cannot be done that day (e.g., during a home visit), an appointment will be scheduled for a later date, either with the LHD or PCP. If the parent or guardian refuses either to have the screen that day or make an appointment at a later date and the provider has made an effort to educate, encourage, and assist the parent with getting the needed screen, then the refusal is to be documented in the medical record.

NOTE: Disposition codes are no longer required.

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

COMMENTS:

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

SECTION 90 - FAMILIES FIRST

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Section Rescinded 5/1/2009

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- 99404	FP	As Appropriate	As Appropriate	As Appropriate	1
FP Supplemental						
COMMENTS: Do not code a counseling visit for abnormal pap follow-up. Pap follow-up is considered part of the original visit. RVU's are set high enough for original visit to capture this follow-up activity. However, a recheck visit may be coded for a <u>face to face</u> follow-up. You may code Advocacy if issues regarding access to care arise during the course of your follow-up discussion with patients who have TennCare.						
TennCare Advocacy	99401T	TO	6	Same As Primary Diagnosis for Encounter OR		1
	99402T				Unspecified Administrative Purpose	
COMMENTS: 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
<u>Preventive Visit, Age Specific</u>		FP	As Appropriate €	<u>Complete Exam</u>		
New Patient	99383 - 99386			Initial / Annual On OC's	V2501	1
Established Patient	99393 - 99396			Initial / Annual Other Methods	V2502	
Lab(s) Completed				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>COMMENTS: Mark Y for "Breast Exam Referral" on the Family Planning Supplemental form located on the back of the encounter form when a clinical breast exam (CBE) result requires referral.</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 "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>COMMENTS: Patient is put on table.</p> <p>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.</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 only on FP Supplemental. GenProbe done on FP patient is coded FP, not ST. FP patients who present for services <u>not related</u> to the FP Program should code the services provided to the appropriate program. Code vaccines to CH/WH if a 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>COMMENTS: 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
Lab(s) Completed				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 OR	7950	
Drugs Dispensed	Use Pharmacy Module			Other Appropriate Diagnosis	As Appropriate	
<u>FP supplemental</u>						

COMMENTS:

Mark Y for "Breast Exam **Referral**" on the Family Planning Supplemental form located on the back of the encounter form 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.

Recheck Visit	3734	FP	As Appropriate
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>COMMENTS: 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 OR	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					
<u>FP Supplemental</u> Note: Use same codes for 1 or more packs of OC's. Do BP, weight and history						
<p>COMMENTS:</p> <p>If a medical problem is treated during a supply visit, the appropriate E & M office visit (Other) code should be used (99211-99215) instead of counseling code 99401.</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 only on FP Supplemental. GenProbe done on FP patient is coded FP, not ST. FP patients who present for services <u>not related</u> to the FP Program should code the services provided to the appropriate program. Code vaccines to CH/WH if a 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>						

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		
COMMENTS: 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 5/2010

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					
<u>FP Supplemental</u>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From Encounter OR Unspecified Administrative Purpose	V689	1
	99402T					
COMMENTS: 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
INSERTION						
Counseling	99401-99404	FP	As Appropriate	Insertion of Implantable Subdermal Contraceptive	V255	1
Implanon Insertion	11975					
Implanon	IMPLAN AND From Pharmacy Module*					
Lab(s) Completed as appropriate						
<u>REMOVAL and REINSERTION</u>						
Implanon Removal and Reinsertion	11977	FP		Check, Removal or Surveillance of Implantable Subdermal Contraceptive and Insertion of Implantable Subdermal Contraceptive	V2543	1
Implanon	IMPLAN AND From Pharmacy Module*				V255	
<u>REMOVAL</u>						
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 OR Unspecified Administrative Purpose		1
	99402T				V689	

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 OR	IUDP					
IUD Paragard (Free) OR	IUDPF					
IUD Mirena OR	IUDM					
IUD Mirena (Free)	IUDMF					
<u>FP Supplemental</u>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From Encounter OR 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						
<u>FP Supplemental</u>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis of Encounter		1
	99402T			OR	Unspecified Administrative Purpose	
COMMENTS:						
<p>Advocacy may be coded as appropriate. Refer to <u>TennCare Section</u> to identify activities and services related to TennCare.</p> <p>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 OR	IUDP					
IUD Paragard (Free) OR	IUDPF					
IUD Mirena OR	IUDM					
IUD Mirena (Free)	IUDMF					
Labs completed as appropriate						
FP Supplemental						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis of Encounter		1
	99402T			OR	Unspecified Administrative Purpose	

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 Check or Removal	V2542	1
Labs completed as appropriate						
<u>FP Supplemental</u>						
<p>COMMENTS: *Use of another code (e.g., a therapeutic office visit code) is appropriate if there are problems or the visit goes beyond a simple check.</p>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From Encounter	V689	1
	99402T			OR		
<p>COMMENTS: 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	
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	

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					
<p>COMMENTS: 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.</p>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From Encounter		1
	99402T			OR	Unspecified Administrative Purpose	
<p>COMMENTS: Advocacy may be coded as appropriate. Refer to <u>TennCare Section</u> to identify activities and services related to TennCare. *Follow current GenProbe guidelines.</p>						

100.140 - Vasectomy - Initial Counseling and Consent

Last Change Date: 5/2010

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Preventive Counseling		FP	Pvt Pay- 6 OR TnCare (AXXX)	Other Family Planning Counseling	V2509	1
15 Minutes	99401					
30 Minutes	99402					
45 Minutes	99403					
60 Minutes	99404					
COMMENTS:						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From Encounter OR Unspecified Administrative Purpose	V689	1
	99402T					
COMMENTS:						
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 Panning 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					
COMMENTS:						
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>COMMENTS: For private pay patients, charges for vasectomies will slide based on income. The family planning program may be billed for patients below the poverty level of for the adjusted amount after slide is applied. (For example: if the patient liability slides to 50%, the patient is expected to pay 50%; the remaining 50% can be billed to Family planning, according to their instructions)</p> <p>* For TennCare eligible patients, 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		
<p>COMMENTS: 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>COMMENTS: For private pay patients, charges for vasectomies will slide based on income. The family planning program may be billed for patients below the poverty level of for the adjusted amount after slide is applied. (For example: if the patient liability slides to 50%, the patient is expected to pay 50%; the remaining 50% can be billed to Family planning, according to their instructions)</p> <p>* For TennCare eligible patients, 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 100.160.</p>						
TennCare Advocacy	99401T	TO	6	Primary Diagnosis From Encounter	V689	1
	99402T			OR		
<p>COMMENTS: Advocacy may be coded as appropriate. Refer to TennCare Section to identify activities and services related to TennCare.</p>						

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

NOTE: FOR TENNCARE PATIENTS ONLY

Last Change Date: 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/EPSDT& One of the Below Diagnosis	V202	
Age 18, 19, 20	99385			Adolescent Well Exam/EPSDT & One of the Below Diagnosis	V700	
<u>Established Patient, Age Specific</u>						
Age <18	99393 - 99394			Well Child/EPSDT& One of the Below Diagnosis	V202	
Age 18, 19, 20	99395	Adolescent Well Exam/EPSDT & One of the Below Diagnosis	V700			
<u>Additional Services Performed As Appropriate</u>						
Developmental/ Behavioral Screening	96110	EP	Axxx			1
Hearing Screening	92551					
Vision Screening	99173					
Drug(s) Dispensed (Use Pharmacy Module)						
Injection Drug or Antibiotic (Other Than vaccines)	96372					
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 (with or without Pap)	V7231	
Ear, Finger or Heel Stick	36416					
Lab handling (if outside lab)	99000					
Comments: Mark Y for "Breast Exam Referral " on the Family Planning Supplemental form located on the back of the encounter form when a clinical breast exam (CBE) result requires referral.						

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) (See section 220 for complete Immunization and vaccine coding instructions)	See Vaccine Codes	EP	AXXX	As Appropriate	As Appropriate	1
Single Administration	90471					
multiple administration (Number of shots over 1)	90472					# imms given over one
COMMENTS:						
EARLY PERIODIC SCREENING, DIAGNOSIS AND TREATMENT						
Comprehensive health and developmental history			Comprehensive unclothed physical exam			
Appropriate immunizations			Appropriate laboratory tests			
Health education			Hearing assessment			
Visual assessment						
Vision Screening (99173): Code 99173 when a Physician, Nurse or Nursing Assistant screens a child during an EPSD&T visit for an <u>OBJECTIVE</u> 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 <u>OBJECTIVE</u> screening is provided to children according to the AAP Periodicity Schedule.						
Hearing Screening (92551): Code 92551 when a Physician, Nurse, Or Nursing Assistant screens a child during an EPSD&T visit for an <u>OBJECTIVE</u> hearing screen utilizing an Audioscope, Tetratone II or an Audiometer. Use this code in addition to the EPSD&T preventive code for an <u>OBJECTIVE</u> screening provided to children according to the 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>Developmental Behavioral Screening (96110): A developmental/behavioral screening is to be provided at <u>each</u> EPSD&T screening visit to children according to the AAP Periodicity Schedule. The screening instrument may be The Parents Evaluation of Developmental Status (PEDS); the Pediatric Symptom Checklist (PSC) or the Adolescent Developmental/Behavioral Questionnaire.</p>						
<p>COMMENTS: Code condoms only on FP Supplemental. GenProbe done on FP patient is coded FP, not ST. FP patients who present for services <u>not related</u> to the FP Program should code the services provided to the appropriate program. Code vaccines to CH/WH if a 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 from encounter	V689	1
	99402T			OR unspecified administrative purpose		
<p>COMMENTS: 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	
COMMENTS:						
For group education, use code 78059 with a "C" (Community Service) registration. Code 78059 should be coded in 30 minute increments in the QTY column.						
On the encounter form, write the number of participants in the group in the MILE column beside the line your code is on. Person keying 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.						
* ONLY FULL SERVICE PRENATAL COUNTIES CAN USE THE PN PROGRAM CODE!						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter		1
	99402T			OR		
				Unspecified Administrative Purpose	V689	
COMMENTS:						
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 OR	V6540	# 30 Min Increments
				General Nutrition OR	V653	
				As Appropriate	As Appropriate	
COMMENTS:						
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			OR		
				Unspecified Administrative Purpose	V689	
COMMENTS:						
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
Field Service (Audit, Contact, Mass Screening, Mass Education)		HP	6	Health Related Issues OR	V6540	# 30 min Increments
"C" Registration (Community Service) - Has NO Medical Record	78059			General Nutrition OR	V653	
"L" Registration (Long) - Has Medical Record	3560			As Appropriate	As Appropriate	
COMMENTS:						
<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 OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS:						
<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
<u>Educational / Contract Services (\$1.00 per unit)</u>		HP	6	Health Related Issues OR	V6540	# Units
"C" Registration (Community Service) - Has NO Medical Record	78085			General Nutrition OR	V653	
"L" Registration (Long) - Has Medical Record	10299			As Appropriate	As Appropriate	
COMMENTS: Code Education/Contract Services \$1.00 per unit, in addition to appropriate procedure code for the group session when a fee for service 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 OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: 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 NO Medical Record	78004					
"L" Registration (Long) - Has Medical Record	11002					
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter OR		1
	99402T					
				Unspecified Administrative Purpose	V689	
COMMENTS:						
Advocacy may be coded as appropriate. See 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 OR	V6540	# 30 Min Increments
				As Appropriate	As Appropriate	
<p>COMMENTS:</p> <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 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 MILE column on the EN Screen.</p>						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
<p>COMMENTS:</p> <p>Advocacy may be coded as appropriate. See 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 OR	V6540	# 30 Min Increments
"C" Registration (Community Service) - Has NO Medical Record	78059			As Appropriate	As Appropriate	
"L" Registration (Long) - Has Medical Record	3560					
COMMENTS:						
<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 OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS:						
<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
Interpreter Services (Time Based)		As Appropriate	6	Unspecified Administrative Purpose	V689	1
Approximately 15 min.	INT1					
Approximately 30 min.	INT2					
Approximately 45 min	INT3					
Approximately 60 min.	INT4					

COMMENTS:

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.

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. The identity of the interpreter or interpretation service used should be written in the visit documentation of the medical record.

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.

If a bilingual provider delivered a service to a patient with limited English proficiency without the use of an interpreter, then the INT code would not be used.

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.

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 OR Pvt Ins-(5XXX)	Vaccine, other	V0389	
*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

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 OR Pvt Ins (5XXX) OR TNCare (AXXX)	Lead Screening	V825	1
Venipuncture (if done)	36415					
Lab Handling (if outside lab)	99000					
COMMENTS:						
<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			OR		
COMMENTS:						
<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 OR Pvt Ins (5XXX) OR TNCare (AXXX)	Lead Screening	V825	1
TennCare Advocacy	99401T	TO	6	Primary Diagnosis For The Encounter		1
				OR		
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS:						
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
<u>Preventive Visit, Age Specific</u>		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					
COMMENTS:						
<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	
COMMENTS:						
<p>Advocacy code may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare</p>						

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 Appropriate		1
TennCare Advocacy	99401T	TO	6	Primary Diagnosis For The Encounter		1
	99402T			OR		
				Unspecified Administrative Purpose	V689	
COMMENTS:						
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
COMMENTS:						
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		1
	99402T			OR		
				Unspecified Administrative Purpose	V689	
COMMENTS:						
Advocacy code may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.						

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	
<u>Individual Counseling</u>		NU OR As Appropriate	Pvt Pay 6 OR Pvt Ins (5XXX) OR TNCare (AXXX)	Medical Diagnosis	V6540	1	
15 Minute Preventive Medical Counseling	99401			OR			OR
30 Minute Preventive Medical Counseling	99402						
45 Minute Preventive Medical Counseling	99403						
60 Minute Preventive Medical Counseling	99404						
<u>Group Counseling</u>							
*30 Minutes	99411						
*60 Minutes	99412						
<p>COMMENTS: Preventive medical counseling must be coded by a Registered Dietitian or Nurse. Do not code a Preventive or Therapeutic Visit in addition to counseling to the same program.</p> <p>*For group counseling, use the group counseling codes 99411 or 99412 on an individual encounter for each participant. CPT 2009 defines code 99411 as Preventive Medicine counseling provided to individuals in a group setting (separate procedure); approximately 30 minutes and code 99412 is for approximately 60 minutes.</p>							
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter	V689	1	
	99402T			OR			
				Unspecified Administrative Purpose			
<p>COMMENTS: 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			
COMMENTS: *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			
COMMENTS: Advocacy may be coded as appropriate. See <u>TennCare Section</u> 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 NO Medical Record	78059			Counseling, Not Otherwise Specified	V6540	
"L" Registration (Long) - Has Medical Record	3560					
COMMENTS:						
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. Can be done by Nutrition Educator, Registered Dietitian or Nurse.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS:						
Advocacy may be coded as appropriate. See <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
Education / Contract Services - \$1.00 per unit		NU	6	General Nutrition OR	V653	# Units
"C" Registration (Community service) - Has NO Medical Record	78085			Health Related Issues OR	V6540	
"L" Registration (Long) - Has Medical Record	10299			As Appropriate	As Appropriate	
COMMENTS: 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 OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: 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
<u>Education And Training For Self Management</u>		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					
COMMENTS: Patient must 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 OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: 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.

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	1
Preventive Visit, Age Specific Established Patient	99211 - 99215			Tobacco Use Complicating Pregnancy	64900	
Patient Tobacco Survey	TSA	QT	6			
Counseling OR Counseling and Medication Refill	99401QT 99402QT 99403QT 99404QT					
Comment: 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						

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 99403QT 99404QT			Tobacco Use Complicating Pregnancy	64900	

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>COMMENTS:</p> <p>TCPRES Code will be used to capture all activities related to TennCare Presumptive Enrollment Process.</p> <p>Do Not Use Advocacy Code 99401T or 99402T in addition to the TCPRES code.</p> <p>If pregnancy is determined elsewhere and nurse provides prenatal counseling, codes 99401 - 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	AM	6	Unspecified Administrative Purpose or Primary Diagnosis From Encounter	V689	1
<p>COMMENTS: ONLY FULL SERVICE PRENATAL COUNTIES CAN USE THE PN CODE! Full prenatal services include comprehensive prenatal care, rendered in compliance with standards established by the American College of Obstetricians and Gynecologists (ACOG). Full prenatal care requires formal arrangements for medical consultation and referral, 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>COMMENTS: TCPRES code will be used to capture all activities related to TennCare presumptive enrollment process.</p> <p>Do not use advocacy code 99401T or 99402T in addition to the TCPRES code.</p> <p>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>**COMMENT: Any time a person, who will be at least 18 years old on/or before the next election, applies for WIC certification or recertification, CSFP, or Presumptive Eligibility, they must be offered the opportunity to register to vote. This will be captured by the MOVO procedure code which will also have a disposition code to indicate the patient's response. The disposition codes are:</p> <p>**RG -- Registered at the Health Department today</p> <p>CR -- Currently registered to vote</p> <p>TF -- Took registration form home</p> <p>DD -- Declined, declination form signed</p> <p>NE -- Not eligible due to age or lack of citizenship</p> <p>**For those who complete the form at the Health Department and turn it in, the receipt number from the form must also be entered on the encounter in Notes/Follow field at the bottom left of the encounter screen.</p>						

SECTION 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	May use Primary Diagnosis For The Encounter		1
	99402T			OR		
				Unspecified Administrative Purpose	V689	
<p>COMMENTS:</p> <p>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 Appropriate OR	As Appropriate	# 30 Min Increments
"C" Registration (Community Service) (Has NO Medical Record)	78059			Health Related Issues	V654	
"L" Registration (Long) (Has Medical Record)	3560					
COMMENTS: For use at health fairs, community presentations, dislocated workers presentations (in 30 minute increments).						

200.030 - TennCare Advocacy Activities

Last Change Date: 10/16/2006

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The information is found on the TennCare Advocacy Activities/Definitions page.

SECTION 210 - BREAST & CERVICAL CANCER SCREENING PROGRAM

Breast & Cervical Cancer Screening Definitions

Last Change Date: 5/15/09

- **Code 99080A – New Enrollment for BCS includes (to be used one time only)**
 - Verification of eligibility for the service (Age 40 and over)
 - Completion of data entry screen for initial screening and lab results
 - Education about prevention services and particular screening methods that will be used
 - Authorization and referral for routine or diagnostic services according to protocol
 - Verification of eligibility for **diagnostic services only** for women 18-39 screened by another program
 - Scheduling with the referral provider
 - Follow-up to assure that patient kept referral appointment
 - Arranging transportation, if necessary
 - Arranging for interpreter services, if necessary

- **Code 99080B – Referral Reports and Documentation (Requires documentation by the nurse in the patient record and can be used more than one time)**
 - Tracking and follow-up with referral provider to collect diagnostic information, results and recommendations
 - Entering case specific information into PTBMIS in the required data fields
 - Locate missing information prior to submission to Central Office
 - Contacting patient about next steps for diagnosis and / or treatment
 - Scheduling with provider
 - Assuring that patient kept the referral / treatment appointment

210.010 - Screening Visit for Breast & Cervical Cancer

Last Change Date: 5/15/2009

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

Section 210.010, (Continued On Next Page)

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

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

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

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

* Code 99080A should only be used one time.

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

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

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

210.020 Colposcopy Dysplasia Clinic Visit

Last Change Date: 5/1/2009

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

COMMENT:

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

SECTION 220 - VACCINES / IMMUNIZATIONS

Vaccines / Immunizations Definitions

Vaccine / Immunization Administration

90471 – Immunization administration

Includes percutaneous, intradermal, subcutaneous, or intramuscular injections

One vaccine (single or combination vaccine/toxoid)

Do not report 90471 in conjunction with 90473

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

List separately in addition to code for primary procedure

Use 90472 in conjunction with 90471 or 90473

90473 – Immunization administration by intranasal or oral route

One vaccine (single or combination vaccine/toxoid)

Do not report 90473 in conjunction with 90471

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

List separately in addition to code for primary procedure

Use 90474 in conjunction with 90471 or 90473

Examples:

1 shot = 90471

2 shots = 90471 and 90472 (quantity 1)

1 intranasal/oral = 90473

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

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

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

220.010 - Immunizations With Comprehensive Exam

Last Change Date: 5/2010

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 OR		1
	99402T			Unspecified Administrative Purpose	V689	

COMMENTS:

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

220.020 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 MH				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
<p>COMMENTS: If you are providing contracted services see section 230.200 for additional coding instructions</p> <p>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.</p> <p>*See Definitions page 1 of this section for Vaccine/Immunization Administration Codes selections.</p> <p>** Only to be used in accordance with the rules and regulations governing fees for services</p>						

Section 220.020, (Continued On Next Page)

220.020 Immunization Only Visit (No Exam) (Continued)

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

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 OR	9198	1
New Patient (10-30 Min)	99201 - 99203			As Appropriate	As Appropriate	
Established Patient (10-25 Min)	99212 - 99214					
Vaccine	TD			System Assigns Vaccine Code	As Appropriate	1
	TDP					
	DTA					
*Single Administration	90471		As Appropriate			
COMMENTS:						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS:						
Advocacy may be coded as appropriate. See <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		
COMMENTS:						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis For Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS:						
Advocacy may be coded as appropriate. See <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
ON-SITE CLINIC INDIVIDUAL PATIENT "L" REGISTRATION (LONG) (HAS MEDICAL RECORD)		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	
COMMENTS: * Flu shots for children (FLB & FLC) should be coded the same as any other childhood immunization using administration code 90471 instead of injection Code 90782F **When a Therapeutic, Prophylactic or Diagnostic Injection (CPT Code 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.						
TennCare Advocacy	99401T 99402T	TO	6	May Use Primary Diagnosis For Encounter OR Unspecified Administrative Purpose	As Appropriate Or V689	1
COMMENTS: Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.						

220.060 Vaccine Codes - On-Site Clinics

Last Change Date: 5/2010

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 (Varicella)	CPX	Hep B - (Dialysis/Immunosuppressed) 4 Dose	HD4	Polio, Inactivated	IPV	
Chicken Pox – Adult (Varicella)	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	Td (Tetanus and Diphtheria)	TD	
DTaP, HIB, IPV Vaccine Combination	DHV	Influenza, Intranasal (5 years Thru 49 years) Donated No Charge	FLM	Tdap (Tetanus, Diphtheria, Acellular Pertussis (For ages 11 years and over)	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			
Haemophilus / INFB Booster – Hiberix	HIX	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	Pneumonia (Strep Pneumonia Conjugate 13 valent)	P13			
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 OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.						

220.070 - International Travel Vaccine Codes

Last Change Date: 10/16/2006

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Cholera	CHL	IT	As Appropriate	As Appropriate	As Appropriate	1
Hepatitis A -- Adult (19 and Over)	HAA					
Inactive Polio	IPT					
Typhoid	TPN					
Typhoid, Oral	TPO					
Yellow Fever, Single Dose	YFS					

220.080 - Mass Immunization Clinics

Last Change Date: 10/16/2006

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Vaccine(s)	See Mass Vaccine Codes	CH OR WH OR MH OR As Appropriate	As Appropriate	As Appropriate	As Appropriate	# Of Imms Given
Flu Injection	78091F					# Injections
Pneumonia Injection	78091P					
Administration Of All Other Vaccines	78091					
Mass Administration of All Other Vaccines	78091		6	Total # Given		
COMMENTS: Do not use code 78059 for mass immunization clinics. Code vaccine(s) administered and show number of each given in QTY column.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T					Unspecified Administrative Purpose
COMMENTS: 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>COMMENTS:</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 NO Medical Record)	78059					
"L" Registration (Long) (Has Medical Record)	3560					
<p>COMMENTS: Field Representatives should use code 78059 for school and day care audits, 24 month surveys, field visits and mass screenings using the facility as the "patient" with a "C" Registration. Field visits made to individual patients who have a "L" Registration should be coded using 3560 to capture the visit. Both 78059 and 3560 are coded in 30minute increments in the quantity column.</p>						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
<p>COMMENTS: Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.</p>						

SECTION 230 -VISITS FOR CLINICAL SERVICE & RELATED PROCEDURES

Visits for Clinical Service & Related Procedures Definitions

Last Change Date: 10/16/2006

Code MOVO:

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

Code 3734 - Recheck:

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

230.010 Blood Pressure Check Only

Last Change Date: 5/1/2009

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Recheck Visit	3734	CH (Birth to 21) OR MH (21and over) OR	pvt pay - 6	BP Elevated Without Hypertension Diagnosis OR	7962	1
Blood Pressure Check	5002	WH (21andover)		Hypertension, Unspecified	4019	
BP OR BPT -Record BP in Multipurpose Field For Tracking Purposes	BP OR BPT					
COMMENTS: Evaluation and management of hypertension should be coded as an Other Office Visit.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.						

230.020 - Blood Pressure Check with Counseling

Last Change Date: 5/1/2009

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling Visit	99401	CH (Birth to 21) OR MH (21and over) OR	Pvt Pay - 6 OR Pvt Ins - (5XXX) OR TnCare - (Axxx)	Complaint Without Diagnosis Made	V655	1
Blood Pressure Check	5002	WH (21andover)	Pvt Pay - 6 ONLY			
BP OR BPT -Record BP in Multipurpose Field for Tracking Purposes	BP OR BPT					
COMMENTS: Evaluation and management of hypertension should be coded as an Other Office Visit.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR	V689	1
	99402T			Unspecified Administrative Purpose		
COMMENTS: Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.						

230.030 - Rescinded 03/01/2002

This section left blank intentionally

230.040 - Blood Pressure Check - Established Visit (Patient may or may not require B/P treatment. Followed by Pvt. MD or local Health Dept)

Last Change Date: 5/1/2009

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Recheck Visit	3734	CH (Birth to 21)	Pvt Pay - 6 OR Pvt Ins -	BP Elevated Without Hypertension Diagnosis OR	7962	1
Blood Pressure Check	5002					
BP OR BPT - Record BP in Multipurpose Field for Tracking Purposes	BP OR BPT	OR MH (21and over) OR WH (21andover)	(5XXX) OR TnCare - (AXXX)	Hypertension, Unspecified	4019	
COMMENTS: Evaluation and management of hypertension should be coded as an Other Office Visit.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T					
COMMENTS: Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.						

230.050 Blood Work Only

Last Change Date: 12/17/2003

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Recheck Visit	3734	CH or WH or MH	As Appropriate	As Appropriate	As Appropriate	1
Lab(s) As Ordered						
Venipuncture (If done)	36415					
Ear, Finger or Heel Stick	36416					
Lab Handling (If outside lab)	99000					
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T				Unspecified Administrative Purpose	
<p>COMMENTS: Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.</p>						

230.060 - Health Care Management - Problem Visit

Last Change Date: 5/1/2009

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Other Visit</u>		CH OR MH OR WH	As Appropriate	Medical Diagnosis Required	As Appropriate	1
New Patient	99201 - 99205					
Established Patient	99211 - 99215					
Lab(s) Completed						
Venipuncture (If done)	36415					
Ear, Finger or Heel Stick	36416					
Lab Handling (If outside lab)	99000					
Related Functions						
Drug(s) Dispensed						
*Injection Drug or Antibiotic (Other than Vaccinations)	96372					
COMMENTS: Use modifier "25" with an Other Management Service provided <u>in addition</u> to a Preventive Service <u>on the same day</u> by <u>the same provider</u> or another provider within the Health Department. Use a medical diagnosis code for the Other Visit and a preventive diagnosis code for the Preventive Visit. *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.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T					
COMMENTS: Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.						

230.070 - Preventive Exam With Problem Identified

Last Change Date: 5/1/2009

Preventive exam with medical problem such as head lice or an ear infection						
PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Preventive Visit - Age Specific</u>		CH OR WH OR MH	As Appropriate	Preventive Visit Diagnosis PLUS	As Appropriate	1
New Patient OR	99381 - 99387					
Established Patient	99391 - 99397					
<u>PLUS ADD--> Other Visit - With "25" Modifier</u>						
New Patient OR	9920125 - 9920525					
Established Patient	9921125 - 9921525					
Lab(s) Completed						
Venipuncture (If done)	36415					
Ear, Finger or Heel Stick	36416					
Lab Handling (If outside lab)	99000					
Related Functions						
Drug(s) Dispensed						
Injection Drug or Antibiotic (Other than Vaccinations)*	96372					
COMMENTS:						
Use modifier "25" with an Other Management Service provided <u>in addition</u> to a Preventive Service <u>on the same day</u> by the same or another provider within the Health Department. Use a medical diagnosis code for the Other Visit and a preventive diagnosis code for the Preventive Visit.						
*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.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T					
COMMENTS:						
Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.						

230.080 - Colposcopy / Dysplasia Clinic

SEE SECTION 210.020 COLPOSCOPY DYSPLASIA CLINIC VISIT

230.090 - Diagnosis & Treatment of Pediculosis - First Visit

Last Change Date: 5/1/2009

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Other Visit</u>		CH OR MH OR WH	As Appropriate	Lice Found: Pediculosis OR	1320	1
New Patient	99201 - 99205			Lice Not Found: Unspecified Pruritic Disorder	6989	
Established Patient	99211 - 99215					
Drug(s) - Use Pharmacy Module						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.						

230.100 - Diagnosis & Treatment of Pediculosis - Subsequent Visits

Last Change Date: 5/1/2009

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Recheck Visit OR	3734	CH OR MH OR WH	As Appropriate	Lice Found: Pediculosis	1320	1
<u>Other Visit</u>				Lice Not Found: Unspecified Pruritic Disorder	6989	
Established Patient	99211 - 99215					
COMMENTS: Use this visit to evaluate treatment effectiveness, regardless of who provided original treatment. Code other visit if treatment or prescription is necessary. If warranted, the other visit is at the discretion of provider.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare						

230.110 - Injection Only Visits - Allergy

Last Change Date: 5/1/2009

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Immunotherapy - One(1) Injections OR	95115	CH OR MH OR WH	As Appropriate	As Appropriate	As Appropriate	1
Immunotherapy - Multiple Injections	95117					1*
<p>COMMENTS: * Only code a quantity of one (1) for this service.</p> <p>Allergy injections are an elective service given at the discretion of the Medical Director. Then the injections are given with orders from private MD and the patient provides the medication.</p> <p>Office visit codes may be used in addition to allergen immunotherapy if, and only if, other identifiable services are provided at that time. There must be two licensed medical providers in building at time of service, one of whom is an MD or APN unless otherwise specified.</p>						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T					
<p>COMMENTS: Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.</p>						

230.120 - Injection Only Visits - Generic - Initial Visit

Last Change Date: 03/01/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Other Visit</u>		CH OR MH OR WH	As Appropriate	Applicable Medical Diagnosis	As Appropriate	1
New Patient	99201 - 99205					
Established Patient	99211 - 99215					
Injection Fee (NO SLIDE)	90782NS					
COMMENTS: NOT HALDOL OR PROLIXIN These injections are given with orders from private MD and the patient provides the medication.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T				Unspecified Administrative Purpose	
COMMENTS: Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.						

230.130 - Injection Only Visits - Generic - Subsequent Visits

Last Change Date: 5/1/2009

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Recheck Visit	3734	CH OR MH OR WH	As Appropriate	Applicable Medical Diagnosis	As Appropriate	1
Injection Fee	96372*					
<p>COMMENTS: NOT HALDOL OR PROLIXIN These injections are given with orders from private MD and the patient provides the medication.</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 From Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
<p>COMMENTS: Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.</p>						

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

Last Change Date: 5/1/2009

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Other Visit</u>		CH OR MH OR WH	As Appropriate	Applicable Medical Diagnosis	As Appropriate	1
New Patient	99201 - 99205					
Established Patient	99211 -99215					
*Injection Fee	96372					
<p>COMMENTS: These injections are given with orders from private MD and the patient provides the medication.</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 From Encounter OR		1
	99402T					
<p>COMMENTS: Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.</p>						

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

Last Change Date: 5/1/2009

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Other Visit - Established Patient	99211 - 99215	CH OR MH OR WH	As Appropriate	Applicable Medical Diagnosis	As Appropriate	1
Injection Fee*	96372					
<p>COMMENTS: These injections are given with orders from private MD and the patient provides the medication.</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 From Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
<p>COMMENTS: Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.</p>						

230.160 - Labs - Generic

Last Change Date: 12/17/2003

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Code EACH Lab Procedure Done	As Appropriate	As Appropriate	As Appropriate	As Appropriate	As Appropriate	1
Venipuncture (If done)	36415					
Ear, Finger or Heel Stick	36416					
Lab Handling (If outside lab)	99000					
COMMENTS: Code only one lab handling fee per visit for outside labs regardless of the number of lab procedures coded. Most lab codes have no Relative Value (RVU) tied to them so it is important to code the appropriate visit in addition to lab codes to capture RVU's						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T					
				Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.						

230.170 - Labs - DNA For TBI - Tennessee Resident

Last Change Date: 04/01/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Venipuncture	36415	OT	5DNA	Unspecified Administrative Purpose	V689	1
Lab Handling (If Outside Lab)	99000					
COMMENTS: Code only one lab handling fee per visit for outside labs regardless of the number of lab procedures coded. Most lab codes have no Relative Value (RVU) tied to them so it is important to code the appropriate visit in addition to lab codes to capture RVU's						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR	V689	1
	99402T					
COMMENTS: Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.						

230.180 - Labs - DNA For TBI - Non-Tennessee Resident

Last Change Date: 04/01/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Venipuncture	36415	OT	6	Unspecified Administrative Purpose	V689	1
Lab Handling (If outside lab)	99000					
COMMENTS: Code only one lab handling fee per visit for outside labs regardless of the number of lab procedures coded. Most lab codes have no Relative Value (RVU) tied to them so it is important to code the appropriate visit in addition to lab codes to capture RVU's						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T					
COMMENTS: Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.						

230.190 - Mass Screening / Education - No Charge

Last Change Date: 03/16/2005

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Field Service (Audit, Contact, Mass Screening / Mass Education)		CH OR MH OR WH OR HP	6	As Appropriate OR	V6540- V6549	# 30 Min Increments
"C" Registration (Community service) (Has no Medical Record)	78059			General Nutrition	V653	
"L" Registration (Long) (Has Medical Record)	3560					
COMMENTS:						
<p>During a mass screening, if <u>multiple</u> providers see the <u>same</u> patient, only the highest level provider codes the encounter. If <u>each</u> provider does <u>individual</u> screening, then each provider should code on the encounter showing their time in 30 minute increments. If multiple presenters provide mass education, each should code their specific presentation time. If multiple providers share responsibility for mass education but work separately to provide a specific service, i.e., CPR class divided into groups, each provider should code a line on the encounter showing time spent in 30 minute increments in the QTY column and the number of people trained in the margin.</p> <p>Both 78059 and 3560 have the same description and should be coded in 30 minute increments in the QTY column on the encounter form. On the encounter form, write the number of participants in the group in the mile column beside the line your code is on. Person who keys encounter will key number of participants on the EN Screen in the MILE column. If more than one of the same service is provided in one day, show TOTAL time spent in QTY column and GRAND TOTAL of participants served in the <u>mile</u> column on the encounter form. <u>If at least one of the group participants is female, use the WH Program Code.</u></p>						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS:						
Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.						

230.200 - Education / Contract Services @ \$1.00 Per Unit

Last Change Date: 03/16/2005

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Education / Contract Services (\$1.00 per unit)		HP	6	As Appropriate	V6540- V6549	# Units
"C" Registration (Community Service) (Has No Medical Record)	78085			General Nutrition	V563	
"L" Rregistration (Long) (Has Medical Record)	10299					
COMMENTS: Code Education/Contract services \$1.00 per unit, <u>in addition</u> to appropriate procedure code for the group session when a fee for service needs to be generated. Show number of <u>units</u> 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 From Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.						

230.210 - Medicare Problem Only Visit

Last Change Date: 8/8/2002

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Other Visit</u>		CH OR MH OR WH	Appropriate Medicare code	Appropriate Medical Diagnosis	As Appropriate	1
New Patient OR	99201 - 99205					
Established Patient	99211 - 99215					
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T				Unspecified Administrative Purpose	
<p>COMMENTS: Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.</p>						

230.220 - Medicare Physicals - Screening Exams

Last Change Date: 04/01/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Preventive Visit - Age Specific		CH OR MH OR WH	Appropriate Medicare Code	Appropriate Medical Diagnosis	As Appropriate	1
New Patient	99381 - 99387					
Established Patient	99391 - 99397					
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T				Unspecified Administrative Purpose	
<p>COMMENTS: Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.</p>						

230.230 - Medicare FLU And / Or PNE Injection Only Office Visit

Last Change Date: 04/01/2001

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>FLU INJECTION</u>		CH OR MH OR WH	Appropriate Medicare Code	Vaccine, FLU	V048	1
FLU AND	FLU					
Injection	90782F					
<u>PNEUMONIA INJECTION</u>		CH OR MH OR WH	Appropriate Medicare Code	Vaccine, PNE	V039	1
PNE AND	PNE					
Injection	90782P					
COMMENTS: If both FLU and PNE injections are given, code both injection codes, 90782F and 90782P.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR	V689	1
	99402T					
COMMENTS: Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.						

230.240 - Physical Exams - Contracted

(Physicals by Special Agreement Contracts Only)

Last Change Date: 12/17/2003

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Special Physicals	3678	CH OR MH OR WH	As Appropriate	According To Exam Type	As Appropriate	1
Lab(s) Completed						
Venipuncture (If done)	36415					
Ear, Finger or Heel Stick	36416					
(Includes Routine Labs. Adjust off any lab procedures included in price of contract.)						
COMMENTS: Insurance code may need to be added for specific individual contract if one does not exist. For Physical Measurements Information (PMI) screenings, use 3678 for the exam and 99000 for lab. On the FID screen, use RE code 5PMI with effective date of coverage beginning on the date of the screening and ending the next day. Use XXXX for the policy #. Use DX Code V709. When the payor is 5PMI, Code 99000 includes both urine collection and venipuncture. If PMI request <u>only</u> a urine or a venipuncture, do not code 99000, instead use 5555 with a quantity of 10 for urine and 5555 and a quantity of 5 for a venipuncture.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T					
COMMENTS: Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.						

230.250 - Physical Exams - Non-Contracted (EPSDT, School, Camp, etc.)

Last Change Date: 5/1/2009

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
<u>Preventive Visit - Age Specific</u>		CH OR MH OR WH OR EP**	As Appropriate	According To Exam Type	As Appropriate	1
New Patient OR	99381 - 99387					
Established Patient	99391 - 99397					
Venipuncture (If Done)	36415					
Ear, Finger or Heel Stick	36416					
Lab(s) Completed						
Lab Handling (If outside labs)	99000					
*School Physical	SCHOOL		6			
<p>COMMENTS: *SCHOOL – Use this code instead of an office visit code for private pay patients, with no third party insurance, who need a physical in order to get into school. **EP Program is to be used when an EPSDT exam is completed. The Health Department is to do EPSDT exams for anyone from birth to 21 years of age who is on TennCare.</p>						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR	V689	1
	99402T					
<p>COMMENTS: Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.</p>						

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

Last Change Date: 04/20/2004

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Recheck Visit	3734	CH	As Appropriate	Well Child	V202	1
Newborn Screening	NEWB					
Sickle Cell	85660					
Venipuncture (If done)	36415					
Ear, Finger or Heel Stick	36416					
Lab Handling (If outside lab)	99000					
COMMENTS: Do not code a Preventive or Other office visit.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T					
COMMENTS: Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.						

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

Last Change Date: 5/1/2009

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	CH OR WH	As Appropriate	Pregnancy Test, Negative	V7241	1
Pregnancy test	81025			OR Pregnancy Test, Unconfirmed	V7240	
GenProbe	GENP	ST		Lab Test	V726	
Lab Handling (If outside lab)	99000	ST		As Appropriate	As Appropriate	
Drug(s) - Use Pharmacy Module						
COMMENTS: CH is age birth to 21. At age 21, code WH for Women's Health. For pregnancy test done on active Family Planning Patients use Program Code FP. If positive for pregnancy, and patient uninsured, see Presumptive Eligibility (Section 180.010). Consider referral to WIC and HUGS Programs. Follow current GenProbe coding guidelines.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.						

230.280 - Pregnancy Test - WIC

(Presents for WIC - No Proof of Pregnancy - Not Obviously Pregnant)

Last Change Date: 5/1/2009

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling	99401 - 99404	CH OR WH	As Appropriate	Pregnancy Test, Negative	V7241	1
Pregnancy Test	81025			OR Pregnancy Test, Unconfirmed	V7240	
GenProbe	GENP	ST		Lab test	V726	
Lab Handling (If outside lab)	99000	ST		As Appropriate	As Appropriate	
Drug(s) - Use Pharmacy Module						
<p>COMMENTS: If a woman presents seeking WIC services as a prenatal without written proof of pregnancy that is not obviously pregnant, 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. Follow current GenProbe coding guidelines.</p>						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
<p>COMMENTS: Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.</p>						

230.290 - Presumptive Eligibility - We Do the Pregnancy Test

OMIT

See Section 180.004

230.300 - Presumptive Eligibility - Patient Provides Proof of Pregnancy

OMIT

See Section 180.005

230.310 - Preventive Counseling Only

Last Change Date: 5/1/2009

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Counseling DO NOT Use With A Preventive or Other Office Visit coded to the same program!	99401 - 99404	As Appropriate	As Appropriate	As Appropriate	As Appropriate	1
COMMENTS: Preventive counseling may be provided to individuals at a <u>separate</u> encounter for the purpose of promoting health and/or preventing illness or injury/risk factor reduction.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS: Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.						

230.320 - Test Recheck Visit

Last Change Date: 5/1/2009

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Recheck Visit	3734	As Appropriate	6	As Appropriate	As Appropriate	1
COMMENTS: Used at a visit for the purpose of confirming that treatment/service initiated at a previous visit was successful, or to complete a recent previous visit (i.e., draw fasting blood, give Depo when menses begin).						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T				Unspecified Administrative Purpose	
COMMENTS: Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.						

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

Last Change Date: 5/1/2009

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TB Screening	TBS	TB	6	Unspecified Admin Purpose	V689	1
*TB Skin Test (No Slide)	86580NS	CH OR MH OR WH	As Appropriate	TB Skin Test Negative	V741	
TB Skin Test Read	3734			TB Skin Test Positive	7955	
COMMENTS:						
<p>When patient returns to have skin test read, record the results in the lab module. If the test is negative and patient is not a contact, then nothing further is needed. If test is negative and patient is a contact, refer to Section 70.150 - TB Treatment for additional information.</p> <p>If test is positive, refer to 70.150 - TB Treatment.</p> <p>* For employment or job required tests only, use 86580NS for no slide, where the patient should pay full charge.</p>						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS:						
Advocacy may be coded as appropriate. See TennCare Section to identify activities and services related to TennCare.						

230.340 - Preventive / Required Occupational Health Services

For Health Department Employees*

Last Change Date: 5/1/2009

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
TB Skin Test	86580	EH	6	TB Skin Test neg OR TB Skin Test Pos	V741 7955	1
TB Skin Test Read	3734	EH	6	As Appropriate	As Appropriate	
X-Ray If Indicated-- See X-Ray Section of Codes List						
Prophylactic Treatment For LBTI New Converter -- See Drug Section of Codes List						
Hepatitis B Vaccine	HBO					
MMR Vaccine employees < 21 years of age	MMR					
MMR Vaccine employees 21+ years of age	MMA					
Varicella Vaccine employees < 21 years of age	CPX					
Varicella Vaccine employees 21+ years of age	VVC					
Influenza Vaccine	FLU					
HBIG	HIG					
Tetanus, Diphtheria, Acellular Pertussis (TDaP)	TDP					
Tetanus (All Dental Staff and RN/APN Nursing Staff Who Apply Dental Fluoride Varnish)	TD					
Antibody Testing -- See Antibody Section of Codes List						
Antibody Testing --(Anti-HBs)						
Antibody Testing - HbsAg						
Antibody Testing - HCV Analine Amniotransferase (ALT)						
Antibody Testing --HIV With EIA						

Section 230.340, (Continued On Next Page)

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

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
HIV Post Exposure Prophylaxis -- See Drug Section of Codes List		EH	6			1
<u>Other visit</u>						
New Patient	99201 - 99205					
Established Patient	99211 - 99215					

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

230.350 - Preventive Topical Application of Dental Fluoride Varnish by Registered Nurses and Nurse Practitioners

Last Change Date: 5/1/2009

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Fluoride Varnish	D1203N	CH	6	Preventive	V722	1
<p>Comments: RNs and APNs only use this code when topical fluoride is applied to the teeth of children (birth to 21 years of age).</p>						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T				Unspecified Administrative Purpose	
<p>COMMENTS: 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 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					
COMMENTS: The provider who actually does the certification and determines which nutritional risk code is used to put the participant on the WIC Program puts their provider code beside the 1000 procedure code. The provider who makes the determination that the person is not eligible for WIC (Screened but determined ineligible-SDI) should use the 1000 code. HGB tests that are 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
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 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	
COMMENTS: 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	
COMMENTS:						
Any counseling must be documented in the patients' medical record. Provider must be a nurse, nutritionist, or nutrition educator.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter OR		1
	99402T			Unspecified Administrative Purpose	V689	
COMMENTS:						
Advocacy may be coded as appropriate. See <u>TennCare Section</u> to identify activities and services related to TennCare.						

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

Last Change Date: 10/16/2006

PROCEDURE	CODE	PROGRAM	RE	DIAGNOSIS	CODE	QTY
Group Education AND	99411	WI	6	Dietary Counseling OR	V653	1
Voucher Issuance (Code On Each Individual Participant's Encounter Form)	1004			Unspecified Administrative Purpose	V689	
COMMENTS:						
Establish an 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			OR	Unspecified Administrative Purpose	
COMMENTS:						
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 OR Primary Diagnosis From Encounter	V689	1
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter		1
	99402T			OR		
				Unspecified Administrative Purpose	V689	
COMMENTS:						
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
<u>Home / Off-Site Visit</u>						
Initial Visit	99350H					
Follow-up Visit	99349H					
COMMENTS:						
Use these codes when counseling only is provided and if no vouchers are issued. Establish the appropriate encounter, group or individual for each educational session and code the appropriate counseling code. For home visits, change Visit Setting to 02.						
TennCare Advocacy	99401T	TO	6	May Use Primary Diagnosis From Encounter		1
	99402T					
				OR		
				Unspecified Administrative Purpose	V689	
COMMENTS:						
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					
<p>COMMENTS:</p> <p style="text-align: center;">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 OR		1
	99402T					
<p>COMMENTS:</p> <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>						

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
Field Service (Audit, Mass Screening, Mass Education)		WI	6	Health Related Issues OR	V654	# 30 Min Increments
"C" Registration (Community Service) (Has NO Medical Record)	78059			General Nutrition OR	V653	
"L" Registration (Long) (Has Medical Record)	3560			As Appropriate	As Appropriate	
COMMENTS: 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 OR		1
	99402T					
				Unspecified Administrative Purpose	V689	
COMMENTS: 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 Screening Program	6