

SBHC Encounter Form

DATE:		Insurance Identification		ON-SITE LAB TESTS	
NAME:		COMPANY NAME:		X	CPT
Sudent ID #:		Insurance #:			DESCRIPTION
DOB: Gender: Male ___ Female ___					No labs given
SHQ Needd Today <input type="checkbox"/> Yes <input type="checkbox"/> No		Provider Name/NPI:			80061 Lipid panel
Confidential Visit Today? <input type="checkbox"/> YES <input type="checkbox"/> NO		Provider Signature:			81000 Urinalysis - dip stick
OFFICE VISIT					81001 Urinalysis, auto. - microscopy
ESTAB	NEW				81002 Urinalysis, non-auto. - no microscopy
99211		Minimal eval.			81003 Urinalysis, auto. - no microscopy
99212	99201	Problem focused			81015 Urine - microscopic only
99213	99202	Expanded problem focused			81025 Urine pregnancy test-by visual color
99214	99203	Detailed			82270 Guiac, occult blood
	99204	Comprehensive, mod. complexity, 45 min.			82465 Cholesterol, total
99215	99205	Comprehensive, high complexity			82947 Glucose; quantitative; blood
99354	99354	Add on Code to 99215 or 99205 Prolonged Service; with patient contact; beyond 30 - 74 min.			82948 Glucose fingerstick
EPSTD WELL CHILD EXAM/ PREVENTIVE MEDICINE					82962 Glucose monitoring devise
Consider use of Modifier 25 (write in +25 after code)					84703 hCG preg. test (urine) - qualitative
ESTAB	NEW				85013 Hematocrit
99391	99381	Infant			85018 Hemoglobin
99392	99382	1-4 years			86308 Mono-spot screen
99393	99383	5-11 years			86677 H. pylori antibody
99394	99384	12-17 years			87210 Wet mount (e.g., saline) for infectious agents
99395	99385	18+ years			87430 Streptococcus, group A (culture NON BILLABLE)
NUTRITION					87491 Urine CT/GC - amplified probe NON BILLABLE
97802		Medical Nutritional Therapy, initial assessment and intervention, individual, each 15 min.			87880 Streptococcus, group A (rapid strep test)
97803		Medical Nutritional Therapy, re-assessment and intervention, individual, each 15 min.			Q0091 PAP smear, obtaining/preparation Managed CareOnly
PSYCHIATRIC THERAPEUTIC PROCEDURES					Q0111 Wet prep, obtaining/preparation
All BH Services billed to Optum Health should be submitted with TR Modifier					92567 Tympanometry - impedance testing
90801-TR	Psychiatric diagnostic interview examination				
90804-TR	Individual psychotherapy, 20-30 min.				
90805-TR	Individual psychotherapy, 20-30 min., with medical eval & mgt				PROCEDURES
90806-TR	Individual psychotherapy, 45-50 min.				10060 I & D simple
90807-TR	Individual psychotherapy, 45-50 min., with medical eval & mgt				10120 I & D of foreign body, subcutaneous (simple)
90808-TR	Individual psychotherapy, 65-80 min.				or complete, for permanent removal
90810-TR	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter or other mechanisms of non-verbal communication 20-30 min, face-to-face with patient				11730 Avulsion of nail plate (simple)
90812-TR	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter or other mechanisms of non-verbal communication 45-50 min face-to-face with patient				11740 Evacuation of subungual hematoma
90814-TR	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter or other mechanisms of non-verbal communication, 75-80 min face-to-face with patient				11750 Excision of nail and nail matrix, partial or complete for permanent removal
90846-TR	Family therapy without patient present				12001 Suturing - specify body part:
90847-TR	Family therapy with patient present				Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands & feet) 2.5 cm
90853-TR	Group therapy				16000 Initial tx - 1st° burn (local), doc. % coverage & depth
90862-TR	Psychiatric pharmacologic management				17110 Wart removal
MEDICATIONS, SUPPLIES & DURABLE MEDICAL EQUIPMENT					26641 Closed tx of carpometacarpal (thumb) dislocation
J0171	Adrenaline, epinephrine up to 1ml	A4261	Cervical cap for contraceptive use		28190 Removal of foreign body, foot, subcutaneous
J0696	Ceftriaxone 250 mg, IM per vial	A4266	Diaphragm for contraceptive use		29130 Application of finger splint (static)
J1055	Depo Provera 150 mg, IM	A4267	Condom, Male		30300 Removal of foreign body, intranasal
J1056	Medroxyprogesterone	A4268	Condom, Female		36415 Venipuncture
J2550	Promethazine HCl, injection up to 50 mg	A4269	Spermicidal agent		54050 Destruction of lesion(s), penis
J7300	Intrauterine copper contraceptive	J8499 U1	Plan B or similar emergency contraception		56501 Destruction of lesion(s), vulva
J7302	Levonorgestrel-releasing intrauterine (Mirena)	J7307	Etenogestrel contraceptive implant system		57170 Diaphragm fitting
J7303	Hormone Containing Vaginal Ring (Nuvaring)	S4989	IUD other than above (Progestacert)		58300 IUD insertion
J7304	Hormone Containing Patch (Ortho Evra)	S4993	Contraceptive pills for birth control		58301 IUD removal
J7611	Albuterol, concentrated form, 1 mg	Q0144	Azithromycin oral powder 1 gm. Mang.Care only		69200 Removal foreign body from external auditory canal
J7613	Albuterol, unit dose form, 1 mg.				69210 Removal impacted cerumen (one or both ears)
IMMUNIZATIONS					87220 KOH for skin/hair/nails
IMMUNIZATION ADMINISTRATION					94640 Nebulizer treatment
90460	One immunization with provider counseling	90461	Each additional vaccine with provider counseling		94010 Spirometry
VACCINATIONS					OTHER SERVICES
90633	Hep A	90702	DT		Q3014 Telehealth originating site facility fee
90645	HIB(HbOC) [HibTITER]	90707	Measles, Mumps, Rubella		T1023 Scoring and interpreting SHQ
90646	HIB(PRP-D) [ProHIBIT]	90712	Poliovirus		99080 Complete NM HS Athletics Assoc. Sports Physical form
90647	HIB(PRP-OMP) [PevdaxHIB]	90713	IPV (polio)		
90648	HIB(PRP-T) [ActHIB or OmniHIB]	90715	Tdap		CDT CODES: DENTAL SERVICES
90649 HB	HPV females 9-10 and 19-26	90716	Varicella SQ		D0120 Periodic Oral Evaluation
90649	HPV females 11-18	90718	Tetanus and Diphtheria (Td)		D0140 Limited Oral Evaluation
90657	Influenza (split virus 6-35 mo.)	90732	Pneumococcal poly- valent, SQ or IM		D0150 Initial Comprehensive Evaluation
90658	Influenza (split virus 3 yrs +)	90733	Meningococcal(polysaccharide, SQ)		D0120 Intraoral comp series incl. BW
90669	Pneumococcal Conjugate, IM <5 yo	90734	Meningococcal conjugate vaccine, serogroups A, C, Y and W-135 (tetravalent)		D0220 Intraoral Periapical 1st film
90700	DTaP				D0230 Intraoral Periapical additional film
90701	DT	90744	Hep B 3 dose IM		D0240 Intraoral Occlusal film
90660	Influenza virus vaccine, live, for intranasal use (F)	90748	Hep B/Hib Combination IM		D0272 Bitewing Two films
FOLLOW-UP		REFERRAL			D0274 Bitewing Four films
Return to SBHC (follow-up date):		To:			D0330 Panoramic film
To Provider:					D0350 Oral/Facial Images (incl. Intra/extraoral)
DIAGNOSIS (ICD-9)					D1120 Prophy-Child
Code # and Name					D1203 Topical ap. Fluoride child ex prophy
					D1310 Nutritional Counsel for dental disease
					D1330 Oral Hygiene Instructions
					D1320 Tobacco/Counsel Cntrl & Prev Oral Disease
					D1351 Sealant per tooth #s:
					D4341 Periodontal SRP (4+ quadrant)

