

TennCare Designated Procedure Codes Eligible for FQHC/RHC Encounter Settlement (Updated April 1, 2024)

Effective October 1, 2023, TennCare has adopted the following list of procedure codes that may qualify as reimbursable visits. To be eligible for settlement payment, all eligible services must meet the policy guidelines outlined in the [PPS Settlement Manual](#). This list should be regarded as a companion guidance document to the policies outlined in the manual.

If a provider would like to request a procedure code to be added to this list or notify the State of a procedure code that is likely not eligible, but appears on this list, they should contact the Comptroller's office. TennCare will review the request and incorporate any new additions or deletions on the subsequent publication of the list.

CPT	DSC_PROCEDURE
0500F	INITIAL PRENATAL CARE VISIT
0501F	PRENATAL FLOW SHEET
0502F	SUBSEQUENT PRENATAL CARE
0503F	POSTPARTUM CARE VISIT
10005	FNA BX W/US GDN 1ST LES
10021	FNA BX W/O IMG GDN 1ST LES
10030	GUIDE CATHET FLUID DRAINAGE
10040	ACNE SURGERY
10060	DRAINAGE OF SKIN ABSCESS
10061	DRAINAGE OF SKIN ABSCESS
10080	DRAINAGE OF PILONIDAL CYST
10081	DRAINAGE OF PILONIDAL CYST
10120	REMOVE FOREIGN BODY
10121	REMOVE FOREIGN BODY
10140	DRAINAGE OF HEMATOMA/FLUID
10160	PUNCTURE DRAINAGE OF LESION
10180	COMPLEX DRAINAGE WOUND
11004	DEBRIDE GENITALIA & PERINEUM
11010	DEBRIDE SKIN AT FX SITE
11012	DEB SKIN BONE AT FX SITE
11042	DEB SUBQ TISSUE 20 SQ CM/<
11043	DEB MUSC/FASCIA 20 SQ CM/<
11044	DEB BONE 20 SQ CM/<
11055	TRIM SKIN LESION
11056	TRIM SKIN LESIONS 2 TO 4
11057	TRIM SKIN LESIONS OVER 4
11102	TANGNTL BX SKIN SINGLE LES
11104	PUNCH BX SKIN SINGLE LESION
11106	INCAL BX SKN SINGLE LES

**TennCare Designated Procedure Codes Eligible for FQHC/RHC Encounter Settlement
(Updated April 1, 2024)**

11200	REMOVAL OF SKIN TAGS <W/15
11300	SHAVE SKIN LESION 0.5 CM/<
11301	SHAVE SKIN LESION 0.6-1.0 CM
11302	SHAVE SKIN LESION 1.1-2.0 CM
11305	SHAVE SKIN LESION 0.5 CM/<
11306	SHAVE SKIN LESION 0.6-1.0 CM
11307	SHAVE SKIN LESION 1.1-2.0 CM
11308	SHAVE SKIN LESION >2.0 CM
11310	SHAVE SKIN LESION 0.5 CM/<
11311	SHAVE SKIN LESION 0.6-1.0 CM
11312	SHAVE SKIN LESION 1.1-2.0 CM
11313	SHAVE SKIN LESION >2.0 CM
11400	EXC TR-EXT B9+MARG 0.5 CM<
11401	EXC TR-EXT B9+MARG 0.6-1 CM
11402	EXC TR-EXT B9+MARG 1.1-2 CM
11403	EXC TR-EXT B9+MARG 2.1-3CM
11404	EXC TR-EXT B9+MARG 3.1-4 CM
11406	EXC TR-EXT B9+MARG >4.0 CM
11420	EXC H-F-NK-SP B9+MARG 0.5/<
11421	EXC H-F-NK-SP B9+MARG 0.6-1
11422	EXC H-F-NK-SP B9+MARG 1.1-2
11423	EXC H-F-NK-SP B9+MARG 2.1-3
11424	EXC H-F-NK-SP B9+MARG 3.1-4
11426	EXC H-F-NK-SP B9+MARG >4 CM
11440	EXC FACE-MM B9+MARG 0.5 CM/<
11441	EXC FACE-MM B9+MARG 0.6-1 CM
11442	EXC FACE-MM B9+MARG 1.1-2 CM
11443	EXC FACE-MM B9+MARG 2.1-3 CM
11444	EXC FACE-MM B9+MARG 3.1-4 CM
11446	EXC FACE-MM B9+MARG >4 CM
11601	EXC TR-EXT MAL+MARG 0.6-1 CM
11602	EXC TR-EXT MAL+MARG 1.1-2 CM
11603	EXC TR-EXT MAL+MARG 2.1-3 CM
11604	EXC TR-EXT MAL+MARG 3.1-4 CM
11606	EXC TR-EXT MAL+MARG >4 CM
11622	EXC S/N/H/F/G MAL+MRG 1.1-2
11626	EXC S/N/H/F/G MAL+MRG >4 CM
11640	EXC F/E/E/N/L MAL+MRG 0.5CM<
11641	EXC F/E/E/N/L MAL+MRG 0.6-1
11642	EXC F/E/E/N/L MAL+MRG 1.1-2
11643	EXC F/E/E/N/L MAL+MRG 2.1-3

**TennCare Designated Procedure Codes Eligible for FQHC/RHC Encounter Settlement
(Updated April 1, 2024)**

11646	EXC F/E/E/N/L MAL+MRG >4 CM
11719	TRIM NAIL(S) ANY NUMBER
11720	DEBRIDE NAIL 1-5
11721	DEBRIDE NAIL 6 OR MORE
11730	REMOVAL OF NAIL PLATE
11740	DRAIN BLOOD FROM UNDER NAIL
11750	REMOVAL OF NAIL BED
11755	BIOPSY NAIL UNIT
11760	REPAIR OF NAIL BED
11765	EXCISION OF NAIL FOLD TOE
11900	INJECT SKIN LESIONS </W 7
11901	INJECT SKIN LESIONS >7
12001	RPR S/N/AX/GEN/TRNK 2.5CM/<
12002	RPR S/N/AX/GEN/TRNK2.6-7.5CM
12004	RPR S/N/AX/GEN/TRK7.6-12.5CM
12011	RPR F/E/E/N/L/M 2.5 CM/<
12013	RPR F/E/E/N/L/M 2.6-5.0 CM
12014	RPR F/E/E/N/L/M 5.1-7.5 CM
12015	RPR F/E/E/N/L/M 7.6-12.5 CM
12020	CLOSURE OF SPLIT WOUND
12021	CLOSURE OF SPLIT WOUND
12031	INTMD RPR S/A/T/EXT 2.5 CM/<
12032	INTMD RPR S/A/T/EXT 2.6-7.5
12034	INTMD RPR S/TR/EXT 7.6-12.5
12035	INTMD RPR S/A/T/EXT 12.6-20
12036	INTMD RPR S/A/T/EXT 20.1-30
12037	INTMD RPR S/TR/EXT >30.0 CM
12041	INTMD RPR N-HF/GENIT 2.5CM/<
12042	INTMD RPR N-HF/GENIT2.6-7.5
12051	INTMD RPR FACE/MM 2.5 CM/<
12052	INTMD RPR FACE/MM 2.6-5.0 CM
12054	INTMD RPR FACE/MM 7.6-12.5CM
13100	CMPLX RPR TRUNK 1.1-2.5 CM
13101	CMPLX RPR TRUNK 2.6-7.5 CM
13121	CMPLX RPR S/A/L 2.6-7.5 CM
13131	CMPLX RPR F/C/C/M/N/AX/G/H/F
13132	CMPLX RPR F/C/C/M/N/AX/G/H/F
13152	CMPLX RPR E/N/E/L 2.6-7.5 CM
15002	WOUND PREP TRK/ARM/LEG
15004	WOUND PREP F/N/HF/G
15040	HARVEST CULTURED SKIN GRAFT

**TennCare Designated Procedure Codes Eligible for FQHC/RHC Encounter Settlement
(Updated April 1, 2024)**

15271	SKIN SUB GRAFT TRNK/ARM/LEG
15273	SKIN SUB GRFT T/ARM/LG CHILD
15275	SKIN SUB GRAFT FACE/NK/HF/G
15277	SKN SUB GRFT F/N/HF/G CHILD
15830	EXC SKIN ABD
15860	TEST FOR BLOOD FLOW IN GRAFT
16000	INITIAL TREATMENT OF BURN(S)
16020	DRESS/DEBRID P-THICK BURN S
16025	DRESS/DEBRID P-THICK BURN M
16030	DRESS/DEBRID P-THICK BURN L
17000	DESTRUCT PREMALG LESION
17004	DESTROY PREMAL LESIONS 15/>
17110	DESTRUCT B9 LESION 1-14
17111	DESTRUCT LESION 15 OR MORE
17250	CHEM CAUT OF GRANLTJ TISSUE
17262	DESTRUCTION OF SKIN LESIONS
17263	DESTRUCTION OF SKIN LESIONS
17271	DESTRUCTION OF SKIN LESIONS
19000	DRAINAGE OF BREAST LESION
19083	BX BREAST 1ST LESION US IMAG
20103	EXPLORE WOUND EXTREMITY
20240	BONE BIOPSY OPEN SUPERFICIAL
20520	REMOVAL OF FOREIGN BODY
20526	THER INJECTION CARP TUNNEL
20550	INJ TENDON SHEATH/LIGAMENT
20551	INJ TENDON ORIGIN/INSERTION
20552	INJ TRIGGER POINT 1/2 MUSCL
20553	INJECT TRIGGER POINTS 3/>
20560	NDL INSJ W/O NJX 1 OR 2 MUSC
20561	NDL INSJ W/O NJX 3+ MUSC
20600	DRAIN/INJ JOINT/BURSA W/O US
20604	DRAIN/INJ JOINT/BURSA W/US
20605	DRAIN/INJ JOINT/BURSA W/O US
20606	DRAIN/INJ JOINT/BURSA W/US
20610	DRAIN/INJ JOINT/BURSA W/O US
20611	DRAIN/INJ JOINT/BURSA W/US
20612	ASPIRATE/INJ GANGLION CYST
20670	REMOVAL OF SUPPORT IMPLANT
21320	CLSD TX NSL FX W/MNPJ&STABLJ
22513	PERQ VERTEBRAL AUGMENTATION
22514	PERQ VERTEBRAL AUGMENTATION

**TennCare Designated Procedure Codes Eligible for FQHC/RHC Encounter Settlement
(Updated April 1, 2024)**

23700	MNPJ ANES SHO JT FIXJ APRATS
24200	RMVL FB UPPER ARM/ELBW SUBQ
24640	TREAT ELBOW DISLOCATION
26010	DRAINAGE OF FINGER ABSCESS
26011	DRAINAGE OF FINGER ABSCESS
27096	INJECT SACROILIAC JOINT
27197	CLSD TX PELVIC RING FX
27606	INCISION OF ACHILLES TENDON
27613	BIOPSY LOWER LEG SOFT TISSUE
27899	UNLISTED PX LEG/ANKLE
28003	TREATMENT OF FOOT INFECTION
28190	REMOVAL OF FOOT FOREIGN BODY
28636	TREAT TOE DISLOCATION
28666	TREAT TOE DISLOCATION
28820	AMPUTATION OF TOE
28825	PARTIAL AMPUTATION OF TOE
29065	APPLICATION OF LONG ARM CAST
29075	APPLICATION OF FOREARM CAST
29085	APPLY HAND/WRIST CAST
29105	APPLY LONG ARM SPLINT
29125	APPLY FOREARM SPLINT
29126	APPLY FOREARM SPLINT
29130	APPLICATION OF FINGER SPLINT
29131	APPLICATION OF FINGER SPLINT
29200	STRAPPING OF CHEST
29240	STRAPPING OF SHOULDER
29260	STRAPPING OF ELBOW OR WRIST
29280	STRAPPING OF HAND OR FINGER
29345	APPLICATION OF LONG LEG CAST
29355	APPLICATION OF LONG LEG CAST
29405	APPLY SHORT LEG CAST
29425	APPLY SHORT LEG CAST
29445	APPLY RIGID LEG CAST
29450	APPLICATION OF LEG CAST
29505	APPLICATION LONG LEG SPLINT
29515	APPLICATION LOWER LEG SPLINT
29530	STRAPPING OF KNEE
29540	STRAPPING OF ANKLE AND/OR FT
29550	STRAPPING OF TOES
29580	APPLICATION OF PASTE BOOT
29581	APPLY MULTLAY COMPRS LWR LEG

**TennCare Designated Procedure Codes Eligible for FQHC/RHC Encounter Settlement
(Updated April 1, 2024)**

29799	UNLISTED PX CASTING/STRPG
30020	DRAINAGE OF NOSE LESION
30100	INTRANASAL BIOPSY
30140	RESECT INFERIOR TURBINATE
30300	REMOVE NASAL FOREIGN BODY
30420	RECONSTRUCTION OF NOSE
30801	ABLATE INF TURBINATE SUPERF
30901	CONTROL OF NOSEBLEED
30903	CONTROL OF NOSEBLEED
30930	THER FX NASAL INF TURBINATE
31000	IRRIGATION MAXILLARY SINUS
31231	NASAL ENDOSCOPY DX
31237	NASAL/SINUS ENDOSCOPY SURG
31239	NASAL/SINUS ENDOSCOPY SURG
31240	NASAL/SINUS ENDOSCOPY SURG
31253	NSL/SINS NDSC TOTAL
31255	NSL/SINS NDSC W/TOT ETHMDCT
31256	EXPLORATION MAXILLARY SINUS
31267	ENDOSCOPY MAXILLARY SINUS
31276	NSL/SINS NDSC FRNT TISS RMVL
31288	NASAL/SINUS ENDOSCOPY SURG
31291	NASAL/SINUS ENDOSCOPY SURG
31299	UNLISTED PX ACCESSORY SINUS
31502	CHANGE OF WINDPIPE AIRWAY
31525	DX LARYNGOSCOPY EXCL NB
31526	DX LARYNGOSCOPY W/OPER SCOPE
31531	LARYNGOSCOPY W/FB & OP SCOPE
31535	LARYNGOSCOPY W/BIOPSY
31541	LARYNSCOP W/TUMR EXC + SCOPE
31575	DIAGNOSTIC LARYNGOSCOPY
31579	LARYNGOSCOPY TELESCOPIC
31615	VISUALIZATION OF WINDPIPE
31622	DX BRONCHOSCOPE/WASH
31624	DX BRONCHOSCOPE/LAVAGE
31625	BRONCHOSCOPY W/BIOPSY(S)
31630	BRONCHOSCOPY DILATE/FX REPR
31631	BRONCHOSCOPY DILATE W/STENT
31635	BRONCHOSCOPY W/FB REMOVAL
31641	BRONCHOSCOPY TREAT BLOCKAGE
31645	BRNCHSC W/THER ASPIR 1ST
31652	BRONCH EBUS SAMPLNG 1/2 NODE

**TennCare Designated Procedure Codes Eligible for FQHC/RHC Encounter Settlement
(Updated April 1, 2024)**

32555	ASPIRATE PLEURA W/ IMAGING
32556	INSERT CATH PLEURA W/O IMAGE
32557	INSERT CATH PLEURA W/ IMAGE
33981	REPLACE VAD PUMP EXT
36000	PLACE NEEDLE IN VEIN
36215	PLACE CATHETER IN ARTERY
36216	PLACE CATHETER IN ARTERY
36245	INS CATH ABD/L-EXT ART 1ST
36247	INS CATH ABD/L-EXT ART 3RD
36252	INS CATH REN ART 1ST BILAT
36465	NJX NONCMPND SCLRSNT 1 VEIN
36475	ENDOVENOUS RF 1ST VEIN
36482	ENDOVEN THER CHEM ADHES 1ST
36510	INSERTION OF CATHETER VEIN
36512	APHERESIS RBC
36514	APHERESIS PLASMA
36556	INSERT NON-TUNNEL CV CATH
36558	INSERT TUNNELED CV CATH
36561	INSERT TUNNELED CV CATH
36573	INSJ PICC RS&I 5 YR+
36581	REPLACE TUNNELED CV CATH
36589	REMOVAL TUNNELED CV CATH
36590	REMOVAL TUNNELED CV CATH
36593	DECLOT VASCULAR DEVICE
36595	MECH REMOV TUNNELED CV CATH
36620	INSERTION CATHETER ARTERY
36901	INTRO CATH DIALYSIS CIRCUIT
36902	INTRO CATH DIALYSIS CIRCUIT
36903	INTRO CATH DIALYSIS CIRCUIT
36904	THRMBC/NFS DIALYSIS CIRCUIT
36905	THRMBC/NFS DIALYSIS CIRCUIT
36906	THRMBC/NFS DIALYSIS CIRCUIT
37187	VENOUS MECH THROMBECTOMY
37221	ILIAC REVASC W/STENT
37225	FEM/POPL REVASC W/ATHER
37226	FEM/POPL REVASC W/STENT
37229	TIB/PER REVASC W/ATHER
37243	VASC EMBOLIZE/OCCLUDE ORGAN
37248	TRLUML BALO ANGIOP 1ST VEIN
37609	TEMPORAL ARTERY PROCEDURE
38505	NEEDLE BIOPSY LYMPH NODES

**TennCare Designated Procedure Codes Eligible for FQHC/RHC Encounter Settlement
(Updated April 1, 2024)**

40490	BIOPSY OF LIP
40800	DRAINAGE OF MOUTH LESION
41000	DRAINAGE OF MOUTH LESION
41010	INCISION OF TONGUE FOLD
41115	EXCISION OF TONGUE FOLD
41250	REPAIR TONGUE LACERATION
43220	ESOPHAGOSCOPY BALLOON <30MM
43235	EGD DIAGNOSTIC BRUSH WASH
43236	UPPR GI SCOPE W/SUBMUC INJ
43237	ENDOSCOPIC US EXAM ESOPH
43239	EGD BIOPSY SINGLE/MULTIPLE
43244	EGD VARICES LIGATION
43246	EGD PLACE GASTROSTOMY TUBE
43247	EGD REMOVE FOREIGN BODY
43248	EGD GUIDE WIRE INSERTION
43249	ESOPH EGD DILATION <30 MM
43251	EGD REMOVE LESION SNARE
43255	EGD CONTROL BLEEDING ANY
43259	EGD US EXAM DUODENUM/JEJUNUM
43262	ENDO CHOLANGIOPANCREATOGRAPH
43264	ERCP REMOVE DUCT CALCULI
43266	EGD ENDOSCOPIC STENT PLACE
43274	ERCP DUCT STENT PLACEMENT
43275	ERCP REMOVE FORGN BODY DUCT
43277	ERCP EA DUCT/AMPULLA DILATE
43450	DILATE ESOPHAGUS 1/MULT PASS
43762	RPLC GTUBE NO REVJ TRC
44361	SMALL BOWEL ENDOSCOPY/BIOPSY
45300	PROCTOSIGMOIDOSCOPY DX
45330	DIAGNOSTIC SIGMOIDOSCOPY
45331	SIGMOIDOSCOPY AND BIOPSY
45338	SIGMOIDOSCOPY W/TUMR REMOVE
45350	SGMDSC W/BAND LIGATION
45378	DIAGNOSTIC COLONOSCOPY
45380	COLONOSCOPY AND BIOPSY
45381	COLONOSCOPY SUBMUCOUS NJX
45382	COLONOSCOPY W/CONTROL BLEED
45384	COLONOSCOPY W/LESION REMOVAL
45385	COLONOSCOPY W/LESION REMOVAL
45388	COLONOSCOPY W/ABLATION
45393	COLONOSCOPY W/DECOMPRESSION

**TennCare Designated Procedure Codes Eligible for FQHC/RHC Encounter Settlement
(Updated April 1, 2024)**

45990	SURG DX EXAM ANORECTAL
46050	INCISION OF ANAL ABSCESS
46083	INCISE EXTERNAL HEMORRHOID
46221	LIGATION OF HEMORRHOID(S)
46320	REMOVAL OF HEMORRHOID CLOT
46600	DIAGNOSTIC ANOSCOPY SPX
46611	ANOSCOPY
49082	ABD PARACENTESIS
49083	ABD PARACENTESIS W/IMAGING
49180	BIOPSY ABDOMINAL MASS
49320	DIAG LAPARO SEPARATE PROC
49321	LAPAROSCOPY BIOPSY
49322	LAPAROSCOPY ASPIRATION
49329	UNLSTD LAPS PX ABD PERTM&OMN
49440	PLACE GASTROSTOMY TUBE PERC
49560	RPR VENTRAL HERN INIT REDUC
49561	RPR VENTRAL HERN INIT BLOCK
49565	REREPAIR VENTRL HERN REDUCE
49566	REREPAIR VENTRL HERN BLOCK
49568	HERNIA REPAIR W/MESH
49585	RPR UMBIL HERN REDUC > 5 YR
49587	RPR UMBIL HERN BLOCK > 5 YR
49652	LAP VENT/ABD HERNIA REPAIR
49653	LAP VENT/ABD HERN PROC COMP
49654	LAP INC HERNIA REPAIR
49655	LAP INC HERN REPAIR COMP
49656	LAP INC HERNIA REPAIR RECUR
51100	DRAIN BLADDER BY NEEDLE
51700	IRRIGATION OF BLADDER
51701	INSERT BLADDER CATHETER
51702	INSERT TEMP BLADDER CATH
51705	CHANGE OF BLADDER TUBE
51710	CHANGE OF BLADDER TUBE
51715	ENDOSCOPIC INJECTION/IMPLANT
51720	TREATMENT OF BLADDER LESION
51728	CYSTOMETROGRAM W/VP
51729	CYSTOMETROGRAM W/VP&UP
51741	ELECTRO-UROFLOWMETRY FIRST
51784	ANAL/URINARY MUSCLE STUDY
51798	US URINE CAPACITY MEASURE
52000	CYSTOSCOPY

**TennCare Designated Procedure Codes Eligible for FQHC/RHC Encounter Settlement
(Updated April 1, 2024)**

52005	CYSTOSCOPY & URETER CATHETER
52214	CYSTOSCOPY AND TREATMENT
52224	CYSTOSCOPY AND TREATMENT
52240	CYSTOSCOPY AND TREATMENT
52260	CYSTOSCOPY AND TREATMENT
52276	CYSTOSCOPY AND TREATMENT
52281	CYSTOSCOPY AND TREATMENT
52287	CYSTOSCOPY CHEMODENERVATION
52310	CYSTOSCOPY AND TREATMENT
52317	REMOVE BLADDER STONE
52332	CYSTOSCOPY AND TREATMENT
52341	CYSTO W/URETER STRICTURE TX
52352	CYSTOURETERO W/STONE REMOVE
52356	CYSTO/URETERO W/LITHOTRIPSY
53600	DILATE URETHRA STRICTURE
54056	CRYOSURGERY PENIS LESION(S)
54065	DESTRUCTION PENIS LESION(S)
54150	CIRCUMCISION W/REGIONL BLOCK
54160	CIRCUMCISION NEONATE
54161	CIRCUM 28 DAYS OR OLDER
54162	LYSIS PENIL CIRCUMIC LESION
54163	REPAIR OF CIRCUMCISION
54450	PREPUTIAL STRETCHING
55700	BIOPSY OF PROSTATE
56405	I & D OF VULVA/PERINEUM
56420	DRAINAGE OF GLAND ABSCESS
56440	SURGERY FOR VULVA LESION
56441	LYSIS OF LABIAL LESION(S)
56501	DESTROY VULVA LESIONS SIM
56515	DESTROY VULVA LESION/S COMPL
56605	BIOPSY OF VULVA/PERINEUM
57061	DESTROY VAG LESIONS SIMPLE
57100	BIOPSY OF VAGINA
57105	BIOPSY OF VAGINA
57135	REMOVE VAGINA LESION
57160	INSERT PESSARY/OTHER DEVICE
57410	PELVIC EXAMINATION
57415	REMOVE VAGINAL FOREIGN BODY
57420	EXAM OF VAGINA W/SCOPE
57452	EXAM OF CERVIX W/SCOPE
57454	BX/CURETT OF CERVIX W/SCOPE

**TennCare Designated Procedure Codes Eligible for FQHC/RHC Encounter Settlement
(Updated April 1, 2024)**

57455	BIOPSY OF CERVIX W/SCOPE
57456	ENDOCERV CURETTAGE W/SCOPE
57460	BX OF CERVIX W/SCOPE LEEP
57461	CONZ OF CERVIX W/SCOPE LEEP
57500	BIOPSY OF CERVIX
57505	ENDOCERVICAL CURETTAGE
57511	CRYOCAUTERY OF CERVIX
57800	DILATION OF CERVICAL CANAL
58100	BIOPSY OF UTERUS LINING
58120	DILATION AND CURETTAGE
58300	INSERT INTRAUTERINE DEVICE
58301	REMOVE INTRAUTERINE DEVICE
58340	CATHETER FOR HYSTEROGRAPHY
58353	ENDOMETR ABLATE THERMAL
58555	HYSTEROSCOPY DX SEP PROC
58558	HYSTEROSCOPY BIOPSY
58561	HYSTEROSCOPY REMOVE MYOMA
58562	HYSTEROSCOPY REMOVE FB
58563	HYSTEROSCOPY ABLATION
58661	LAPAROSCOPY REMOVE ADNEXA
59025	FETAL NON-STRESS TEST
59160	D & C AFTER DELIVERY
59200	INSERT CERVICAL DILATOR
59300	EPISIOTOMY OR VAGINAL REPAIR
59320	REVISION OF CERVIX
59400	OBSTETRICAL CARE
59409	OBSTETRICAL CARE
59410	OBSTETRICAL CARE
59412	ANTEPARTUM MANIPULATION
59414	DELIVER PLACENTA
59430	CARE AFTER DELIVERY
59510	CESAREAN DELIVERY
59514	CESAREAN DELIVERY ONLY
59515	CESAREAN DELIVERY
59610	VBAC DELIVERY
59612	VBAC DELIVERY ONLY
59614	VBAC CARE AFTER DELIVERY
59618	ATTEMPTED VBAC DELIVERY
59620	ATTEMPTED VBAC DELIVERY ONLY
62270	DX LMBR SPI PNXR
62321	NJX INTERLAMINAR CRV/THRC

**TennCare Designated Procedure Codes Eligible for FQHC/RHC Encounter Settlement
(Updated April 1, 2024)**

62323	NJX INTERLAMINAR LMBR/SAC
63650	IMPLANT NEUROELECTRODES
63685	INSRT/REDO SPINE N GENERATOR
64400	NJX AA&/STRD TRIGEMINAL NRV
64405	NJX AA&/STRD GR OCPL NRV
64450	NJX AA&/STRD OTHER PN/BRANCH
64454	NJX AA&/STRD GNCLR NRV BRNCH
64455	NJX AA&/STRD PLTR COM DG NRV
64479	NJX AA&/STRD TFRM EPI C/T 1
64483	NJX AA&/STRD TFRM EPI L/S 1
64490	INJ PARAVERT F JNT C/T 1 LEV
64493	INJ PARAVERT F JNT L/S 1 LEV
64505	N BLOCK SPENOPALATINE GANGL
64612	DESTROY NERVE FACE MUSCLE
64615	CHEMODENERV MUSC MIGRAINE
64616	CHEMODENERV MUSC NECK DYSTON
64633	DESTROY CERV/THOR FACET JNT
64635	DESTROY LUMB/SAC FACET JNT
64642	CHEMODENERV 1 EXTREMITY 1-4
64644	CHEMODENERV 1 EXTREM 5/> MUS
65205	REMOVE FOREIGN BODY FROM EYE
65210	REMOVE FOREIGN BODY FROM EYE
65220	REMOVE FOREIGN BODY FROM EYE
65222	REMOVE FOREIGN BODY FROM EYE
65435	CURETTE/TREAT CORNEA
66020	INJECTION TREATMENT OF EYE
66761	REVISION OF IRIS
67028	INJECTION EYE DRUG
67145	PROPH RTA DTCHMNT PC
67228	TREATMENT X10SV RETINOPATHY
67515	INJECT/TREAT EYE SOCKET
67710	INCISION OF EYELID
67800	REMOVE EYELID LESION
67805	REMOVE EYELID LESIONS
67810	BIOPSY EYELID & LID MARGIN
67820	REVISE EYELASHES
67840	REMOVE EYELID LESION
67875	CLOSURE OF EYELID BY SUTURE
68110	REMOVE EYELID LINING LESION
68115	REMOVE EYELID LINING LESION
68761	CLOSE TEAR DUCT OPENING

**TennCare Designated Procedure Codes Eligible for FQHC/RHC Encounter Settlement
(Updated April 1, 2024)**

68810	PROBE NASOLACRIMAL DUCT
68815	PROBE NASOLACRIMAL DUCT
69000	DRAIN EXTERNAL EAR LESION
69020	DRAIN OUTER EAR CANAL LESION
69100	BIOPSY OF EXTERNAL EAR
69200	CLEAR OUTER EAR CANAL
69205	CLEAR OUTER EAR CANAL
69209	REMOVE IMPACTED EAR WAX UNI
69210	REMOVE IMPACTED EAR WAX UNI
69220	CLEAN OUT MASTOID CAVITY
69436	CREATE EARDRUM OPENING
69610	REPAIR OF EARDRUM
69705	NPS SURG DILAT EUST TUBE UNI
69706	NPS SURG DILAT EUST TUBE BI
90791	PSYCH DIAGNOSTIC EVALUATION
90792	PSYCH DIAG EVAL W/MED SRVCS
90832	PSYTX W PT 30 MINUTES
90834	PSYTX W PT 45 MINUTES
90837	PSYTX W PT 60 MINUTES
90839	PSYTX CRISIS INITIAL 60 MIN
90845	PSYCHOANALYSIS
90935	HEMODIALYSIS ONE EVALUATION
90937	HEMODIALYSIS REPEATED EVAL
90945	DIALYSIS ONE EVALUATION
92002	EYE EXAM NEW PATIENT
92004	EYE EXAM NEW PATIENT
92012	EYE EXAM ESTABLISH PATIENT
92014	EYE EXAM&TX ESTAB PT 1/>VST
92015	DETERMINE REFRACTIVE STATE
92019	EYE EXAM & TREATMENT
92020	SPECIAL EYE EVALUATION
92025	CORNEAL TOPOGRAPHY
92071	CONTACT LENS FITTING FOR TX
92081	VISUAL FIELD EXAMINATION(S)
92083	VISUAL FIELD EXAMINATION(S)
92132	CMPTR OPHTH DX IMG ANT SEGMENT
92133	CMPTR OPHTH IMG OPTIC NERVE
92134	CPTR OPHTH DX IMG POST SEGMENT
92136	OPHTHALMIC BIOMETRY
92235	FLUORESCEIN ANGRPH UNI/BI
92250	EYE EXAM WITH PHOTOS

**TennCare Designated Procedure Codes Eligible for FQHC/RHC Encounter Settlement
(Updated April 1, 2024)**

92285	EYE PHOTOGRAPHY
92286	INTERNAL EYE PHOTOGRAPHY
92287	INTERNAL EYE PHOTOGRAPHY
92310	CONTACT LENS FITTING
92504	EAR MICROSCOPY EXAMINATION
92588	EVOKED AUDITORY TST COMPLETE
93000	ELECTROCARDIOGRAM COMPLETE
93005	ELECTROCARDIOGRAM TRACING
93010	ELECTROCARDIOGRAM REPORT
93015	CARDIOVASCULAR STRESS TEST
93016	CARDIOVASCULAR STRESS TEST
93017	CARDIOVASCULAR STRESS TEST
93018	CARDIOVASCULAR STRESS TEST
93040	RHYTHM ECG WITH REPORT
93880	EXTRACRANIAL BILAT STUDY
93922	UPR/L XTREMITY ART 2 LEVELS
93923	UPR/LXTR ART STDY 3+ LVLS
94010	BREATHING CAPACITY TEST
94060	EVALUATION OF WHEEZING
94200	LUNG FUNCTION TEST (MBC/MVV)
94618	PULMONARY STRESS TESTING
94640	AIRWAY INHALATION TREATMENT
94642	AEROSOL INHALATION TREATMENT
94644	CBT 1ST HOUR
94660	POS AIRWAY PRESSURE CPAP
94726	PULM FUNCT TST PLETHYSMOGRAP
94727	PULM FUNCTION TEST BY GAS
95004	PERCUT ALLERGY SKIN TESTS
95017	PERQ & ICUT ALLG TEST VENOMS
95115	IMMUNOTHERAPY ONE INJECTION
95165	ANTIGEN THERAPY SERVICES
95249	CONT GLUC MNTR PT PROV EQP
95251	CONT GLUC MNTR ANALYSIS I&R
95782	POLYSOM <6 YRS 4/> PARAMTRS
95810	POLYSOM 6/> YRS 4/> PARAM
95811	POLYSOM 6/>YRS CPAP 4/> PARM
95930	VISUAL EP TEST CNS W/I&R
95992	CANALITH REPOSITIONING PROC
96105	ASSESSMENT OF APHASIA
96116	NUBHVL XM PHYS/QHP 1ST HR
96130	PSYCL TST EVAL PHYS/QHP 1ST

**TennCare Designated Procedure Codes Eligible for FQHC/RHC Encounter Settlement
(Updated April 1, 2024)**

96132	NRPSYC TST EVAL PHYS/QHP 1ST
96136	PSYCL/NRPSYC TST PHY/QHP 1ST
96138	PSYCL/NRPSYC TECH 1ST
96156	HLTH BHV ASSMT/REASSESSMENT
96158	HLTH BHV IVNTJ INDIV 1ST 30
96360	HYDRATION IV INFUSION INIT
96401	CHEMO ANTI-NEOPL SQ/IM
96413	CHEMO IV INFUSION 1 HR
97597	RMVL DEVITAL TIS 20 CM/<
97802	MEDICAL NUTRITION INDIV IN
97803	MED NUTRITION INDIV SUBSEQ
98925	OSTEOPATH MANJ 1-2 REGIONS
99170	ANOGENITAL EXAM CHILD W IMAG
99175	INDUCTION OF VOMITING
99184	HYPOTHERMIA ILL NEONATE
99188	APP TOPICAL FLUORIDE VARNISH
99202	OFFICE O/P NEW SF 15-29 MIN
99203	OFFICE O/P NEW LOW 30-44 MIN
99204	OFFICE O/P NEW MOD 45-59 MIN
99205	OFFICE O/P NEW HI 60-74 MIN
99212	OFFICE O/P EST SF 10-19 MIN
99213	OFFICE O/P EST LOW 20-29 MIN
99214	OFFICE O/P EST MOD 30-39 MIN
99215	OFFICE O/P EST HI 40-54 MIN
99241	OFFICE CONSULTATION
99242	OFF/OP CONSLTJ NEW/EST SF 20
99243	OFF/OP CNSLTJ NEW/EST LOW 30
99244	OFF/OP CNSLTJ NEW/EST MOD 40
99245	OFF/OP CONSLTJ NEW/EST HI 55
99304	1ST NF CARE SF/LOW MDM 25
99305	1ST NF CARE MODERATE MDM 35
99306	1ST NF CARE HIGH MDM 45
99307	SBSQ NF CARE SF MDM 10
99308	SBSQ NF CARE LOW MDM 15
99309	SBSQ NF CARE MODERATE MDM 30
99310	SBSQ NF CARE HIGH MDM 45
99315	NF DSCHRG MGMT 30 MIN/LESS
99316	NF DSCHRG MGMT 30 MIN+
99318	ANNUAL NURSING FAC ASSESSMNT
99324	DOMICIL/R-HOME VISIT NEW PAT
99325	DOMICIL/R-HOME VISIT NEW PAT

**TennCare Designated Procedure Codes Eligible for FQHC/RHC Encounter Settlement
(Updated April 1, 2024)**

99326	DOMICIL/R-HOME VISIT NEW PAT
99327	DOMICIL/R-HOME VISIT NEW PAT
99334	DOMICIL/R-HOME VISIT EST PAT
99335	DOMICIL/R-HOME VISIT EST PAT
99336	DOMICIL/R-HOME VISIT EST PAT
99337	DOMICIL/R-HOME VISIT EST PAT
99342	HOME/RES VST NEW LOW MDM 30
99343	HOME VISIT NEW PATIENT
99344	HOME/RES VST NEW MOD MDM 60
99345	HOME/RES VST NEW HIGH MDM 75
99347	HOME/RES VST EST SF MDM 20
99348	HOME/RES VST EST LOW MDM 30
99349	HOME/RES VST EST MOD MDM 40
99350	HOME/RES VST EST HIGH MDM 60
99358	PROLONG SERVICE W/O CONTACT
99375	HOME HEALTH CARE SUPERVISION
99381	INIT PM E/M NEW PAT INFANT
99382	INIT PM E/M NEW PAT 1-4 YRS
99383	PREV VISIT NEW AGE 5-11
99384	PREV VISIT NEW AGE 12-17
99385	PREV VISIT NEW AGE 18-39
99386	PREV VISIT NEW AGE 40-64
99387	INIT PM E/M NEW PAT 65+ YRS
99391	PER PM REEVAL EST PAT INFANT
99392	PREV VISIT EST AGE 1-4
99393	PREV VISIT EST AGE 5-11
99394	PREV VISIT EST AGE 12-17
99395	PREV VISIT EST AGE 18-39
99396	PREV VISIT EST AGE 40-64
99397	PER PM REEVAL EST PAT 65+ YR
99402	PREVENTIVE COUNSELING INDIV
99403	PREVENTIVE COUNSELING INDIV
99404	PREVENTIVE COUNSELING INDIV
99407	BEHAV CHNG SMOKING > 10 MIN
99408	AUDIT/DAST 15-30 MIN
99409	AUDIT/DAST OVER 30 MIN
99421	OL DIG E/M SVC 5-10 MIN
99422	OL DIG E/M SVC 11-20 MIN
99423	OL DIG E/M SVC 21+ MIN
99441	PHONE E/M PHYS/QHP 5-10 MIN
99442	PHONE E/M PHYS/QHP 11-20 MIN

**TennCare Designated Procedure Codes Eligible for FQHC/RHC Encounter Settlement
(Updated April 1, 2024)**

99443	PHONE E/M PHYS/QHP 21-30 MIN
99446	NTRPROF PH1/NTRNET/EHR 5-10
99448	NTRPROF PH1/NTRNET/EHR 21-30
99453	REM MNTR PHYSIOL PARAM SETUP
99457	REM PHYSIOL MNTR 1ST 20 MIN
99461	INIT NB EM PER DAY NON-FAC
99463	SAME DAY NB DISCHARGE
99464	ATTENDANCE AT DELIVERY
99465	NB RESUSCITATION
99483	ASSMT & CARE PLN PT COG IMP
99484	CARE MGMT SVC BHVL HLTH COND
99487	CPLX CHRNC CARE 1ST 60 MIN
99492	1ST PSYC COLLAB CARE MGMT
99493	SBSQ PSYC COLLAB CARE MGMT
99495	TRANSJ CARE MGMT MOD F2F 14D
99496	TRANSJ CARE MGMT HIGH F2F 7D
99497	ADVNCDC CARE PLAN 30 MIN
G0105	COLORECTAL SCRNM; HI RISK IND
G0108	DIAB MANAGE TRN PER INDIV
G0121	COLON CA SCRNM NOT HI RSK IND
G0245	INITIAL FOOT EXAM PT LOPS
G0246	FOLLOWUP EVAL OF FOOT PT LOP
G0396	ALCOHOL/SUBS INTERV 15-30MN
G0402	INITIAL PREVENTIVE EXAM
G0438	PPPS, INITIAL VISIT
G0439	PPPS, SUBSEQ VISIT
G0442	ANNUAL ALCOHOL SCREEN 15 MIN
G0444	DEPRESSION SCREEN ANNUAL
G0446	INTENS BEHAVE THER CARDIO DX
G0447	BEHAVIOR COUNSEL OBESITY 15M
G0451	DEVLOPMENT TEST INTERPT&REP
G2012	BRIEF CHECK IN BY MD/QHP
H0015	ALCOHOL AND/OR DRUG SERVICES
H0034	MED TRNG & SUPPORT PER 15MIN
H2010	COMPREHENSIVE MED SVC 15 MIN
S0280	MEDICAL HOME, INITIAL PLAN
S0630	REMOVAL OF SUTURES
S9470	NUTRITIONAL COUNSELING, DIET
11303	SHVG SKIN LESION 1 TRUNK/ARM/LEG DIAM >2.0 CM
12005	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 12.6-20.0CM
12006	SMPL RPR SCALP/NECK/AX/GENIT/TRUNK 20.1-30.0CM

**TennCare Designated Procedure Codes Eligible for FQHC/RHC Encounter Settlement
(Updated April 1, 2024)**

12007	SIMPLE REPAIR SCALP/NECK/AX/GENIT/TRUNK >30.0CM
12016	SIMPLE REPAIR F/E/E/N/L/M 12.6CM-20.0 CM
12017	SIMPLE REPAIR F/E/E/N/L/M 20.1CM-30.0 CM
12018	SIMPLE REPAIR F/E/E/N/L/M >30.0 CM
17999	UNLISTD PX SKN MUC MEMB SUBQ
21116	INJECTION TEMPOROMANDIBULAR JOINT ARTHROGRAPHY
59001	AMNIOCENTESIS THER AMNIOTIC FLUID RDCTJ US GUID
59012	CORDOCENTESIS INTRAUTERINE
59020	FETAL CONTRACTION STRESS TEST
59050	FETAL MONITORING LABOR PHYS WRITTEN REPORT
59051	FETAL MONITR LABOR PHYS WRITTEN REPT INTERPJ ONLY
59072	FETAL UMBILICAL CORD OCCLUSION W/ULTRSDND GUIDNCE
59325	CERCLAGE CERVIX PREGNANCY ABDOMINAL
59425	ANTEPARTUM CARE ONLY 4-6 VISITS
59426	ANTEPARTUM CARE ONLY 7/> VISITS
90875	INDIV PSYCHOPHYS BIOFEED TRAIN W/PSYTX 30 MIN
90899	UNLISTED PSYC SVC/THERAPY
90901	BIOFEEDBACK TRAINING ANY MODALITY
92060	SENSORMOTOR XM W/MLT MEAS OCULAR DEVIJ W/I&R SPX
92065	ORTHOPTIC TRAINING PERFORMED BY PHYS/OTHER QHP
92072	FITTING CONTACT LENS FOR MNGT OF KERATOCONUS
92082	VISUAL FIELD XM UNI/BI W/INTERP INTERMED EXAM
92100	SERIAL TONOMETRY SPX W/MLT MEAS INTRAOCULAR PRES
92227	IMG RETINA DETCJ/MNTR DS REM CLIN STAFF UNI/BI
92230	FLUORESCHEIN ANGIOSCOPY INTERPRETATION & REPORT
92240	INDOCYANINE-GREEN ANGRPH W/MULTIFRAME I&R UNI/BI
92260	OPHTHALMODYNAMOMETRY
92265	NEEDLE OCULOGRAPHY 1/ XOC MUSC 1/BOTH EYE W/I&R
92270	ELECTRO-OCULOGRAPY W/INTERPRETATION & REPORT
92283	COLOR VISION XM EXTENDED ANOMALOSCOPE/EQUIV
92284	DX DARK ADAPTATION EXAM INTERPRETATION & REPORT
92499	UNLISTED OPH SVC/PROCEDURE
92587	DISTORT PRODUCT EVOKED OTOACOUSTIC EMISNS LIMITD
92700	UNLISTED ORL SERVICE/PX
93279	PRGRMG DEV EVAL 1 LEAD PM/LDLS PM 1 CAR CHMBR IP
95018	ALLG TEST PERQ & IC DRUG/BIOL IMMED REACT W/I&R
95024	INTRACUTANEOUS TESTS W/ALLERGENIC EXTRACTS
95027	INTRACUTANEOUS TESTS W/ALLERGENIC XTRCS AIRBORNE
95028	IC TSTS W/ALLGIC XTRCS DLYD TYP RXN W/READING
95044	PATCH/APPLICATION TEST SPECIFY NUMBER TESTS
95052	PHOTO PATCH TEST SPECIFY NUMBER TSTS

**TennCare Designated Procedure Codes Eligible for FQHC/RHC Encounter Settlement
(Updated April 1, 2024)**

95056	PHOTO TESTS
95060	OPHTHALMIC MUCOUS MEMBRANE TESTS
95065	DIRECT NASAL MUCOUS MEMBRANE TEST
95070	INHJL BRNCL CHALLENGE TSTG W/HISTAM/METHACHOL
95076	INGESTION CHALLENGE TEST INITIAL 120 MINUTES
95144	PREPJ& ANTIGEN PRV ALLERGEN IMMUNOTHERAPY 1 DO
95145	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 1 INSECT
95146	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 2 INSECT
95147	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 3 INSECT
95148	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 4 INSECT
95149	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY 5 INSECT
95170	PREPJ& ANTIGEN ALLERGEN IMMUNOTHERAPY WHL INSE
95180	RAPID DESENSITIZATION PROCEDURE EACH HOUR
95199	UNLISTED ALL/IMMLG SVC/PX
95250	CONT GLUC MNTR PHYSICIAN/QHP PROVIDED EQUIPMENT
95957	DIGITAL ANALYSIS ELECTROENCEPHALOGRAM
96112	DEVELOPMENTAL TST ADMIN PHYS/QHP 1ST HOUR
96125	STANDARDIZED COGNITIVE PERFORMANCE TESTING
96146	PSYCL/NRPSYCL TST ELEC PLATFORM AUTO RESULT
96999	UNLISTED SPEC DERM SVC/PX
97039	UNLISTED MODALITY
97129	THER IVNTJ COG FUNCJ CNTCT 1ST 15 MINUTES
97140	MANUAL THERAPY TQS 1/> REGIONS EACH 15 MINUTES
97151	BEHAVIOR ID ASSESSMENT BY PHYS/QHP EA 15 MIN
97155	ADAPT BHV TX PRTCL MODIFICAJ PHYS/QHP EA 15 MIN
99401	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 15 MIN
99499	UNLISTED E&M SERVICE
G0101	CA SCREEN;PELVIC/BREAST EXAM
G0102	PROSTATE CA SCREENING; DRE
G0104	CA SCREEN;FLEXI SIGMOIDSCOPE
G0106	COLON CA SCREEN;BARIUM ENEMA
G0117	GLAUCOMA SCRNM HGH RISK DIREC
G0118	GLAUCOMA SCRNM HGH RISK DIREC
G0120	COLON CA SCRNM; BARIUM ENEMA
G0168	WOUND CLOSURE BY ADHESIVE
G0186	DSTRY EYE LESN,FDR VSSL TECH
G0247	ROUTINE FOOTCARE PT W LOPS
G0268	REMOVAL OF IMPACTED WAX MD
G0270	MNT SUBS TX FOR CHANGE DX
G0289	ARTHRO, LOOSE BODY + CHONDRO
G0397	ALCOHOL/SUBS INTERV >30 MIN

**TennCare Designated Procedure Codes Eligible for FQHC/RHC Encounter Settlement
(Updated April 1, 2024)**

G0420	ED SVC CKD IND PER SESSION
G0422	INTENS CARDIAC REHAB W/EXERC
G0423	INTENS CARDIAC REHAB NO EXER
G0443	BRIEF ALCOHOL MISUSE COUNSEL
G0445	HIGH INTEN BEH COUNS STD 30M
G0506	COMP ASSES CARE PLAN CCM SVC
G0513	PROLONG PREV SVCS, FIRST 30M
G2212	PROLONG OUTPT/OFFICE VIS
G3002	CHRONIC PAIN MGMT 30 MINS
Q009	
1	OBTAINING SCREEN PAP SMEAR
S0257	END OF LIFE COUNSELING
S0613	ANN BREAST EXAM
D0120	periodic oral evaluation
D0140	limited oral evaluation
D0145	oral evaluation for a patient under 3 years of age
D0150	comprehensive oral evaluation
D0160	detailed & extensive oral evaluation
D0170	re-evaluation
D0171	re-evaluation--post op
D1110	prophylaxis - adult
D1120	prophylaxis - child
D1351	sealant - per tooth
D1352	preventive resin restoration
D1353	sealant repair --per tooth
D1354	interim caries arresting medicament application - per tooth
D2140	amalgam - 1 surface
D2150	amalgam - 2 surface
D2160	amalgam - 3 surface
D2161	amalgam - 4+ surface
D2330	composite - 1 surface anterior
D2331	composite - 2 surface anterior
D2332	composite - 3 surface anterior
D2335	composite - 4+ surface anterior
D2390	composite crown - anterior
D2391	composite - 1 surface posterior
D2392	composite - 2 surface posterior
D2393	composite - 3 surface posterior
D2394	composite - 4+ surface posterior
D2510	inlay - metallic - 1 surface
D2520	inlay - metallic - 2 surface
D2530	inlay - metallic - 3+ surface

**TennCare Designated Procedure Codes Eligible for FQHC/RHC Encounter Settlement
(Updated April 1, 2024)**

D2542	onlay - metallic - 2 surface
D2543	onlay - metallic - 3 surface
D2544	onlay - metallic - 4+surface
D2610	inlay - porc/ceramic - 1 surface
D2620	inlay - porc/ceramic - 2 surface
D2630	inlay - porc/ceramic - 3+ surface
D2642	onlay - porc/ceramic - 2 surface
D2643	onlay - porc/ceramic - 3 surface
D2644	onlay - porc/ceramic - 4+ surface
D2650	inlay - composite - 1 surface
D2651	inlay - composite - 2 surface
D2652	inlay - composite - 3+ surface
D2662	onlay - composite - 2 surface
D2663	onlay - composite - 3 surface
D2664	onlay - composite - 4+ surface
D2710	crown - resin
D2712	crown - 3/4 resin - does not include facial veneers
D2720	crown - resin/metal high noble
D2721	crown - resin/metal base
D2722	crown - resin/metal noble
D2740	crown - porcelain/ceramic
D2750	crown - porc/metal high noble
D2751	crown - porc/metal base
D2752	crown - porc/metal noble
D2753	crown - porcelain fused to titanium and titanium alloys
D2780	crown - 3/4 metal high noble
D2781	crown - 3/4 metal base
D2782	crown - 3/4/metal noble
D2783	crown - 3/4 porc/ceramic
D2790	crown - full metal high noble
D2791	crown - full metal base
D2792	crown - full metal noble
D2794	crown - titanium
D2910	recement inlay
D2915	recement cast or prefabricated post and core
D2920	recement crown
D2928	prefabricated porcelain/ceramic crown – permanent tooth
D2929	prefabricated porcelain/ceramic crown – primary tooth
D2930	crown - prefab stainless steel - primary
D2931	crown - prefab stainless steel - permanent
D2932	crown - prefab resin

**TennCare Designated Procedure Codes Eligible for FQHC/RHC Encounter Settlement
(Updated April 1, 2024)**

D2933	crown - prefab stainless steel w/ window
D2934	crown - prefab esthetic coated stainless steel - primary
D2940	protective restoration
D2941	interim therapeutic restoration-primary dentition
D2950	core buildup including any pins when required
D2951	pin retention - per tooth
D2952	cast post & core
D2954	prefab post & core
D2955	post removal
D2975	coping
D2980	crown repair - by report
D2981	inlay repair necessitated by restorative material failure
D2982	onlay repair necessitated by restorative material failure
D2983	veneer repair necessitated by restorative material failure
D3220	pulpotomy
D3221	pulpal debridement - primary and permanent
D3222	partial pulpotomy of apexogenesis
D3230	pulpal therapy - anterior primary
D3240	pulpal therapy - posterior primary
D3310	endodontic therapy, anterior tooth (excluding final restoration)
D3320	endodontic therapy, premolar tooth (excluding final restoration)
D3330	endodontic therapy, molar tooth (excluding final restoration)
D3331	treatment of root canal obstruction
D3332	incomplete endodontic therapy
D3333	internal root repair - perforation
D3346	retreatment - anterior
D3347	retreatment of previous root canal therapy - premolar
D3348	retreatment - molar
D3351	apexification/recalcification - initial
D3352	apexification/recalcification - interim
D3353	apexification/recalcification - final
D3355	pulpal regeneration - initial visit
D3356	pulpal regeneration - interim medication replacement
D3357	pulpal regeneration - completion of treatment
D3410	apicoectomy - anterior
D3421	apicoectomy - premolar (first root)
D3425	apicoectomy - molar - first root
D3426	apicoectomy (each additonnal root)
D3430	retrograde filling - per root
D3450	root amputation - per root
D3460	endodontic endosseous implant

**TennCare Designated Procedure Codes Eligible for FQHC/RHC Encounter Settlement
(Updated April 1, 2024)**

D3470	intentional reimplantation w/ splinting
D3471	surgical repair of root resorption - anterior
D3472	surgical repair of root resorption - premolar
D3473	surgical repair of root resorption - molar
D3910	surgical procedure for isolation of tooth
D3920	hemisection
D3921	De-coronation or submergence of an erupted tooth
D4210	gingivectomy/gingivoplasty - 4+ teeth per quad
D4211	gingivectomy/gingivoplasty - 1 to 3 teeth per quad
D4240	gingival flap w/ root planing - 4+ teeth per quad
D4241	gingival flap w/ root planing- 1 to 3 teeth per quad
D4245	apically positioned flap
D4249	crown lengthening - hard tissue
D4260	osseous surgery - 4+ teeth per quad
D4261	osseous surgery - 1 to 3 teeth per quad
D4263	bone replacement graft - 1st site in quad
D4264	bone replacement graft - additional site in quad
D4265	biologic materials - regeneration
D4266	guided tissue regeneration - resorbable barrier- per site
D4267	guided tissue regeneration - nonresorbable barrier - per site
D4268	surgical revision - per tooth
D4270	pedicle soft tissue graft
D4273	subepithelial tissue graft
D4274	distal/proximal wedge
D4275	soft tissue allograft
D4276	connective tissue and double pedicle graft
D4277	free soft tissue graft procedure (including donor site surgery), first tooth or edentulous tooth position
D4278	free soft tissue graft procedure (including donor site surgery), each additional contiguous tooth or ede
D4283	autogenous connective tissue graft procedure
D4285	non-autogenous connective tissue graft procedure
D4322	splint - intra-coronal, natural teeth or prosthetic crowns
D4323	splint - extra-coronal, natural teeth or prosthetic crowns
D4341	scaling and root planing - 4+ teeth per quad
D4342	scaling and root planing - 1 to 3 teeth per quad
D4346	scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation
D4355	full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit
D4381	chemotherapeutic agents - per tooth by report
D4910	periodontal maintenance

**TennCare Designated Procedure Codes Eligible for FQHC/RHC Encounter Settlement
(Updated April 1, 2024)**

D4920	unscheduled dressing change
D6010	surgical placement of implant body - endosteal implant
D6013	surgical placement of mini implant
D6040	surgical placement - eposteal implant
D6050	surgical placement - transosteal implant
D6055	connecting bar - implant supported or abutment supported
D6056	prefabricated abutment
D6057	custom abutment
D6058	abutment supported crown - porc/ceramic
D6059	abutment supported crown - porc/metal high noble
D6060	abutment supported crown - porc/metal base
D6061	abutment supported crown - porc/metal noble
D6062	abutment supported crown -full metal high noble
D6063	abutment supported crown - full metal base
D6064	abutment supported crown - full metal noble
D6065	implant supported crown - porc/ceramic
D6066	implant supported crown - porc/metal high noble
D6067	implant supported crown - full metal high noble
D6068	abutment supported retainer - crown - porc/ceramic
D6069	abutment supported retainer - crown - porc/metal high noble
D6070	abutment supported retainer - crown - porc/metal base
D6071	abutment supported retainer - crown - porc/metal noble
D6072	abutment supported retainer - crown -full metal high noble
D6073	abutment supported retainer - crown - full metal base
D6074	abutment supported retainer - crown - full metal noble
D6075	implant supported retainer - crown - porc/ceramic
D6076	implant supported retainer - crown - porc/metal high noble
D6077	implant supported retainer - crown - full metal high noble
D6080	implant maintenance procedures
D6081	scaling and debridement in the presence of inflammation or mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure
D6082	implant supported crown - porcelain fused to predominantly base alloys
D6083	implant supported crown - porcelain fused to noble alloys
D6084	implant supported crown - porcelain fused to titanium and titanium alloys
D6086	implant supported crown - predominantly base alloys
D6087	implant supported crown - noble alloys
D6088	implant supported crown - titanium and titanium alloys
D6090	repair implant prosthesis - by report
D6091	replacement of replaceable part of semiprecision /precision attach implant/abut
D6092	recement implant/abutment supported crown
D6093	recement implant/abutment supported fixed partial
D6094	abutment supported crown - titanium

**TennCare Designated Procedure Codes Eligible for FQHC/RHC Encounter Settlement
(Updated April 1, 2024)**

D6095	repair implant abutment - by report
D6097	abutment supported crown - porcelain fused to titanium and titanium alloys
D6098	implant supported retainer - porcelain fused to predominantly base alloys
D6099	implant supported retainer for FPD - porcelain fused to noble alloys
D6100	implant removal - by report
D6101	debridement of a periimplant defect and surface cleaning of exposed implant surfaces, including flap entry and closure
D6102	debridement and osseous contouring of a periimplant defect; includes surface cleaning of exposed implant surfaces and flap entry and closure
D6103	bone graft for repair of periimplant defect – not including flap entry and closure or, when indicated, placement of a barrier membrane or biologic materials to aid in osseous regeneration
D6104	bone graft at time of implant placement
D6120	implant supported retainer – porcelain fused to titanium and titanium alloys
D6121	implant supported retainer for metal FPD – predominantly base alloys
D6122	implant supported retainer for metal FPD – noble alloys
D6123	implant supported retainer for metal FPD – titanium and titanium alloys
D6191	semi-precision abutment - placement
D6192	semi-precision abutment - placement
D6194	abutment supported retainer crown for FPD - titanium
D6195	abutment supported retainer - porcelain fused to titanium and titanium alloys
D6205	pontic crown - indirect resin based composite
D6210	pontic crown - metal high noble
D6211	pontic crown - metal base
D6212	pontic crown - metal noble
D6214	pontic crown - titanium
D6240	pontic crown - porc/metal high noble
D6241	pontic crown - porc/metal base
D6242	pontic crown - porc metal noble
D6243	pontic - porcelain fused to titanium and titanium alloys
D6245	pontic crown - porc/ceramic
D6250	pontic crown - resin/metal high noble
D6251	pontic crown - resin/metal base
D6252	pontic crown - resin/metal noble
D6545	retainer - met for resin bonded
D6548	retainer - porc/cer for resin bonded
D6549	resin retainer--for resin bonded fixed prosthesis
D6600	inlay - porc/ceramic 2 surface
D6601	inlay - porc/ceramic 3+ surface
D6602	inlay - metal high noble 2 surface
D6603	inlay - metal high noble 3+ surface
D6604	inlay - metal base 2 surface

**TennCare Designated Procedure Codes Eligible for FQHC/RHC Encounter Settlement
(Updated April 1, 2024)**

D6605	inlay - metal base 3+ surface
D6606	inlay - metal noble 2 surface
D6607	inlay - metal noble 3+ surface
D6608	onlay - porc/ceramic 2 surface
D6609	onlay - porc/ceramic 3+ surface
D6610	onlay - metal high noble 2 surface
D6611	onlay - metal high noble 3+ surface
D6612	onlay - metal base 2 surface
D6613	onlay - metal base 3+ surface
D6614	onlay - metal noble 2 surface
D6615	onlay - metal noble 3+ surface
D6624	inlay - titanium
D6634	onlay - titanium
D6710	crown - indirect resin based composite
D6720	crown - resin/metal high noble
D6721	crown - resin/metal base
D6722	crown - resin/metal noble
D6740	crown - porc/ceramic
D6750	crown - porc/metal high noble
D6751	crown - porc/metal base
D6752	crown - porc/metal noble
D6753	retainer crown - porcelain fused to titanium and titanium alloys
D6780	crown - 3/4 metal high noble
D6781	crown - 3/4 metal base
D6782	crown - 3/4/metal noble
D6783	crown - 3/4 porc/ceramic
D6784	retainer crown ¾ - titanium and titanium alloys
D6790	crown -full metal high noble
D6791	crown - full metal base
D6792	crown - full metal noble
D6794	crown - titanium
D6920	connector bar
D6930	recement bridge
D6940	stress breaker
D6950	precision attachment
D6980	bridge repair - by report
D6985	pediatric partial denture, fixed
D7140	extraction - erupted tooth or exposed root
D7210	extraction - surgical
D7220	impaction - soft tissue
D7230	impaction - partially bony

**TennCare Designated Procedure Codes Eligible for FQHC/RHC Encounter Settlement
(Updated April 1, 2024)**

D7240	impaction - completely bony
D7241	impaction - completely bony - surgical complications
D7250	surgical removal of residual roots
D7251	coronectomy
D7260	oroantral fistula closure
D7270	tooth reimplantation
D7272	tooth transplantation w/ splinting
D7280	surgical access of unerupted tooth
D7282	mobilization of erupted tooth
D7283	placement of device to facilitate eruption of impacted tooth
D7284	excisional biopsy of minor salivary glands
D7285	biopsy of oral tissue - hard
D7286	biopsy of oral tissue - soft
D7287	cytology sample collection
D7290	surgical repositioning of teeth
D7291	transseptal/supra crestal fiberotomy - by report
D7310	alveoloplasty w/ extractions per quad
D7311	alveoloplasty w/ extractions - 1 - 3 teeth/spaces per quad
D7320	alveoloplasty w/o extractions per quad
D7321	alveoloplasty w/o extractions - 1 - 3 teeth/spaces per quad
D7340	vestibuloplasty - secondary epithelization
D7350	vestibuloplasty w/ soft tissue grafts
D7410	excision benign lesion - 1.25 cm
D7413	excision malignant lesion - 1.25 cm
D7440	excision malignant tumor - 1.25 cm
D7450	removal odontogenic cyst/tumor - 1.25 cm
D7460	removal nonodontogenic cyst/tumor - 1.25 cm
D7465	destruction of lesions) by physical/chemical - by report
D7471	removal of lateral exostosis - max or mand
D7472	removal of torus palatinus
D7473	removal of torus mandibularis
D7485	surgical reduction of tuberosity
D7510	incision & drainage - intraoral
D7511	incision & drainage - intraoral - complicated
D7530	removal of foreign body
D7540	removal of reaction producing foreign bodies
D7881	occlusal orthotic device adjustment
D7880	occlusal orthotic device - by report
D7910	suture of small wounds - 5.0 cm
D7961	buccal / labial frenectomy (frenulectomy)
D7962	lingual frenectomy (frenulectomy)

**TennCare Designated Procedure Codes Eligible for FQHC/RHC Encounter Settlement
(Updated April 1, 2024)**

D7963	frenuloplasty
D7970	excision of hyperplastic tissue - per arch
D7971	excision of pericoronal gingiva
D7972	surgical reduction of fibrous tuberosity
D7997	appliance removal - not by dentist who placed appliance
D9110	palliative treatment
D9930	treatment of complications - post surgical - by report
D9971	odontoplasty - per tooth