

**SBHC Encounter Form**

Revised 07/15/2014

<b>SBHC:</b>		<b>SBHC NPI#:</b>			
<b>Date:</b>		<b>Insurance Identification</b>		<b>Effective 1/1/14 - Not Covered under Centennial Care</b>	
<b>Name:</b>		<b>Company Name:</b>		<b>ON-SITE LAB TESTS</b> (urinaly=urinalysis & micro=microscopy)	
<b>Student ID #:</b>		<b>Insurance #:</b>		<b>CPT</b>	<b>DESCRIPTION</b>
<b>DOB:</b> <b>Gender: Male Female</b>				36415	Venipuncture
<b>SHQ Needed Today</b> <b>Yes No</b>		<b>Provider Name/NPI:</b>		80061	Lipid panel
<b>Confidential Visit Today?</b> <b>Yes No</b>		<b>Provider Signature:</b>		81000	Urinaly - dip stick
<b>OFFICE VISIT</b>					
<b>ESTAB</b>	<b>NEW</b>	<i>Consider use of Modifier 25 (write in +25 after code)</i>		81001	Urinaly,auto.-micro
99211		Minimal eval.		81002	Urinaly,non-auto-no micro.
99212	99201	Problem focused		81003	Urinaly, auto.-no micro.
99213	99202	Expanded problem focused		81015	Urine - microscopic only
99214	99203	Detailed		81025	Urine preg. test-by visual color
	99204	Comp. mod complexity 45 min		82270	Guaiac, occult blood
99215	99205	Comp. high complexity		82465	Cholesterol, total
99354	99354	<b>Add on Code to 99215 or 99205</b> Prolonged Svc pt contact > 75 min		82947	Glucose; quantitative; blood
<b>EPSDT WELL CHLD EXAM/PREVENTIVE MEDICINE</b>					
<b>ESTAB</b>	<b>NEW</b>	<b>**Use ICD 9 Diagnosis code V20.2 for EPSDT WCC Exam if warranted**</b>		82948	Glucose fingerstick
99391	99381	Infant		82962	Glucose monitoring devise
99392	99382	1-4 years		84703	hCG preg. test (urine) qualitative
99393	99383	5-11 years		85013	Hematocrit
99394	99384	12-17 years		85018	Hemoglobin
99395	99385	18+ years		86308	Mono-spot screen
<b>INDIVIDUAL MEDICAL NUTRITION THERAPY 15 min each</b>					
97802		Initial assess/intervention		86677	H. pylori antibody
97803		Re-assess/intervention		87210	Wet mount (e.g., saline) for infectious agents
<b>TEAM CONFERENCE</b>					
99366	Face-to-Face w/pt or family non-phys				
99367	Pt or family not present 30 min physician				
99368	Pt or family not present 30 min non-phys				
<b>PSYCHIATRIC THERAPEUTIC PROCEDURES</b>					
<b>All BH Services should be submitted with TR Modifier</b>					
<b>COMPLEX INTERACTIVE ENCOUNTERS</b>					
90791 -TR	DX interview exam-no med		<b>Use 2012-2013 Crosswalk</b>		
90792-TR	DX interview exam with med		90832-TR	Report with interactive code 90785	
90832-TR	Individual psych. 30 min.		90833-TR	Report with interactive code 90785	
90833-TR	Individual psych.30 min. E/M		90834-TR	Report with interactive code 90785	
90834-TR	Individual psych.45 min		90836-TR	Report with interactive code 90785	
90836-TR	Individual psych.45 min. E/M		90837-TR	Report with interactive code 90785	
90837-TR	Individual psych.60 min		90838-TR	Report with interactive code 90785	
90838-TR	Individual psych.65 min E/M				
90846-TR	Family therapy no pt.present				
90847-TR	Family therapy pt.present				
90853-TR	Group Therapy				
90863-TR	Psych pharmacologic mgmt				
T1016-TR	Coord. Pt care w/primary & BH				
<b>MEDICATIONS, SUPPLIES &amp; DURABLE MEDICAL EQUIPMENT</b>					
J0696	Injection, Ceftriaxone 250 mg IM per vial		A4266	Diaphragm for contraceptive	
J0171	Adrenaline, epinephrine up to 1ml		A4267	Condom, Male	
J1050	Injection, medroxyprogesterone acetate, 1 mg		A4268	Condom, Female	
J2550	Promethazine HCl, injection up to 50 mg		A4269	Spermicidal agent	
J7300	Intrauterine copper contraceptive		A4614	Peak flow meter, hand held	
J7302	Levonorgestrel-releasing intrauterine (Mirena)		J8499 U1	Plan B or similar emergency contraception	
J7303	Hormone Containing Vaginal Ring (Nuvaring)		J7307	Etenogestrel contraceptive implant system	
J7304	Hormone Containing Patch (Ortho Evra)		S4989	IUD other than above (Progestacert)	
J7611	Albuterol, concentrated form, 1 mg		S4993	Contraceptive pills for birth control	
J7613	Albuterol, unit dose form, 1 mg.		Q0144	Azithromycin oral powder 1 gm. <b>Mang.Care only</b>	
A4261	Cervical cap for contraceptive use				
<b>IMMUNIZATIONS</b>					
<b>IMMUNIZATION ADMINISTRATION with provider counseling</b>					
90460	One immunization - Child 0-18 yrs		90461	Each additional vaccine	
<b>IMMUNIZATION ADMINISTRATION without provider counseling</b>					
90471	One Immunization by PERC, ID, SC or IM route - Adult		90472	Each additional vaccine	
90473	One Immunization by IN or PO route - Adult		90474	Each additional vaccine	
<b>OTHER SERVICES</b>					
			Q3014	Telehealth origin. site facility fee	
			T1023	Scoring & interpreting SHQ <b>(for PH and BH)</b>	
			99080	Complete NM HS Athletics Assoc. Sports Physical form	
			99420	Scoring & interpreting PHQ9/SCAReD <b>CHIPRA sites only</b>	
<b>DENTAL SERVICES</b>					
90633	Hep A		90707	Measles, Mumps, Rubella	
90645	HIB(HbOC) [HibTITER]		90712	Poliovirus	
90646	HIB(PRP-D) [ProHIBIT]		90713	IPV (polio)	
90647	HIB(PRP-OMP) [PedvaxHIB]		90714	Tetanus and Diphtheria (Td) >7 yrs	
90648	HIB(PRP-T) [ActHIB or OmniHIB]		90715	Tdap > 7yrs	
90649	HPV males/females 9-10 and 19-26 <b>HB</b>		90716	Varicella SQ	
90649	HPV males/females 11-18		90732	Pneumococcal poly- valent, SQ or IM	
90657	Influenza (split virus 6-35 mo.)		90733	Meningococcal(polysaccharide, SQ)	
90658	Influenza (split virus 3 yrs +)		90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetraivalent)	
90660	Influenza virus vaccine, live, intranasal (Flumist)				
90669	Pneumococcal Conjugate, IM <5 yo		90744	Hep B 3 dose IM	
90700	Dtap < 7yrs		90748	Hep B/Hib Combination IM	
90702	Diphtheria and Tetanus (DT) < 7yrs				
<b>FOLLOW-UP</b>			<b>REFERRAL</b>		
Return to SBHC (follow-up date):			To:		
To Provider:					
<b>DIAGNOSIS (ICD-9)</b>					
Code # and Name					
			D0120	Periodic oral eval	
			D0140	Limited Oral Eval	
			D0150	Initial Comp. Eval	
			D0210	Intraoral-complete incl BW	
			D0220	Intraoral Periapical 1st film	
			D0230	Intraoral Periapical additional film	
			D0240	Intraoral Occusal film	
			D0270	Bitewing Single Film	
			D0272	Bitewing Two films	
			D0274	Bitewing Four films	
			D0330	Panoramic film	
			D0350	Oral/Facial Images (incl. Intra/extraoral)	
			D0999	Unspecified Dx procedure	
			D1110	Prophy-Adult	
			D1120	Prophy-Child	
			D1208	Topical application of fluoride up to age 3	
			D1310	Nutritional Counsel for dental disease	
			D1320	Tobacco/Counsel Cntrl & Prev Oral Disease	
			D1330	Oral Hygiene Instructions	
			D1351	Sealant per tooth #s	
			D4341	Periodontal SRP(4+quad)	

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