

KENTUCKY LOCAL HEALTH DEPARTMENT

PATIENT ENCOUNTER FORM

CH-45 (R. 01/01/2023)

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

FFC CnctC LEP Place of Service/Payment

DOCUMENT #:	
DATE:	
PATIENT NAME:	
ID NUMBER:	

CLINIC VISITS - CHECK APPROPRIATE VISIT CODES

PREVENTIVE HEALTH CHECK E/M			
PHYSICIAN / MID-LEVEL / NURSE			
✓	CPT NEW VISIT TYPE	✓	CPT ESTABLISHED VISIT TYPE
	99381 (< 1YR)		99391 (< 1YR)
	99382 (1-4 YRS)		99392 (1-4 YRS)
	99383 (5-11 YRS)		99393 (5-11 YRS)
	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)
			ICD(Circle Primary)
PROCEDURES			
✓	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			
✓	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)			
✓	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)			
✓	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			
✓	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
	99201 BRIEFNOT A VALID CODE		99211 BRIEF
	99202 EXPANDED		99212 LIMITED
	99203 DETAILED		99213 EXPANDED
	99204 COMPREHENSIVE		99214 DETAILED
	99205 COMPLEX		99215 COMPREHENSIVE
			ICD (Circle Primary)
25 MODIFIER, SEPARATE E/M BY SAME PROVIDER/SAME DAY			
IMMUNIZATIONS			
✓	VFC IMMUNIZATIONS Vaccine/Toxoid	✓	NON-VFC IMMUNIZATIONS
	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 (VFC) (1)	✓	ORAL (NON-VFC)
	90680 Rotateq - Rotavirus (VFC)		90680 NV Rotateq - Rotavirus
	90681 Rotarix - Rotavirus (VFC)		90681 NV Rotarix - Rotavirus
ADMINISTRATION OF VACCINE/TOXOID (Listed Above)			
✓	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)			
✓	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)			
✓	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	✓	PNEUMOCOCCAL (NON-VFC)
	G0009 Admin of Pneumococcal Vaccine		90732 PPSV23; Pneumococcal
			ICD (P)
ADMINISTRATION OF IMMUNE GLOBULIN			
✓	ADMINISTRATION OF IMMUNE GLOBULIN	PROVIDER NUMBER:	
	96372 Therapeutic, Prophylactic or Diagnostic Injection (SPECIFY DRUG)		
IMMUNE GLOBULIN (NON-VFC)			
✓	IMMUNE GLOBULIN (NON-VFC)	✓	IMMUNE GLOBULIN (NON-VFC)
	90371 HBIG		90281 Imm Globulin
	90375 Rabies Imm Glob "RIG"		90376 Rabies "RIG-HT" Heat Tx'd
	UNITS _____		UNITS _____
	90384 Rhogam		
TELEHEALTH:			
✓	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		

Table with 2 main columns: ORAL / DENTAL HEALTH and PROVIDER NUMBER. Rows include codes like D1206, D0190, D0191 and descriptions like Fluoride Varnishing, Screening of a patient, Assessment of a patient.

FAMILY PLANNING VISITS

Table with 4 columns: CONTRACEPTIVES, Quantity, Lot Number, NDC Number, Lot Number. Rows list various contraceptive methods such as Orals, Emergency Contraceptive Pill, Diaphragm, etc.

SELECT A PRIMARY METHOD OF CONTRACEPTION FOR EVERY FAMILY PLANNING VISIT:

Grid of 28 numbered options for primary methods of contraception, including Orals, Diaphragm, Male Condoms, Female Sterile, IUD, Natural/FAM, Infertility Services, None, Withdrawal/Other, Foam/Spermicide, Implantable Contraceptive, Injectable Contraceptive, Emergency Contraceptive Pill, Vaginal Contraceptive Film, Female Condoms, Vaginal Suppository, Cervical Cap, Contraceptive Patch, Contraceptive Vaginal Ring, Pregnant or Seeking Pregnancy, Abstinence, Sterile, Non-Surgical, Vasectomy, and Rely on Female Method.

Table with 2 columns: CPT CODES and TOBACCO. Rows include codes for TB Incentives, TB Enablers, TB Program Tracking Code, Group Counseling, DSMT, and various tobacco use assessment and cessation codes.

ADDITIONAL CPT/HDPT CODES (WRITE-IN)

Large grid for entering additional CPT/HDPT codes, including fields for CPT/HDPT, MOD, PROVIDER NUMBER, ICD, REFERRAL, CHARGE/QUANTITY, UNITS, and 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:

Table for WIC services with columns for HDPT, WIC NUTRITION EDUCATION/COUNSELING, ICD, and PROVIDER NUMBER. Rows list various WIC codes and descriptions.

SEE WIC INFORMATION ABOVE - USE BELOW FOR WIC SERVICES ONLY IF SYSTEM IS DOWN

Complex form for WIC information including STATUS CODES, Date of Measure, Height/Length, Weight, Hemoglobin, Hematocrit, Food Package/Code, Household Issue Day, Prescription Expire Date, FOR INFANTS/CHILDREN <24 MONTHS, and Nutritional Risk Criteria.