

KENTUCKY LOCAL HEALTH DEPARTMENT

PATIENT ENCOUNTER FORM

CH-45 (R. 03/15/2023)

PLACE OF SERVICE/PAYMENT CODES: (A) Indep Lab (B-I) Assigned by LHD (J) Inpat Hosp (K) Outpat Hosp (L) Physician's Ofc (M) Patient's Home (N) ER-Hosp (O) Other Unlisted Facility (T) Treatment Ctr (U) Nursing Home (W) Workplace (X) Homeless Shelter (\$) PAYMENT ONLY

DOCUMENT #:	
DATE:	
PATIENT NAME:	
ID NUMBER:	

FFC CnctC LEP Place of Service/Payment

CLINIC VISITS - CHECK APPROPRIATE VISIT CODES

PREVENTIVE HEALTH CHECK E/M

PHYSICIAN / MID-LEVEL / NURSE				
✓	CPT NEW VISIT TYPE	✓	CPT ESTABLISHED VISIT TYPE	PROVIDER NUMBER:
	99381 (< 1YR)		99391 (< 1YR)	
	99382 (1-4 YRS)		99392 (1-4 YRS)	
	99383 (5-11 YRS)		99393 (5-11 YRS)	ICD(Circle Primary)
	99384 (12-17 YRS)		99394 (12-17 YRS)	
	99385 (18-39 YRS)		99395 (18-39 YRS)	
	99386 (40-64 YRS)		99396 (40-64 YRS)	
	99387 (65 > YRS)		99397 (65 > YRS)	

✓	PROCEDURES	PROVIDER NUMBER:
	96110 DEV/Tests	
	92551 Audiometric Screening Test	
	99173 Age Appropriate Vision Screening	
	G0101 CBE & Pelvic (MEDICARE ONLY)	

ICD	ICD
	S0613 CBE (Clinical Breast Exam)
	ICD
	ICD

✓	LABORATORY TESTS	PROVIDER NUMBER:
	36415 Venipuncture	
	36416 Capillary Blood Specimen	
	80061 Lipid Panel Profile	
	81002 Urine Dipstick	
	81025 Pregnancy Urine	
	82270 Hemocult (fecal occult blood) 1-3 cards back	
	82465 Cholesterol	
	82962 Glucose (Home Use Device)	
	83655 Lead	
	83986 Vaginal PH	
	85018 Hemoglobin	
	86580 PPD	
	86480 TB Test Cell Immune Measure	
	86481 TB AG Response T-Cell Susp	
	86592 VDRL/RPR (Serology for Syphilis)	
	86780 Syphilis - Treponema pallidum	
	87389 HIV Test	
	86703 92 Rapid HIV Test	
	87210 Wet Mount/KOH Prep (Mod Lab Site)	
	82120 Vaginal amines (Whiff)	
	87491 Chlamydia	
	87591 GC	
	87529 HSVP Herpes Simplex Virus Panel times 2 UNITS	
	87798 VZV Varicella Zoster Virus	
	87804 QW Influenza testing w/direct optical observation	
	87593 Orthopoxvirus testing; AMP PROB TECH; EACH	
	86803 Hepatitis C antibody	
	87521 Hepatitis C amplified probe technique	
	87522 Hepatitis C quantification	
	87624 HPV, High-Risk Types -	
	87625 HPV, Types Only 16 & 18 ; also 45	
	88141 PAP Prof. Component	
	88142 PAP Thin Prep	
	88164 PAP Test	
	Q0111 Wet Mount (PPM Lab Site)	
	Q0112 KOH Prep (PPM Lab Site)	

✓	MEDICAL NUTRITION THERAPY (MNT)	PROVIDER NUMBER:
	97802 New MNT Patient UNITS _____	
	ICD	
	ICD	
	97803 Established MNT Patient UNITS _____	
	ICD	
	ICD	
	97804 MNT GROUP - 30 MINUTES UNITS _____	
	ICD	
	ICD	

✓	HDPT (Health Department Procedural Terminology)	PROVIDER NUMBER:
	80000 Unspecified Procedure or Lab	
	W0506 Multivitamin (FIRST-Bottle / 3 month supply)	
	W0506 Multivitamin (ADD'L-Bottle(s)/3 month supply)	
	W0509 Prenatal Vitamins (1 Bottle)	

✓	PHONE CALL VISITS	PROVIDER NUMBER:
	99441 Phone Call w/ Est. Pt 5-10 mins	
	99442 Phone Call w/ Est. Pt 11-20 mins	
	99443 Phone Call w/ Est. Pt 21-30 mins	

"PROBLEM VISITS" OTHER THAN PREVENTIVE HEALTH CHECK E/M

PHYSICIAN / MID-LEVEL / NURSE				
✓	CPT NEW VISIT TYPE	✓	CPT ESTABLISHED VISIT TYPE	PROVIDER NUMBER:
	99201 BRIEFNOT A VALID CODE		99211 BRIEF	
	99202 EXPANDED		99212 LIMITED	
	99203 DETAILED		99213 EXPANDED	ICD (Circle Primary)
	99204 COMPREHENSIVE		99214 DETAILED	
	99205 COMPLEX		99215 COMPREHENSIVE	

25 MODIFIER, SEPARATE E/M BY SAME PROVIDER/SAME DAY

✓	VFC IMMUNIZATIONS Vaccine/Toxoid	✓	NON-VFC IMMUNIZATIONS	Lot Number:
	90702 DT (VFC) (2)		90698 NV DTap/Hib/IPV	
	90700 DTaP (VFC) (3)		90723 NV DTaP/HepB/IPV	
	90696 DTap/IPV (VFC) (4)		90632 HepA: ADULT	
	90697 DTaP/IPV/Hib/HepB (VFC)(6)		90636 HepA/HepB: ADULT	
	90698 DTap/Hib/IPV (VFC) (5)		90744 NV HepB: Ped/Adol	
	90723 DTaP/HepB/IPV (VFC) (5)		90739 HepB : ADULT 2 DOSE	
	90633 HepA: Ped-2D (VFC) (1)		90746 HepB: ADULT 3 DOSE	
	90744 HepB: Ped/Adol (VFC) (1)		90647 NV Hib: PedvaxHIB	
	90647 Hib: PedvaxHIB (VFC) (1)		90648 NV Hib: ACTHib	
	90648 Hib: ACTHib (VFC) (1)		90649 NV HPV	
	90649 HPV (VFC) (1)		90651 NV HPV9	
	90651 HPV9 (VFC) (1)		90713 NV IPV	
	90713 IPV (VFC) (1)		90734 NV Meningoccal Conj	
	90734 Meningoccal Conj (VFC) (1)		90619 NV MenACWY-TT (VFC) (1)	
	90619 MenACWY-TT (VFC) (1)		90620 NV MENB - Bexsero	
	90620 MENB - Bexsero (VFC) (1)		90621 NV MENB - Trumenba	
	90621 MENB - Trumenba (VFC) (1)		90707 NV MMR	
	90707 MMR (VFC) (3)		90710 NV MMRV	
	90710 MMRV (VFC) (4)		90670 NV PCV13	
	90670 PCV13 (VFC) (1)		90671 PCV15 - Vaxneuvance	
	90715 Tdap (VFC) (3)		90677 PCV20 - Prevnar 20	
	90716 Varicella (VFC) (1)		90675 Rabies Pre/Post Exposure	
			90611 Smallpox/Monkeypox-JYNNEOS	
			90622 NV Smallpox - ACAM2000	
			90715 NV Tdap	
			90690 Typhoid, Oral	
			90691 Typhoid, Intramuscular	
			90716 NV Varicella	
			90717 Yellow Fever	
			90736 Zoster (Shingles)	
			90750 Shingrix (Shingles)	

✓	ORAL (VFC) (1)	✓	ORAL (NON-VFC)	Lot Number:
	90680 Rotateq - Rotavirus (VFC)		90680 NV Rotateq - Rotavirus	
	90681 Rotarix - Rotavirus (VFC)		90681 NV Rotarix - Rotavirus	

✓	ADMINISTRATION OF VACCINE/TOXOID (Listed Above)	PROVIDER NUMBER:
	90460 Immunization Admin w/counseling ANY ROUTE (age UNDER 19 years)	
	First Component 1st UNITS	
	90461 Immunization Admin w/counseling ANY ROUTE (age UNDER 19 years)	
	Each ADDITIONAL Component 2+ UNITS	

✓	ADMINISTRATION OF VACCINE/TOXOID BY INJECTION (Listed Above)	PROVIDER NUMBER:
	90471 Immunization Administration of 1 Vaccine/Toxoid (age 19 and ABOVE)	
	First SHOT 1st UNITS	
	90472 Immunization Administration of 2+ Vaccine/Toxoid (age 19 and ABOVE)	
	Each ADDITIONAL SHOT 2+ UNITS	

✓	ADMINISTRATION OF VACCINE/TOXOID NOT INJECTION (Listed Above)	PROVIDER NUMBER:
	90473 Immunization Administration of 1 Intranasal/Oral (age 19 and ABOVE)	
	First Dose 1st UNITS	
	90474 Immunization Administration of 2+ Intranasal/Oral (age 19 and ABOVE)	
	Each ADDITIONAL 2+ UNITS	

✓	PNEUMOCOCCAL	✓	PNEUMOCOCCAL (NON-VFC)	Lot Number:
	G0009 Admin of Pneumococcal Vaccine		90732 PPSV23; Pneumococcal	
			ICD (P)	

✓	ADMINISTRATION OF IMMUNE GLOBULIN	PROVIDER NUMBER:
	96372 Therapeutic, Prophylactic or Diagnostic Injection (SPECIFY DRUG)	

✓	IMMUNE GLOBULIN (NON-VFC)	✓	IMMUNE GLOBULIN (NON-VFC)	Lot Number:
	90371 HBIG		90281 Imm Globulin	
	90375 Rabies Imm Glob "RIG"		90376 Rabies "RIG-HT" Heat Tx'd	
	UNITS _____		UNITS _____	
	90384 Rhogam			

✓	TELEHEALTH:	PROVIDER NUMBER:
	98970 Online digital vis w/Est. Pt for up to 7 days, cum time 5-10 mins	
	98971 Online digital vis w/Est. Pt for up to 7days, cum time11-20 mins	
	98972 Online dig. vis w/Est.Pt for up to 7days cum time 21 or more mins	

✓	ORAL / DENTAL HEALTH			PROVIDER NUMBER:	✓	ORAL / DENTAL HEALTH (Hygienist)			PROVIDER NUMBER:
	D1206	Fluoride Varnishing				D1110	Dental Prophylaxis - ADULT		
		ICD	Referral:			D1120	Dental Prophylaxis - CHILD		
	D0190	Screening of a patient				D1351	Dental Sealant - Per Tooth		
	D0191	Assessment of a patient				TOTAL Number Teeth Sealed (UNITS):			

FAMILY PLANNING VISITS											
✓	CONTRACEPTIVES			Quantity	Lot Number:	✓	CONTRACEPTIVES			NDC Number:	Lot Number:
	S4993	Orals (each cycle)					J7300	ParaGard IUD			
	S4993	EC Emergency Contraceptive Pill					J7301	Skyla IUD			
	S4993	RE Orals REPLACEMENTS					J7296	Kyleena IUD			
	A4266	Diaphragm					J7297	Liletta IUD			
	A4267	Male Condoms (Billable)	(each)				J7298	Mirena IUD			
	A4269	Spermicide (Foam,Gel,VagFilm)					J7306	Implantable Contraceptive Levonorgestrel			
	A4268	Female Condom	(each)				J7307	Implantable Contraceptive Etonogestrel			
	A4261	Cervical Cap	(each)				J1050	Depo Provera Injection			
	J7295	Vaginal Ring (Monthly)	(each)				57170	Diaphragm Fitting			
	J7294	Vaginal Ring (Annual)	(each)				58300	Insertion of IUD			
	J7304	Contra. Patch Initial or Replacement	(each)				58301	Removal of IUD			
							11981	Insertion of Implantable Contraceptive			
							11982	Removal of Implantable Contraceptive			
							11983	Remove/Reinsert Implantable Contraceptive			

✓	SELECT A PRIMARY METHOD OF CONTRACEPTION FOR EVERY FAMILY PLANNING CLIENT:									
	01	Orals	08	Infertility Services	16	Emergency Contraceptive Pill	23	Contraceptive Vaginal Ring		
	02	Diaphragm	09	None	17	Vaginal Contraceptive Film	24	Pregnant or Seeking Pregnancy		
	03	Male Condoms OR Female relies on partner	10	Withdrawal/Other	18	Female Condoms	25	Abstinence		
	05	Female Sterile	13	Foam/Spermicide	20	Vaginal Suppository	26	Sterile, Non-Surgical		
	06	IUD	14	Implantable Contraceptive	21	Cervical Cap	27	Vasectomy OR Female relies on male partner		
	07	Natural/FAM	15	Injectable Contraceptive	22	Contraceptive Patch	28	Rely on Female Method		

✓	CPT CODES			PROVIDER NUMBER:	✓	TOBACCO			PROVIDER NUMBER:
	S806I	TB Incentives	UNITS: _____			1000F	Tobacco Use Assessed	ICD	
	S806E	TB Enablers	UNITS: _____			4000F	Tobacco Use, Cessation Counseling	ICD	
	TB	TB Program Tracking Code				4001F	Tobacco Use, Pharmacological Intervention	ICD	
	TB	TB Program Tracking Code				99406	Smoking/Tobacco Use, Cessation Counseling 3-10 Minutes		
	99411	Group Counseling - 30 Minutes				99407	Smoking/Tobacco Use, Cessation Counseling 10+ Minutes		
	99412	Group Counseling - 60 Minutes				S9453	Smoking cessation classes, non-physician provider, per session		
	G0108	DSMT, Individual each 30 Minutes	UNITS: _____						
	G0109	DSMT, Group each 30 Minutes	UNITS: _____						

ADDITIONAL CPT/HDPT CODES (WRITE-IN)											
CPT/HDPT	MOD	PROVIDER NUMBER	ICD	1	2	3	4	REFERRAL	CHARGE/ QUANTITY	UNITS	OVERRIDE AREA

NET TOTAL CHARGES → \$ _____

AMOUNT PAID TODAY → \$ _____

Part a WIC Service in addition to the visit code or as the visit code)		PROVIDER NUMBER:					
✓	HDPT	✓	HDPT	✓	WIC NUTRITION EDUCATION/COUNSELING	ICD	PROVIDER NUM:
	W0200 CERT & ENROLLED		W0203 SCR NOT ELIGIBLE - INCOME		W9401 WIC NUTRITION ED/COUNSELING (7.5)		
	W0201 CERT WAITING LIST		W0204 SCR NOT ELIGIBLE - RISK		W9401 WIC NUTRITION ED/COUNSELING (7.5) BF		
	W0202 ENROLLED FROM WAITING LIST		W0208 VOC ENROLLMENT		W9402 WIC NUTRITION ED/COUNSELING (15)		
	W0205 MID-CERT HEALTH ASSESSMENT - MCHA		W0209 BENEFIT ISSUANCE		W9402 WIC NUTRITION ED/COUNSELING (15) BF		
	W0210 ISSUING A BREAST PUMP				W9403 WIC NUTRITION ED/COUNSELING (22.5)		
					W9403 WIC NUTRITION ED/COUNSELING (22.5)BF		
	W0211 FOOD PACKAGE CHANGE/COUNSELING				W9404 WIC NUTRITION ED/COUNSELING (30)		
	W0220 CAPILLARY BLOOD SPECIMEN				W9404 WIC NUTRITION ED/COUNSELING (30) BF		
	W0230 HEMOGLOBIN				WP401 WIC LOW RISK FOLLOWUP CONTACT (7.5)		
	W0231 NON-INVASIVE HEMOGLOBIN				WP402 WIC LOW RISK FOLLOWUP CONTACT (15)		
	W0240 HEMATOCRIT				W9431 WIC GROUP NUTRITION CLASS		
					W9432 WIC GROUP BREASTFEEDING CLASS		
					W9433 WIC KIOSK NUTRITION		
					W9435 WIC GROUP LOW RISK NUTRITION-PARAPROF		

SEE WIC INFORMATION ABOVE - USE BELOW FOR WIC SERVICES ONLY IF SYSTEM IS DOWN										
STATUS CODES: (IPB) (IFB) (IFF) (WP) (WPP) (WFB) (c) Child			Date of Measure:	FOR INFANTS/CHILDREN <24 MONTHS:						
			Height/Length: _____ ft. _____ in. _____ / _____	Is the infant being fed any breast milk?		_____ Yes	_____ No			
			Weight: _____ lbs. _____ oz.	Was the infant ever fed breast milk?		_____ Yes	_____ No			
Action Date:			Date of Measure:	How long was the infant fed breast milk?		_____ Month	_____ Weeks			
Initial Contact Date:			Hemoglobin: _____ . _____ grams	Is the infant fed anything other than breast milk?		_____ Yes	_____ No			
Certification Date:			Hematocrit: _____ . _____ %	How old was the infant when he/she was fed something other than breast milk?		_____ Month	_____ Weeks			
Expected Delivery Date:			Food Package/Code:			_____ Days				
Actual Delivery Date:			Household Issue Day:			For children ≥ 2, number (#) of hours watching TV each day? _____				
Birth Weight: _____ lbs. _____ oz.			Prescription Expire Date:			Issuance: _____ 1 Month	_____ 2 Months	_____ 3 Months		
Nutritional Risk Criteria:			Physically Present: _____ Yes _____ No, If no, why:			Replacement Package Code:				
			_____ 1- Disability _____ 2- Rec. Healthcare			Replace current month package		Quantity Returned		
			_____ 3- Working Caretaker _____ 4- Newborn			Formula _____ Cereal _____		Fruit/Veggies _____ Meats _____		