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**1989 PROCEDURE CODES  
FOR PREVENTIVE CARE SERVICES**

**YEAR 1 REPORT  
HCFA Contract 500-92-066**

*Prepared for:*

Feather Davis, Project Officer  
Office of Research and Demonstrations  
Health Care Financing Administration  
6325 Security Boulevard  
Oak Meadows Building  
Baltimore, MD 21207

*Prepared by:*

Lisa Herz  
Norma Gavin  
Marilyn Ellwood  
Kate Sredl  
SysteMetrics  
A Division of The MEDSTAT® Group  
4401 Connecticut Avenue, N.W.  
Suite 400  
Washington, DC 20008

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1989 PROCEDURE CODES FOR PREVENTIVE CARE SERVICES  
CPT4, NATIONAL HCPCS AND UB82  
9/14/93

A. PREVENTIVE CARE VISITS

1. Stand alone CPT-4 procedure codes (do not require an accompanying preventive care diagnosis code)
  - 90750 Initial history and examination related to the healthy individual, including anticipatory guidance; adult (age 18+)
  - 90751 Initial history and examination related to the healthy individual, including anticipatory guidance; adolescent (age 12 through 17 years)
  - 90752 Initial history and examination related to the healthy individual, including anticipatory guidance; late childhood (age 5 through 11 years)
  - 90753 Initial history and examination related to the healthy individual, including anticipatory guidance; early childhood (age 1 through 4 years)
  - 90754 Initial history and examination related to the healthy individual, including anticipatory guidance; Infant (age under 1 year)
  - 90755 Infant care to one year of age, with a maximum of 12 office visits during regular office hours, including tuberculin skin testing and immunization of DTP and oral polio
  - 90757 newborn care, in other than hospital setting, including physical examination of baby and conference(s) with parent(s)
  - 90760 Interval history and examination related to the healthy individual, including anticipatory guidance, periodic type of examination; adult (age 18+)
  - 90761 Interval history and examination related to the healthy individual, including anticipatory guidance, periodic type of examination; adolescent (age 12 through 17 years)
  - 90762 Interval history and examination related to the healthy individual, including anticipatory guidance, periodic type of examination; late childhood (age 5 through 11 years)
  - 90763 Interval history and examination related to the healthy individual, including anticipatory guidance, periodic type of examination; early childhood (age 1 through 4 years)
  - 90764 Interval history and examination related to the healthy individual, including anticipatory guidance, periodic type of examination; infant (age under 1 year)

A. PREVENTIVE CARE VISITS (Continued)

2. **CPT-4 procedure codes** for general office visits that must be present in combination with diagnosis codes from primary DX look-up table in order to be flagged as a preventive care visit.

90000 office medical service, new patient; brief service  
90010 office medical service, new patient; limited service  
90015 office medical service, new patient; intermediate service  
90017 office medical service, new patient; extended service  
90020 office medical service, new patient; comprehensive service  
90030 office medical service, established patient; minimal service  
90040 office medical service, established patient; brief service  
90050 office medical service, established patient; limited service  
90060 office medical service, established patient; intermediate service  
90070 office medical service, established patient; extended service  
90080 office medical service, established patient; comprehensive service

3. **National HCPCS codes** for office visits (code book says these are preventive care visit codes. However, we require these codes to appear in combination with preventive care ICD-9-CM diagnosis codes from the primary DX look-up table)

M0005 office visits with two or more modalities of the same area  
M0006 office visits with one of the above mentioned treatment modalities, each additional 15 minutes  
M0007 office visit including combination of any modality(s) and procedure(s), initial 30 minutes  
M0008 office visit including combination of any modality(s) and procedure(s), each additional 15 minutes  
M0009 not otherwise classified, office visits

A. PREVENTIVE CARE VISITS (Continued)

4. **UB82 revenue codes** for general visits that must be present in combination with diagnosis codes from the primary DX look-up table.

510 clinic - general classification  
519 clinic - other clinic  
520 free standing clinic - general classification  
521 free standing clinic - rural health clinic  
523 free standing clinic - family practice  
529 free standing clinic - other  
982 professional fees - outpatient services  
983 professional fees - clinic

B. DEVELOPMENTAL ASSESSMENT SCREENING

1. **CPT-4 procedure codes** that must appear with a preventive diagnosis code from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

90774 Administration and medical interpretation of developmental tests

2. **National HCPCS codes**

No individual codes here

C. IMMUNIZATIONS--CLASSIC

1. Stand alone **CPT-4 procedure codes** (do not need an accompanying preventive care diagnosis code from the primary DX look-up table NOR accompany a claim for a preventive care visit on the same date of service.)

90701 DTP  
90702 DT  
90703 Tetanus toxoid  
90704 mumps  
90705 measles  
90706 rubella  
90707 MMR

C. IMMUNIZATIONS—CLASSIC (Continued)

1. Stand alone **CPT-4 procedure codes** (do not need an accompanying preventive care diagnosis code from the primary DX look-up table NOR accompany a claim for a preventive care visit on the same date of service.)

90708 measles and rubella

90709 rubella and mumps

90712 oral polio

90718 Td

90719 diphtheria toxoid

90731 hepatitis B

90737 Hemophilus influenza B

2. Stand alone **National HCPCS codes** for immunizations (do not need to appear in combination with diagnosis codes from the primary DX look-up table NOR accompany a claim for a preventive care visit on the same date of service.)

J1670 tetanus immune globulin, human

D. IMMUNIZATIONS—OTHER

1. Stand alone **CPT-4 procedure codes** (do not need an accompanying preventive care diagnosis code from the primary DX look-up table NOR accompany a claim for a preventive care visit on the same date of service.)

90713 poliomyelitis

90714 typhoid

90717 yellow fever

90724 Influenza virus

90725 cholera

90726 rabies

90727 plague

90728 BCG

90732 pneumococcal

90733 meningococcal

D. IMMUNIZATIONS—OTHER (Continued)

1. Stand alone CPT-4 procedure codes (do not need an accompanying preventive care diagnosis code from the primary DX look-up table NOR accompany a claim for a preventive care visit on the same date of service.)
  - 90741 ISG
  - 90742 specific hyperimmune serum globin
  - 90749 unlisted Immunization procedure
  
2. Stand alone National HCPCS codes for immunizations (do not need to appear in combination with diagnosis codes from the primary DX look-up table NOR accompany a claim for a preventive care visit on the same date of service.)
  - J2750 rabies
  - J6015 typhus
  - J6025 cholera
  - J6045 small pox

E. HEARING EXAM/SCREENING

1. CPT-4 procedure codes that must appear in combination with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.
  - 92506 medical evaluation speech, language and/or hearing problems
  - 92551 screening test, pure tone, air only
  - 92552 pure tone audiometry (threshold); air only
  - 92553 pure tone audiometry (threshold); air and bone
  - 92557 basic comprehensive audlometry
  - 92560 Bekesy audiometry; screening
  
2. National HCPCS codes that must appear in combination with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.
  - V5000 audiometric exam - hearing exam including the measuring of hearing acuity and tests relating to air conduction, bone conduction, speech reception, threshold and speech discrimination

**F. VISION EXAM/SCREENING**

**1. CPT-4 procedure codes**

No individual codes here—these services are supposed to be bundled into preventive care visits

**2. National HCPCS codes**

No individual codes here

**G. HEMOGLOBIN/HEMATOCRIT**

**1. CPT-4 procedure codes** which must be present in combination with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

85014 hematocrit

85018 hemoglobin, colorimetric

85021 hemogram, automated (RBC, WBC, Hgb, Hct and indices only)

85025 hemogram, and platelet count, automated, and automated complete differential WBC count (CBC)

85031 Blood count; hemogram, manual, complete CBC (RBC, WBC, Hgb, Hct, differential and indices)

**2. National HCPCS codes**

No individual codes here

**H. URINALYSIS**

**1. CPT-4 procedure codes** which must be present in combination with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

81000 urinalysis; routine (pH, specific gravity, protein, tests for reducing substances such as glucose), with microscopy

81002 urinalysis; routine, without microscopy

**2. National HCPCS codes**

No individual codes here



I. TB TEST

1. **CPT-4 procedure codes** which must be present in combination with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

86580 skin test; tuberculosis, intradermal

86585 skin test; tuberculosis, tine test

2. **National HCPCS codes**

No Individual codes here

J. SICKLE CELL

1. **CPT-4 procedure codes** which must be present in combination with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

83020 hemoglobin; electrophoresis (includes A2, S, C, etc)

83052 hemoglobin; sickle, turbidmetric

2. **National HCPCS codes**

No Individual codes here

K. CHLAMYDIA/GC CULTURE

1. **CPT-4 procedure codes** which must be present in combination with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

87072 culture or direct bacterial identification method, each organism, by commercial kit, any source except urine

87110 chlamydia culture

2. **National HCPCS codes**

No individual codes here

L. PKU

1. **CPT-4 procedure codes** which must be present in combination with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

84030 Phenylalanine (PKU), blood; Guthrie

84031 Phenylalanine (PKU), blood; fluorometric

2. **National HCPCS codes**

No individual codes here

M. PAP SMEAR

1. **CPT-4 procedure codes** which must be present in combination with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

88150 cytopathology, smears, cervical or vaginal (e.g., Papanicolaou), up to three smears; screening by technician under physician supervision

88151 cytopathology, smears, cervical or vaginal (e.g., Papanicolaou), up to three smears; requiring interpretation by physician

2. **National HCPCS codes**

No individual codes here

3. **UB82 revenue codes** which must be present in combination with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

923 pap smear

N. VDRL

1. **CPT-4 procedure codes** which must be present in combination with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

86592 Syphilis test; qualitative (EG., VDRL, RPR, ART)

2. **National HCPCS codes**

No individual codes here

Q.    LEAD

1.    **CPT-4 procedure codes** which must be present in combination with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

83645    lead, screening; blood

83650    lead, screening; urine

83655    lead, quantitative; blood

83660    lead, quantitative; urine

2.    **National HCPCS codes**

No individual codes here

P.    CONTRACEPTIVE CARE--VISITS<sup>1</sup>

1.    **CPT4 procedure codes**

None

2.    **National HCPCS procedure codes**

None

Q.    CONTRACEPTIVE CARE--OTHER<sup>2</sup>

1.    **CPT-4 procedure codes** which must appear with specific preventive contraceptive care DX codes.

57170    diaphragm fitting with instructions

58300    insertion of intrauterine device

58301    removal of intrauterine device

84702    gonadotropin, chorionic; quantitative

84703    gonadotropin, chorionic; qualitative

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<sup>1</sup>CONTRACEPTIVE CARE--VISITS also include all previously listed preventive care visit codes when they appear in combination with specific preventive contraceptive care DX codes.

<sup>2</sup>Other allowable routine services and ancillary services that are often rendered as a part of contraceptive care and that must appear in combination with the specific preventive contraceptive care diagnosis codes will also be recorded in this category. The additional allowable services include hemoglobin/hematocrit, urinalysis, pap smear, chlamydia/GC culture, VDRL and anticipatory guidance. Procedure codes for these services are defined elsewhere in this document.

Q. CONTRACEPTIVE CARE--OTHER (Continued)

2. **National HCPCS codes** which must appear with specific preventive contraceptive care DX codes.  
T5209 removal of intrauterine device (IUD)
3. **UB82 revenue codes** which must appear with specific preventive contraceptive care DX codes.  
925 pregnancy test

R. PRENATAL CARE--GLOBAL FEE (VISITS)

1. **CPT-4 procedure codes** which must appear with specific preventive prenatal care DX codes.  
59400 total obstetric care (global fee)  
59501 c-section, low cervical, including antepartum and postpartum care (global fee)  
59521 c-section, classic, including antepartum and postpartum care (global fee)  
59541 c-section, extraperitoneal, including antepartum and postpartum care (global fee)  
59561 c-section with hysterectomy, subtotal, including antepartum and postpartum care (global fee)  
59581 c-section with hysterectomy, total, including antepartum and postpartum care (global fee)
2. **National HCPCS codes** which must appear with specific preventive prenatal care DX codes.  
T5908 vaginal delivery with circumcision, including antepartum and postpartum care (global fee)  
T5910 c-section with circumcision, including antepartum care (global fee)

S. PRENATAL CARE--VISITS (PER VISIT BILLS)<sup>3</sup>

1. **CPT-4 procedure codes** which must appear with specific preventive prenatal care DX codes.  
59420 antepartum care only (separate procedure)
2. **National HCPCS codes** which must appear with specific preventive prenatal care DX codes.  
T5906 antepartum care; per visit

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<sup>3</sup>PRENATAL CARE--VISITS also include all previously listed preventive care visit codes when they appear in combination with specific preventive prenatal care DX codes.

I. PRENATAL CARE--OTHER<sup>4</sup>

1. **CPT-4 procedure codes** which must appear with specific preventive prenatal DX codes.

84702 gonadotropin, chorionic; quantitative

84703 gonadotropin, chorionic; qualitative

2. **National HCPCS codes**

No individual codes here

3. **UB82 revenue codes** which must appear with specific preventive prenatal care DX codes.

925 pregnancy test

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<sup>4</sup>Other allowable routine services that are often rendered as a part of prenatal care and that must appear in combination with the specific preventive prenatal care diagnosis codes will also be recorded in this category. The additional allowable services include hemoglobin/hematocrit, urinalysis, pap smear, chlamydia/GC culture, VDRL, TB test, sickle cell, PKU, lead, and anticipatory guidance. Procedure codes for these services are defined elsewhere in this document.

1989 PROCEDURE CODES FOR PREVENTIVE CARE SERVICES  
GEORGIA STATE-SPECIFIC CODES  
9/14/93

A. PREVENTIVE CARE VISITS

None

B. DEVELOPMENTAL ASSESSMENT SCREENING

None

C. IMMUNIZATIONS--CLASSIC

1. Stand alone Georgia State-specific HCPCS code (do not require a preventive DX code NOR accompany a claim for a preventive care visit on the same date of service.)

X9198 HIB vaccine

X9147 pertussis immune globulin vaccine

D. IMMUNIZATIONS--OTHER

None

E. HEARING EXAM/SCREENING

None

F. VISION EXAM/SCREENING

None

G. HEMOGLOBIN/HEMATOCRIT

None

H. URINALYSIS

None

I. TB TEST

None

J. SICKLE CELL

None

K.    CHLAMYDIA/GC CULTURE

None

L.    PKU

None

M.    PAP SMEAR

1.    **Georgia State-Specific HCPCS** which must be accompanied by a diagnosis code from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

Q0060   screening pap smear, cervical or vaginal, up to 3 SM

Q0061   screening pap smear, cervical or vaginal, up to 3 SM

Q0063   screening pap smear; obtaining, preparing and conveyance of cervix

N.    VDRL

None

O.    LEAD

1.    **Georgia State-Specific HCPCS** which must be accompanied by a diagnosis code from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

Y0800   B-1 E.P. lead

Y0801   B-2 blood lead venous

Y0802   B-3 blood lead

Y0803   B-4 blood lead

P. CONTRACEPTIVE CARE--VISITS<sup>5</sup>

1. **Georgia State-Specific HCPCS** which must be accompanied by specific preventive contraceptive diagnosis codes.

Y0101 family planning supply visit  
Y0105 comprehensive medical for family planning  
Y0106 brief medical for family planning  
Y0108 supply visit, family planning  
Y0109 counseling visit, family planning

Q. CONTRACEPTIVE CARE--OTHER<sup>6</sup>

1. **Georgia State-Specific HCPCS** which must be accompanied by specific preventive contraceptive diagnosis codes.

Y0104 insertion of IUD for family planning

R. PRENATAL CARE--GLOBAL FEE (VISITS)

None

S. PRENATAL CARE--VISITS (PER VISIT BILLING)<sup>7</sup>

None

T. PRENATAL CARE--OTHER<sup>8</sup>

None

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<sup>5</sup>CONTRACEPTIVE CARE--VISITS also include all previously listed preventive care visit codes when they appear in combination with specific preventive contraceptive care DX codes.

<sup>6</sup>Other allowable routine services that are often rendered as a part of contraceptive care and that must appear in combination with the specific preventive contraceptive care diagnosis codes will also be recorded in this category. The additional allowable services include hemoglobin/hematocrit, urinalysis, pap smear, chlamydia/GC culture, VDRL, and anticipatory guidance. Procedure codes for these services are defined elsewhere in this document.

<sup>7</sup>PRENATAL CARE--VISITS also include all previously listed preventive care visit codes when they appear in combination with specific preventive prenatal care DX codes.

<sup>8</sup>Other allowable routine services that are often rendered as a part of prenatal care and that must appear in combination with the specific preventive prenatal care diagnosis codes will also be recorded in this category. The additional allowable services include hemoglobin/hematocrit, urinalysis, pap smear, chlamydia/GC culture, VDRL, TB test, sickle cell, PKU, lead, and anticipatory guidance. Procedure codes for these services are defined elsewhere in this document.



1989 PROCEDURE CODES FOR PREVENTIVE CARE SERVICES  
TENNESSEE STATE-SPECIFIC CODES<sup>9</sup>  
9/14/93

A. PREVENTIVE CARE VISITS

1. **Tennessee State-Specific HCPCS** which must be accompanied by diagnosis codes from the primary DX look-up table.

Y0100 EPSDT screen 0 - 2 years

Y0102 EPSDT screen 3 - 11 years

Y0103 EPSDT screen 12 - 20 years

Y0104 EPSDT MD exam and diagnosis (This code appears to represent supplemental payments to MDs. Claims with this proc code usually show up in combination with another claim with a proc code = Y0100 - Y0103. Thus, only count this proc code as a separate "visit" if it does not show up with a claim having proc code = Y0100 - Y0103.)

Y0862 comprehensive early childhood intervention services

Y0945 initial visit, child

Y0946 subsequent visit, child

Y1057 outpatient clinic visit

B. DEVELOPMENTAL ASSESSMENT SCREENING

1. **Tennessee State-Specific HCPCS** which must be accompanied by diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

Y0105 developmental assessment screen

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<sup>9</sup>In TN in 1989, there was a series of EPSDT-specific procedure codes (shown in various categories below). In the data, we observed a very small portion of non-EPSDT claims (where uniform category of service did not equal 17) on which some of these EPSDT-specific procedure codes appeared. For non-EPSDT claims with EPSDT-specific procedure codes, in order to classify the claim as preventive, we require (1) that accompanying preventive diagnosis codes from the primary diagnosis look-up table be present, OR (2) that a claim for a preventive care visit on the same date of service be present. For EPSDT claims, we do not have such requirements for two reasons: (1) EPSDT claims do not carry diagnosis codes, and (2) we assume that all services rendered as EPSDT are preventive in nature.

C. IMMUNIZATIONS--CLASSIC

1. Stand alone **Tennessee State-Specific HCPCS** (do not require a preventive DX code NOR accompany a claim for a preventive care visit on the same date of service).

Y0106 DPT

Y0107 MMR

Y0108 MR

Y0109 Measles

Y0110 Mumps

Y0111 TOPV

Y0112 TD or T

Y0113 active hemophilus influenza B (with a raw modifier of 3)

Y0114 EPSDT rubella

D. IMMUNIZATIONS--OTHER

1. Stand alone **Tennessee State-Specific HCPCS** (do not require a preventive DX code NOR accompany a claim for a preventive care visit on the same date of service).

Y3002 chicken pox vaccine (with a raw modifier of 3)

E. HEARING EXAM/SCREENING

None

F. VISION EXAM/SCREENING

1. **Tennessee State-Specific HCPCS** which must be accompanied by a diagnosis code from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

Y0000 exam/refraction for vision

G. HEMOGLOBIN/HEMATOCRIT

1. **Tennessee State-Specific HCPCS** which must be accompanied by a diagnosis code from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

Y0116 EPSDT hemoglobin

Y0117 EPSDT hematocrit

H. URINALYSIS

1. **Tennessee State-Specific HCPCS** which must be accompanied by a diagnosis code from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

Y0120 EPSDT U/A dipstick

Y0121 EPSDT U/A microscopic (with a raw modifier of 3)

I. TB TEST

1. **Tennessee State-Specific HCPCS** which must be accompanied by a diagnosis code from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

Y0119 EPSDT TB skin test

J. SICKLE CELL

1. **Tennessee State-Specific HCPCS** which must be accompanied by a diagnosis code from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

Y0118 EPSDT sickle cell

K. CHLAMYDIA/GC CULTURE

1. **Tennessee State-Specific HCPCS** which must be accompanied by a diagnosis code from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

Y0125 EPSDT GC culture

L. PKU

1. **Tennessee State-Specific HCPCS** which must be accompanied by a diagnosis code from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

Y0122 EPSDT PKU

M. PAP SMEAR

1. **Tennessee State-Specific HCPCS** which must be accompanied by a diagnosis code from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

Y0126 EPSDT pap smear

N. VDRL

None

O. LEAD

1. **Tennessee State-Specific HCPCS** which must be accompanied by a diagnosis code from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

Y0124 EPSDT lead screen blood

Y0127 EPSDT lead finger stick

P. CONTRACEPTIVE CARE--VISITS<sup>10</sup>

1. **Tennessee State-Specific HCPCS** which must be accompanied with a preventive contraceptive care DX code.

Y0702 IUD diaphragm core visit (raw modifier = ∷)  
IUD/diaphragm visit (raw modifier = 9)

Y0703 Family planning core visit (raw modifier = 3 or 9)

Y0704 family planning medical revisit (raw modifier = 3)  
family planning revisit (raw modifier = 9)

Y0705 family planning resupply visit (raw modifier = 3 or 9)

Q. CONTRACEPTIVE CARE--OTHER<sup>11</sup>

1. **Tennessee State-Specific HCPCS** which must be accompanied with a preventive contraceptive care DX code.

Y0706 family planning pregnancy test (raw modifier = 3 or 9)

R. PRENATAL CARE--GLOBAL FEE (VISITS)

1. **Tennessee State-Specific HCPCS** which must be accompanied by a preventive prenatal DX code.

Y1750 global fee

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<sup>10</sup>CONTRACEPTIVE CARE--VISITS also include all previously listed preventive care visit codes when they appear in combination with specific preventive contraceptive care DX codes.

<sup>11</sup>Other allowable routine services that are often rendered as a part of contraceptive care and that must appear in combination with the specific preventive contraceptive care diagnosis codes will also be recorded in this category. The additional allowable services include hemoglobin/hematocrit, urinalysis, pap smear, chlamydia/GC culture, VDRL, and anticipatory guidance. Procedure codes for these services are defined elsewhere in this document.

S. PRENATAL CARE--VISITS (PER VISIT BILLS)<sup>12</sup>

1. Tennessee State-Specific HCPCS which must be accompanied by a preventive prenatal DX code.

Y0806 antepartum office visit (new or established patient) (raw modifier = B)  
routine follow-up antepartum visit (raw modifier = 3)

Y0815 initial comprehensive OB visit

Y0941 initial visit, prenatal

Y0942 subsequent visit, prenatal

T. PRENATAL CARE--OTHER<sup>13</sup>

1. Tennessee State-Specific HCPCS which must be present with a preventive prenatal DX code.

Y0706 family planning pregnancy test (raw modifier = 3 or 9)

U. OTHER LAB

1. Tennessee State-Specific HCPCS which must be accompanied by a diagnosis code from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

Y0123 EPSDT hypothyroidism T-4

Y0128 EPSDT coproporphryn urine

Y0129 lab handling fee EPSDT

Y0808 newborn lab screening

Y1054 outpatient lab

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<sup>12</sup>PRENATAL CARE--VISITS also include all previously listed preventive care visit codes when they appear in combination with specific preventive prenatal care DX codes.

<sup>13</sup>Other allowable routine services that are often rendered as a part of prenatal care and that must appear in combination with the specific preventive prenatal care diagnosis codes will also be recorded in this category. The additional allowable services include hemoglobin/hematocrit, urinalysis, pap smear, chlamydia/GC culture, VDRL, TB test, sickle cell, PKU, lead, and anticipatory guidance. Procedure codes for these services are defined elsewhere in this document.

V.     ANTICIPATORY GUIDANCE

1.     **Tennessee State-Specific HCPCS** which must be accompanied by a diagnosis code from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

Y0854 health educator preventive health counseling

Y0855 nurse preventive health counseling

Y0856 nutritionist preventive health counseling

Y0857 physical therapist preventive health counseling

Y0858 physician preventive health counseling

Y0859 social workers preventive health counseling

Y0860 public health preventive health counseling

Y0861 audiologist preventive health counseling

1989 PROCEDURE CODES FOR PREVENTIVE CARE SERVICES  
CALIFORNIA STATE-SPECIFIC CODES  
9/14/93

A PREVENTIVE CARE VISITS

1. Stand-alone **74-CRVS** procedure codes (do not need an accompanying preventive care diagnosis code)

90751 => 90755      descriptions already appear in national CPT section

90761 => 90764      descriptions already appear in national CPT section

2. **74-CRVS** procedure codes with history/physical in their description that must be present in combination with diagnosis codes from the primary DX look-up table.

90000              New pt-off vis/brief eval HP/TX

90001              New pt-2nd off vis same day/brief eval

90010              new pt-off vis/limited eval HP/TX/DX

90015              new pt-off vis/Interm eval HP/TX/DX

90020              new pt off vis/init comp HP/TX/DX

90021              new pt off vis adolesc/init comp HP/TX/DX

90022              new pt off vis lt child/init comp HP/TX/DX

90023              new pt off vis early child/init comp HP/TX/DX

90024              new pt off vis infant/init comp HP/TX/DX

90026              new pt off vis/unusually complex HP/EX, any age

90030              estab pt/minimal service/office visit

AAP 90040              estab pt/brief exam/eval/TX/off visit

AAP 90050              estab pt/limited exam/eval/TX/off visit

AAP 90060              estab pt/intermed exam/eval/TX/off visit

AAP 90070              estab pt/extend reexam/reeval/off visit

AAP 90080              estab pt/compreh reexam/reeval/off visit

A. PREVENTIVE CARE VISITS - CONTINUED

3. **Medi-Cal Only** procedure codes with history/physical in their description that must be present in combination with diagnosis codes from the primary DX look-up table.

AAP	90081 (M-Cal Only)		estab pt/adolesc/compre reex/reeval/o.v.
AAP	90082	*	estab pt/lt child/compre reex/reeval/o.v.
AAP	90083	*	estab pt/early child/compre reex/reeval/o.v.
AAP	90084	*	estab pt/infant/compre reex/reeval/o.v.

4. **LA waiver** codes representing office visits which must appear in combination with diagnosis codes from the primary DX look-up table (see Attachment A).

B. DEVELOPMENTAL ASSESSMENT SCREENING

1. **74-CRVS** procedure codes which must be accompanied by diagnosis code from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

90774 description already appears in CPT section

C. IMMUNIZATIONS—CLASSIC

1. Stand alone **Medi-Cal Only** codes (do not need an accompanying preventive care diagnosis code NOR accompany a claim for a preventive care visit on the same date of service).

12603	mumps immune globulin, human-1.5 ml
12604	mumps immune globulin, human 4.5 ml
12605	pertussis immune globulin, human 1.26 ml
12606	hepatitis B immune globulin, human 3 ml
12607	hepatitis B immune globulin, human 4 ml
12608	hepatitis B immune globulin, human 5 ml
12609	tetanus immune globulin, human 250 units
12701	tetanus toxoid fluid 0.5 ml
12702	tetanus toxoid fluid 1.5 ml
12703	tetanus toxoid fluid 7.5 ml
12704	tetanus toxoid absorbed-0.5 ml
12705	tetanus toxoid absorbed - 1 ml



C. IMMUNIZATIONS—CLASSIC (Continued)

1. Stand alone **Medi-Cal Only** codes (do not need an accompanying preventive care diagnosis code NOR accompany a claim for a preventive care visit on the same date of service).

12706	tetanus toxoid absorbed - 5 ml
12707 - 12708	Diphtheria alone
12709 => 12712	DT
12713 => 12715	DPT
12817	Measles alone
12818	Rubella alone
12819	Measles and rubella
12820	Mumps alone
12821	Mumps and rubella
12822	MMR
12840 => 12841	oral polio <sup>14</sup>
12842	Pollo
12844	HIB
12846	H. Influenzae, conjugated
12850	hepatitis B vaccine single dose
12860	hepatitis B immune globulin/human 1 ml

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<sup>14</sup>In CA in 1989, the CPT4 code = 90713 was assigned by SMI to EPSDT claims for oral polio. We will count this CPT4 code as an oral polio immunization on only EPSDT claims in CA 1989.

C. IMMUNIZATIONS--CLASSIC (Continued)

2. Stand-alone **74-CRVS procedure codes** (do not need a preventive care diagnosis code NOR accompany a claim for a preventive care visit on the same date of service).

90720	immunizations, each (includes cost of materials): DPT, DT, tetanus toxoid, oral polio, typhoid, typhus, influenza, or cholera
90721	single virus vaccine, i.e., measles, mumps, rubella or smallpox
90722	double virus vaccine, i.e., measles and rubella; mumps and rubella; or measles and mumps
90723	triple virus vaccine, i.e., measles, mumps and rubella

D. IMMUNIZATIONS--OTHER

1. Stand alone **Medi-Cal Only codes** (do not need an accompanying preventive care diagnosis code NOR accompany a claim for a preventive care visit on the same date of service).

12610	Rho(D) immune globulin, human
12716	staphylococcus toxoid - 100 units/ml
12718	staphylococcus toxoid digest mod10.000
12809 => 12810	cholera
12811 => 12812	plague vaccine
12813 => 12815	typhoid vaccine
12816	pneumococcal
12823 => 12826	influenza virus
12827	smallpox
12828	yellow fever
12829 => 12830	typhus vaccine
12831	crowe vaccine
12832	streptococcus staphylococcus antigens
12833	streptococcus immogen
12834	streptococcus vaccine
12835	staphylococcus tox + bacterial antigens

D. IMMUNIZATIONS--OTHER (Continued)

1. Stand alone **Medi-Cal Only** codes (do not need an accompanying preventive care diagnosis code NOR accompany a claim for a preventive care visit on the same date of service).

12836	staphylococcus vaccine
12837	staphylo-strepto vaccine
12838	universal acterial antigen (UBA/BA)

2. Stand-alone **74-CRVS procedure codes** (do not need a preventive diagnosis code NOR accompany a claim for a preventive care visit on the same date of service).

90724 (M-Cal Only)	Influenza immunization
90725	* cholera immunization
90726	* rabies immunization
90727	* plague immunization
90728	* BCG Immunization
90729	other immunizations

E. HEARING EXAM/SCREENING<sup>15</sup>

1. **SMA procedure codes** which must appear with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

00807	SP HR HR Bekesy audiometry
00813	SP HR Audiometry screening
00814	pediatric eval 0-7 yrs first visit

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<sup>15</sup>In CA In 1989, CPT4 code = 92505 was assigned by SMI to EPSDT claims for hearing screens. We will count this CPT4 code as a hearing screen only on EPSDT claims for CA 1989.

E. HEARING EXAM/SCREENING (Continued)

2. **74-CRVS procedure codes** which must appear with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

92506	spec ent serv/speech eval/language/hear
92551	audiologic tst/audiometry, basic/4+ freq
92552	audiometry-basic/pure tone audiom/air
92553	audiometry-basic air and bone
92555	audiometry-basic/speech audio/threshold
92556	audiometry-basic/threshold and discrim.
92557	audiometry-basic comprehensive
AAP 92560	audiometry-pure tone extend/Bekeasy (already in CPT)
AAP 92570 (M-Ca' Ori:y)	spec audio eval for funct loss

F. VISION EXAM/SCREENING<sup>16</sup>

1. **SMA procedure codes** which must appear with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

00720 diagnostic and ancillary proc eye exam with refraction

2. **74-CRVS procedure codes** which must appear with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

92001 (M-Cal Only) eye exam w refraction  
92002 ophthalm serv/new pt intern ex/evl/tx/dx

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<sup>16</sup>In CA in 1989, CPT4 codes = 92002 and 92012 were assigned by SMI to EPSDT claims for vision screens. We will count these CPT4 codes as vision screens only on EPSDT claims for CA 1989.

G. HEMOGLOBIN/HEMATOCRIT

1. **74-CRVS procedure codes** which must appear with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

AAP	83022 (M-Cal Only)	HGB A2
AAP	83033	HGB, electrophoresis, fetal, qualitative (APT test)
AAP	85041	red blood cell count
	85014	hematocrit test
	85015 (M-Cal Only)	blood count automated
	85018	hemoglobin test, colorimetric
	85020 (M-Cal Only)	red blood cell count
	85021	hemogram, automated (rbc, wbc, hgb, hct and indices only)
	85022	hemogram, automated, complete blood count
	85023	hemogram, any 3 of 85021 (except indices)
	85024	hemogram, any 3 of 85021 (w differential wbc count)
	85025	hemogram, any 2 of 85021 (except indices)
	85026	hemogram, any 2 of 85021 (w/ differential wbc)
	85030 (M-Cal Only)	white blood cell count
	85031	hemogram, manual complete (CBC), rbc, wbc, hgb, hct and differential
	85032	hemogram, manual - any 4 of 85031
	85033	hemogram, manual - any 3 of 85031
	85034	hemogram, manual - any 2 of 85031

H. URINALYSIS

1. **74-CRVS procedure codes** which must appear with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

81000	urinalysis, routine, complete (chemical and microscopic)
81005	urinalysis chemical qualitative, any number of constituents
81010	urinalysis concentration and dilution
81015	urinalysis microscopic

AAP 81016 urinalysis microscopic, in conjunction w/ 81005

I. TB TEST

1. **74-CRVS procedure codes** which must appear with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

86580	tuberculosis, each test
86585	tuberculosis, tine test

J. SICKLE CELL

1. **74-CRVS procedure codes** which must appear with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

AAP 85660	sickling of red blood cells, reduction, slide method
83020	hemoglobin electrophoresis separation (includes A2, S, C)
AAP 83052	hemoglobin testing-sickle, turbidimetric

K. CHLAMYDIA/GC CULTURE

1. **74-CRVS procedure codes**

none

L. PKU

1. **74-CRVS procedure codes** which must appear with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

84030	phenylalanine (PKU), blood Guthrie type
84031	phenylalanine (PKU), fluourometric

M. PAP SMEAR<sup>17</sup>

1. **74-CRVS procedure codes** which must appear with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

88150 cytopathology smears (e.g., pap) cervical or vaginal

- AAP 88155 cytopathology smears (e.g., pap) cervical or vaginal, w definitive hormonal evaluation

N. VDRL

1. **74-CRVS procedure codes** which must appear with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

86592 syphilis, precipitation or flocculation tests, qualitative VDRL, RPR, DRT

- AAP 86593 syphilis, precipitation or flocculation tests, quantitative

O. LEAD

1. **74-CRVS procedure codes** which must appear with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

83645 lead screening blood

- AAP 83655 lead screening, quantitative blood

- AAP 84128 protoporphyrin test, rbc, quantitative

- AAP 84129 protoporphyrin test

P. CONTRACEPTIVE CARE--VISITS<sup>18</sup>

None

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<sup>17</sup>In CA In 1989, CPT4 code = 87076 was assigned by SMI to EPSDT claims for pap smears. We will count this CPT4 code as a pap smear only on EPSDT claims for CA 1989.

<sup>18</sup>CONTRACEPTIVE CARE--VISITS also include all previously listed preventive care visit codes when they appear in combination with specific preventive contraceptive care DX codes.

Q. CONTRACEPTIVE CARE-OTHER<sup>19</sup>

1. **Medi-Cal Only** procedure codes which must appear with diagnosis codes from the preventive contraceptive care diagnosis code list.

84134 (M-Cal Only) pregnancy test routine any method

2. **74-CRVS procedure codes** which must appear with diagnosis codes from the preventive contraceptive care diagnosis code listing.

58300 Insertion of intra uterine device

58301 removal of IUD

82996 gonadotropin, chorionic, bioassay, qualitative

82997 gonadotropin, chorionic, bioassay, quantitative

P. PRENATAL CARE--GLOBAL FEE (VISITS)

1. **74-CRVS** procedure codes which must appear with diagnosis codes from the preventive prenatal care diagnosis code list.

59400 total OB care including antepartum care, vaginal delivery and postpartum care (with or without low forceps and/or episiotomy)

59401 total OB care including antepartum care, vaginal delivery and postpartum care (with mid forceps delivery)

59402 total OB care including antepartum care, vaginal delivery and postpartum care with forceps rotation delivery

59403 total OB care including antepartum care, vaginal delivery and postpartum care with breech delivery

59404 total OB care including antepartum care, vaginal delivery and postpartum care with multiple pregnancy

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<sup>19</sup>Other allowable routine services that are often rendered as a part of contraceptive care and that must appear in combination with the specific preventive contraceptive care diagnosis codes will also be recorded in this category. The additional allowable services include hemoglobin/hematocrit, urinalysis, pap smear, chlamydia/GC culture, VDRL, and anticipatory guidance. Procedure codes for these services are defined elsewhere in this document.



R. PRENATAL CARE—GLOBAL FEE (VISITS) (Continued)

2. **74-CRVS** procedure codes which must appear with diagnosis codes from the preventive prenatal care diagnosis code list.

59405	total OB care including antepartum care, vaginal delivery and postpartum care with version & extraction delivery
59406	total OB care including antepartum care, vaginal delivery and postpartum with Dührssen's Incision delivery
59501	cesarean low cervical including antepartum and postpartum care
59521	classic cesarean including antepartum and postpartum care
59561	cesarean section with hysterectomy, subtotal or total, including antepartum and postpartum care

S. PRENATAL—VISITS (PER VISIT BILLING)<sup>20</sup>

1. **Medi-Cal Only** procedure codes which must appear with diagnosis codes from the preventive prenatal care diagnosis code list.

59481	Initial antepartum office visit
59485	antepartum follow-up office visit (nonglobal billing)
59486	antepartum tenth and subseq. visits as a group (billing once only regardless of number of visits in addition to the tenth)

2. **74-CRVS** procedure codes which must appear with diagnosis codes from the preventive prenatal care diagnosis code list.

59480	antepartum care only (independent procedure)
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<sup>20</sup>PRENATAL CARE—VISITS also include all previously listed preventive care visit codes when they appear in combination with specific preventive prenatal care DX codes.

I. PRENATAL CARE--OTHER<sup>21</sup>

1. **Medi-Cal Only** procedure codes which must appear with diagnosis codes from the preventive prenatal care diagnosis code list.

84134 (M-Cal Only) pregnancy test routine any method

2. **74-CRVS** procedure codes which must appear with diagnosis codes from the preventive prenatal care diagnosis code list.

82996 gonadotropin, chorionic, bioassay, qualitative

82997 gonadotropin, chorionic, bioassay, quantitative

U. OTHER LAB

1. **Medi-Cal Only** procedure codes which must appear with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

87175 assay/endotoxin, bacterial

89010 newborn screening mental retardation

2. **74-CRVS** procedure codes which must appear with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

87081 culture, bacterial, screening only, for single organism

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<sup>21</sup>Other allowable routine services that are often rendered as a part of prenatal care and that must appear in combination with the specific preventive prenatal care diagnosis codes will also be recorded in this category. The additional allowable services include hemoglobin/hematocrit, urinalysis, pap smear, chlamydia/GC culture, VDRL, TB test, sickle cell, PKU, lead, and anticipatory guidance. Procedure codes for these services are defined elsewhere in this document.

1989 PROCEDURE CODES FOR PREVENTIVE CARE SERVICES  
MICHIGAN STATE-SPECIFIC CODES  
9/14/93

A. PREVENTIVE CARE VISITS<sup>22</sup>

1. **Michigan State-specific HCPCS** for general visits that must be present in combination with diagnosis codes from the primary DX look-up table.

0X9010 outpt new pt clinic visit  
0X9011 office visit ilm service  
0X9012 outpt intermed new pt clinic  
0X9013 outpt clinic visit new pt ext  
0X9014 compreh svc new pt  
0X9015 outpt est pt clinic brief visit  
0X9016 off visit ep ilm/inter exm  
0X9017 outpt est pt inter clinic visit  
0X9018 outpt est pt ext clinic visit  
0X9019 comprehensive service est pt

2. **Michigan State-specific 5-digit codes** (with a leading zero) which must be accompanied by a diagnosis code from the primary DX look-up table.

009877 routine exam newborn  
009888 routine exam newborn

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<sup>22</sup>In MI in 1989, this State also used CPT4 code = 90225 (History and examination of the normal newborn infant, initiation of diagnostic and treatment programs and preparation of hospital/birthing room delivery records) as an additional preventive care visit code on EPSDT claims. We will also use this code here for both EPSDT and non-EPSDT claims. This CPT4 code does not require a preventive care DX code.

A. PREVENTIVE CARE VISITS (Continued)

3. **Michigan State-specific 6-digit codes** which must be accompanied by a diagnosis code from the primary DX look-up table.

169522 satellite clinic visit

169525 clinic visit - OPH

409040 rural health clinic encounter

409910 routine visit by nurse clinician

409912 compreh visit by nurse clinician

409950 assessment and direct care comm hlth nurse

B. DEVELOPMENTAL ASSESSMENT SCREENING

None

C. IMMUNIZATIONS--CLASSIC

None

D. IMMUNIZATIONS--OTHER

None

E. HEARING EXAM/SCREENING

1. **Michigan State-specific 5-digit codes** which must be accompanied by a diagnosis code from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

40000 audiometric air and bone test

40001 basic hearing evaluation

F. VISION EXAM/SCREENING

1. **Michigan State-specific HCPCS** which must be in combination with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

0Y6003 eye exam visual fields

2. **Michigan State-specific 6-digit codes** which must be present in combination with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

169019 vision services

G. HEMOGLOBIN/HEMATOCRIT

1. **Michigan State-specific HCPCS** which must be present in combination with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

0X8184 hemoglobin A2

H. URINALYSIS

1. **Michigan State-specific HCPCS** which must be present in combination with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

0X8890 cult, urine, def w/o col count

2. **Michigan State-specific 5-digit codes** which must be present in combination with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

88700 urinalysis

88701 urinalysis chemical dipstick

88703 urinalysis microscopic

I. TB TEST

None

J. SICKLE CELL

1. **Michigan State-specific 5-digit codes** which must be accompanied by diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

88442 sickle cell

K. CHLAMYDIA/GC CULTURE

1. Michigan State-specific 5-digit codes which must be present in combination with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

88535 smear for herpes

88536 Immunoassay test for chlamydia

88881 vaginal smear

88885 GC culture

L. PKU

None

M. PAP SMEAR

1. Michigan State-specific 5-digit codes which must be present in combination with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

88920 pap smear

N. VDRL

1. Michigan State-specific 5-digit codes which must be present in combination with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

88534 VDRL

O. LEAD

1. Michigan State-specific 5-digit codes which must be present in combination with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

70116 nurse visit blood lead poison

P. CONTRACEPTIVE CARE--VISITS<sup>23</sup>

1. **Michigan State-specific HCPCS codes** which must be present with diagnosis codes from the preventive contraceptive care diagnosis code list.

0X4604 pelvic exam w/o anesth - office

0X9047 annual gyn exam

2. **Michigan State-specific 5-digit codes** which must be present with diagnosis codes from the preventive contraceptive care diagnosis code list.

89005 Initial new patient exam

89020 counseling visit

89025 medical revisit

89027 annual visit

Q. CONTRACEPTIVE CARE--OTHER<sup>24</sup>

1. **Michigan State-specific HCPCS codes** which must be present with diagnosis codes from the preventive contraceptive care diagnosis code list.

0X4635 subq implant/removal norplant

2. **Michigan State-specific 5-digit codes** which must be present with diagnosis codes from the preventive contraceptive care diagnosis code list.

88775 pregnancy test

89028 Insertion of IUD

89029 fitting of diaphragm

89030 fitting of cervical cap

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<sup>23</sup>CONTRACEPTIVE CARE--VISITS also include all previously listed preventive care visit codes when they appear in combination with specific preventive contraceptive care DX codes.

<sup>24</sup>Other allowable routine services that are often rendered as a part of contraceptive care and that must appear in combination with the specific preventive contraceptive care diagnosis codes will also be recorded in this category. The additional allowable services include hemoglobin/hematocrit, urinalysis, pap smear, chlamydia/GC culture, VDRL, and anticipatory guidance. Procedure codes for these services are defined elsewhere in this document.

R. PRENATAL CARE--GLOBAL FEES (VISITS)

1. **Michigan State-specific HCPCS** which must be present with diagnosis codes from the preventive prenatal care diagnosis code list.  
0X4854 high risk, antep care, per pregn
2. **Michigan State-specific 6-digit codes** which must be present with diagnosis codes from the preventive prenatal care diagnosis code list.  
554854 antepart care, hi risk (PACK) DR  
559420 antepartum car pack. diff. rate

S. PRENATAL CARE VISITS (PER VISIT BILLING)<sup>25</sup>

1. **Michigan State-specific HCPCS** which must be present with diagnosis codes from the preventive prenatal care diagnosis code list.  
0X4604 pelvic exam w/o anesth - office  
0X4853 antepartum care; per visit  
0X4855 per visit  
0X9047 annual gyn exam
2. **Michigan State-specific 6-digit codes** which must be present with diagnosis codes from the preventive prenatal care diagnosis code list.  
200002 professional visit  
554853 antepart care, per visit - differ  
554855 ante part hi risk per v. diff rt

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<sup>25</sup>PRENATAL CARE--VISITS also include all previously listed preventive care visit codes when they appear in combination with specific preventive prenatal care DX codes.



I. PRENATAL CARE--OTHER<sup>26</sup>

1. **Michigan State-specific 5-digit codes** which must be present with diagnosis codes from the preventive prenatal care diagnosis code list.

88775 pregnancy test

U. OTHER LAB

None

V. ANTICIPATORY GUIDANCE

1. **Michigan State-specific 6-digit codes** which must appear in combination with diagnosis codes from the primary DX look-up table OR accompany a claim for a preventive care visit on the same date of service.

169150 diabetes pt educ

409940 assessment by nutritionist

409964 hlth education info request

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<sup>26</sup>Other allowable routine services that are often rendered as a part of prenatal care and that must appear in combination with the specific preventive prenatal care diagnosis codes will also be recorded in this category. The additional allowable services include hemoglobin/hematocrit, urinalysis, pap smear, chlamydia/GC culture, VDRL, TB test, sickle cell, PKU, lead, and anticipatory guidance. Procedure codes for these services are defined elsewhere in this document.



## ATTACHMENT A

Special State-Specific Procedure Codes for California Only  
9/14/93

c.1

LA waiver codes representing office visits which must appear in combination with diagnosis codes from the primary DX look-up table. Abstracted from the uniform procedure code map (DE #104):

<u>Uniform Code</u>	<u>Definition</u>	<u>Provider ID Prefix (1st 3 Bytes)</u>	<u>Provider ID Suffix (Next 6 Bytes)</u>	<u>Procedure Code (Last 2 Bytes)</u>
900	Office Visits	ZZW, HSW, ZZX	Any*	60-64, 66-69

\*Procedure codes 68 and 69 had dual meanings for provider suffix 42014F. Uniform service code assignment was possible through considering the charge on the claim as well as procedure code. Default assignment went to uniform code 900. For provider suffix 400406, code 69 had three meanings and it was not possible to differentiate. Default assignment went to another uniform code (i.e., 999).