

THSteps MEDICAL CHECKUP CODES

99381	99391	Up to One Year
99382	99392	Age 1 - 4 Years
99383	99393	Age 5 - 11 Years
99384	99394	Age 12 - 17 Years
99385	99395	Age 18 - 39 Years

Modifiers used to indicate the practitioner who is performing the Medical Checkup.

AM	Physician, team member service
SA	Nurse Practitioner rendering service in collaboration with a physician
U7	Physician's Assistance services for other than assistant at surgery
25	Significant, separately identifiable evaluation and management service for the same physician on the same day of the procedure or other service.

Follow up Visit

99211	All Ages
- Results of TB test.	
- Immunizations not administered due to contraindications.	
- Repeat lab work.	

IMMUNIZATION CODES

The following codes are reimbursable but must be submitted for encounter purposes with at least .01 charge.

90669	PCV-7 (Prevnar)
90700	DtaP
90702	DT/Td or Td
90718	DT/Td or Td
90720	DTP/Hib
90701	DTP
90633	HEP A
90744	HEP B
90746	HEP B
90645	HibCV
90646	HibCV
90647	HibCV
90713	IPV
90712	OPV
90707	MMR
90716	Varicella
90723	DTaP-hep-B IVP vaccine-IM (Pediarix)
90748	Hib-Hep B Comvax)

ADMINISTRATION CODES

Each Immunization must have a corresponding administration vaccine code.

If only one immunization service is administered provider should bill the following procedures. (Quantity of One)

90471	90473	90465	90467
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If only two or more immunization services are administered provider should bill the following procedures in addition to the quantity one codes. (Quantity of Two or More)

90472	90474	90466
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KEY BILLING ELEMENTS:

Electronic	Loop	Segment	Value	CMS 1500	PROVIDER RESPONSIBILITIES
	2000B	SBR04	EP1	Box (11C)	Benefit Code (EP1) Refer to TMHP Bulletin 202
	2300	CLM 12	01	None	(Note not applicable for CMS1500)
	2400	SV111	Y	Box (24H)	Condition Indicator (y) or (n)
	2300	CRC03	2 Digit Code	Box (24C)	Condition indicator Codes

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EXCEPTION TO PERIODICITY MODIFIERS

Use with medical checkup codes to indicate the reason for an exception to periodicity.

23	Unusual Anesthesia
32	Mandated Services
SC	Medically Necessary Services

FQHC Providers must use this modifier for THSteps Medical Checkup.

EP	EP Service provider as part of the Medicaid EPSDT program.
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CONDITION INDICATOR CODES

Used to indicate if a referral was made.

Indicator Code	Description	Condition Indicator
NU	Not used (no referral)	N
ST	New services requested	Y
S2	Under treatment	Y

DIAGNOSIS CODES

V20.2	Routine Infant or Child Checkup. Used with checkup and vaccine.
* V20.31	Health supervision for newborn under 8 days old
* V20.32	Health supervision for newborn 8 to 28 days old

TB SKIN TEST

86580	The following code is not reimbursable but must be submitted for encounter purposes with at least .01 charge.
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OEFV CODE

99429	Oral Evaluation and Fluoride Varnish (w/U5 modifier)
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