

KENTUCKY LOCAL HEALTH DEPARTMENT

CH-45 (R. 05/20/2020)

PATIENT ENCOUNTER FORM

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 (S) PAYMENT ONLY

DOCUMENT #:	
DATE:	
PATIENT NAME:	
ID NUMBER:	

FFC CntC 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)	

OTHER THAN PREVENTIVE HEALTH CHECK E/M				
PHYSICIAN / MID-LEVEL / NURSE				
✓	CPT NEW VISIT TYPE	✓	CPT ESTABLISHED VISIT TYPE	PROVIDER NUMBER:
	99201 BRIEF		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

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

✓	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	
	90698 DTap/Hib/IPV (VFC) (5)		90636 HepA/HepB: ADULT	
	90723 DTaP/HepB/IPV (VFC) (5)		90744 NV HepB: Ped/Adol	
	90633 HepA: Ped-2D (VFC) (1)		90739 HepB : ADULT 2 DOSE	
	90744 HepB: Ped/Adol (VFC) (1)		90746 HepB: ADULT 3 DOSE	
	90647 Hib: PedvaxHIB (VFC) (1)		90647 NV Hib: PedvaxHIB	
	90648 Hib: ACTHib (VFC) (1)		90648 NV Hib: ACTHib	
	90649 HPV (VFC) (1)		90649 NV HPV	
	90651 HPV9 (VFC) (1)		90651 NV HPV9	
	90713 IPV (VFC) (1)		90713 NV IPV	
	90734 Meningoccal Conj (VFC) (1)		90734 NV Meningoccal Conj	
	90620 MENB - Bexsero (VFC) (1)		90620 NV MENB - Bexsero	
	90621 MENB - Trumenba (VFC) (1)		90621 NV MENB - Trumenba	
	90707 MMR (VFC) (3)		90707 NV MMR	
	90710 MMRV (VFC) (4)		90710 NV MMRV	
	90670 PCV13 (VFC) (1)		90670 NV PCV13	
	90714 Td:presrv free (VFC) (2)		90675 Rabies Pre/Post Exposure	
	90715 Tdap (VFC) (3)		90676 Rabies Vaccine IM USE	
	90716 Varicella (VFC) (1)		90714 NV Td: presrv free	
			90715 NV Tdap	
			90690 Typhoid, Oral	
			90691 Typhoid, Intramuscular	
			90716 NV Varicella	
			90717 Yellow Fever	
			90736 Zoster (Shingles)	
			90750 Shingrix (Shingles)	

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	
	86803 Hepatitis C antibody	
	87521 Hepatitis C amplified probe technique	
	87522 Hepatitis C quantification	
	88141 PAP Prof. Component	
	88142 PAP Thin Prep	
	88164 PAP Test	
	Q0111 Wet Mount (PPM Lab Site)	
	Q0112 KOH Prep (PPM Lab Site)	

✓	ORAL (VFC) (1)	✓	ORAL (NON-VFC)	Lot Number:
	90680 Rotateg - Rotavirus (VFC)		90680 NV Rotateg - 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 Component 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 Component 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)	

✓	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	
	ICD	
	W0506 Multivitamin (FIRST-Bottle / 3 month supply)	
	W0506 Multivitamin (ADD'L-Bottle(s)/3 month supply)	
	W0509 Prenatal Vitamins (1 Bottle)	

✓	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	
	90384 Rhogam			

✓	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	

✓	TELEHEALTH:	PROVIDER NUMBER:
	98970 Online digital visit w/ Est. Pt 5-10 mins	
	98971 Online digital visit w/ Est. Pt 11-20 mins	
	98972 Online digital visit w/ Est. Pt 21 or more mins	

✓	ORAL / DENTAL HEALTH	PROVIDER NUMBER:
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✓	ORAL / DENTAL HEALTH (Hygienist)	PROVIDER NUMBER:
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D1206	Fluoride Varnishing	
	ICD	Referral:
D0190	Screening of a patient	
D0191	Assessment of a patient	

D1110	Dental Prophylaxis - ADULT	
D1120	Dental Prophylaxis - CHILD	
D1351	Dental Sealant - Per Tooth	
TOTAL Number Teeth Sealed (UNITS):		

FAMILY PLANNING VISITS			
CONTRACEPTIVES	Quantity	Lot Number:	
S4993	Orals (each cycle)		
S4993 EC	Emergency Contraceptive Pill		
S4993 RE	Orals REPLACEMENTS		
A4266	Diaphragm		
A4267	Condoms (each)		
A4269	Foam/Spermicide/Gel/VagFilm		
A4268	Female Condom (each)		
A4261	Cervical Cap (each)		
J7304	Contraceptive Patch (each)		
J7304 RE	Patch REPLACEMENTS (each)		
J7303	Contraceptive Vaginal Ring (each)		
S1020	Vaginal Suppository (each)		

CONTRACEPTIVES	NDC Number:	Lot Number:
J7300	ParaGard IUD	
J7301	Skyla IUD	
J7296	Kyleena IUD	
J7297	Liletta IUD	
J7298	Mirena IUD	
J7307	Implantable Contraceptive	
J1050	Depo Provera Injection	
57170	Diaphragm Fitting	
58300	Insertion of IUD	
58301	Removal of IUD	
11981	Insertion of Implantable Contraceptive	
11982	Removal of Implantable Contraceptive	
11983	Removal/Reinsert Implantable Contraceptive	

PRIMARY METHOD PATIENT IS USING IF NO METHOD GIVEN TODAY or IF PRESCRIPTION IS GIV			
01	Orals	08	Infertility Services
02	Diaphragm	09	None
03	Male Condoms	10	Withdrawal/Other
05	Female Sterile	13	Foam/Spermicide
06	IUD	14	Implantable Contraceptive
07	Natural/FAM	15	Injectable Contraceptive

16	Emergency Contraceptive Pill	23	Contraceptive Vaginal Ring
17	Vaginal Contraceptive Film	24	Pregnant or Seeking Pregnancy
18	Female Condoms	25	Abstinence
20	Vaginal Suppository	26	Sterile, Non-Surgical
21	Cervical Cap	27	Vasectomy
22	Contraceptive Patch	28	Rely on Female Method

CPT CODES	PROVIDER NUM:
S806I	TB Incentives UNITS: _____
S806E	TB Enablers UNITS: _____
TB	TB Program Tracking Code
TB	TB Program Tracking Code
99411	Group Counseling - 30 Minutes
99412	Group Counseling - 60 Minutes
G0108	DSMT, Individual each 30 Minutes UNITS: _____
G0109	DSMT, Group each 30 Minutes UNITS: _____

TOBACCO	PROVIDER NUM:
1000F	Tobacco Use Assessed ICD
4000F	Tobacco Use, Cessation Counseling ICD
4001F	Tobacco Use, Pharmacological Intervention ICD
99406	Smoking/Tobacco Use, Cessation Counseling 3-10 Minutes
99407	Smoking/Tobacco Use, Cessation Counseling 10+ Minutes
S9453	Smoking cessation classes, non-physician provider, per session

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

NET TOTAL CHARGES → \$

AMOUNT PAID TODAY → \$

HDPT	HDPT	P R	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)		
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)		
W0210 ISSUING A BREAST PUMP			W9403 WIC NUTRITION ED/COUNSELING (22.5)		
			W9403 WIC NUTRITION ED/COUNSELING (22.5)		
W0211 FOOD PACKAGE CHANGE/COUNSELING			W9404 WIC NUTRITION ED/COUNSELING (30)		
W0220 CAPILLARY BLOOD SPECIMEN			W9404 WIC NUTRITION ED/COUNSELING (30)		
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: _____ Height/Length: _____ ft. _____ in. / _____ Weight: _____ lbs. _____ oz. Date of Measure: _____		FOR INFANTS/CHILDREN <24 MONTHS: Is the infant being fed any breast milk? _____ Yes _____ No Was the infant ever fed breast milk? _____ Yes _____ No How long was the infant fed breast milk? _____ Month _____ Weeks _____ Days				Hemoglobin: _____ grams Hematocrit: _____ %		Is the infant fed anything other than breast milk? _____ Yes _____ No How old was the infant when he/she was fed something other than breast milk? _____ Month _____ Weeks _____ Days	
Action Date:	Initial Contact Date:	Certification Date:	Expected Delivery Date:	Actual Delivery Date:	Birth Weight: _____ lbs. _____ oz.	For children ≥ 2, number (#) of hours watching TV each day? _____ Issuance: _____ 1 Month _____ 2 Months _____ 3 Months				Replacement Package Code: Replace current month package Formula _____ Cereal _____	
Nutritional Risk Criteria: _____ _____ _____		Physically Present: _____ Yes _____ No, if no, why: _____ 1- Disability _____ 2- Rec. Healthcare _____ 3- Working Caretaker _____ 4- Newborn		Quantity Returned Fruit/Veggies _____ Meats _____							