

Newcomer Health Encounter Form

Place encounter label here: _____ Date: _____ Name: _____ DOB: _____ Pt #: _____ Encounter # _____	Subprogram: RF Diagnosis Code: Z02.89 Setting: _____ ORG ID: 135807260 Provider # _____ Provider Time: _____ Provider # _____ Provider Time: _____
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HISTORY AND PHYSICAL EXAM/ASSESSMENT

- ☐ Performed by MD
☐ Performed by NP*
☐ Performed by PHN†
 99381 ☐ H&PA <1 year
 99382 ☐ H&PA 1-4 years
 99383 ☐ H&PA 5-11 years
 99384 ☐ H&PA 12-17 years
 99385 ☐ H&PA 18-39 years
 99386 ☐ H&PA 40-64 years
 99387 ☐ H&PA ≥65 years

*For exams performed by NP use NP exception code
 †For exams performed by PHN use PHN exception code

LABORATORY TESTS FOR ALL PATIENTS

CBC

L5009 ☐ CBC w/Plate and Diff

Serum Chemistries

L322758 ☐ Basic metabolic panel

Urinalysis

For all able to provide clean catch specimen; only select one of the below.

- 81000 ☐ Urine Dip, (non-automated, with microscopy)
 81001 ☐ Urine Dip, (automated, with microscopy)
 81002 ☐ Urine Dip, (non-automated, without microscopy)
 81003 ☐ Urine Dip, (automated, without microscopy)

HIV Testing

For all persons 13-64 years of age; testing for those ≤12 and ≥64 encouraged

L83935 ☐ HIV 1/O/2

Hepatitis B Testing

Choose Hepatitis B Panel for adults; choose Hepatitis B Surface Antigen only for children <18 years, if from low to intermediate endemic areas. Testing performed overseas does not need to be repeated.

- L219949 ☐ Hepatitis B Panel
 L6510 ☐ Hepatitis B surface antigen

Updated: 5/7/2019

Lab Charges

- 36415 ☐ Venipuncture
 36416 ☐ Capillary Blood Sample
 99000 ☐ Lab Handling Fee

TB TESTING

- L182879 ☐ QuantiFERON TB Gold 4 tube IGRA
 86480A ☐ QuantiFERON Gold Test (NOVA price code)
 TspotTB ☐ T-Spot IGRA
 86580 ☐ TST Admin
 PPREAD ☐ mm ☐ POS ☐ NEG
 (Districts may leave Z11.1 default diagnosis code)
 71045 ☐ Chest x-ray, frontal
 71046 ☐ Chest x-ray, PA and lateral

Use RF exception code

- TBSPEC1 ☐ TB Culture AFB & Smear
 TBSPEC2 ☐ TB Culture AFB & Smear
 TBSPEC3 ☐ TB Culture AFB & Smear

Send to DCLS

LABORATORY TESTS FOR SPECIFIC PATIENTS

Cholesterol

Screen men ≥35 years and women ≥45 years; can be checked non-fasting. Screen beginning at age 20 individuals at increased risk for CAD (diabetes, tobacco use, HTN, familial history of cardiovascular disease)

L303756 ☐ Lipid Profile

Pregnancy Testing

For females of childbearing age

81025 ☐ UPT (use secondary diagnosis code depending on result)

☐ Pos (Z32.01) ☐ Neg (Z32.02)

Blood Lead Level/Iron studies

Choose 717009 for children 6 months – 16 years; and one or more of the nutritional tests if < 6 years **if needed**

- L717009 ☐ Assay of lead
 L1339 ☐ Serum Iron
 L5280 ☐ Reticulocyte/Hgb count

Hepatitis C Testing

All refugees born from 1945-1965 and those with risk factors – injection drug use, body art, blood transfusion recipient, HIV, known exposure, etc.

L144045 ☐ Hepatitis C antibody

Syphilis Screen

If no documentation, Test all refugees >15 years of age and ≤15 with risk factors

L82345 ____ T Pallidum Screening Cascade

Chlamydia Testing

Women ≤25 who are sexually active or those with risk factors; women >25 years with risk factors; Leucoesterase + on urine sample; any refugee with symptoms

L183194 ____ Chlamydia/ gonorrhea (urine)

Serology – use for 19 years and older if no documentation of vaccine receipt

L96206 ____ Varicella IgG

L58495 ____ Measles, Mumps, Rubella immunity

Newborn Screening (within first 6 months of life) } Send to DCLS
NBSCR ____ Newborn Screening Outpatient

IMMUNIZATIONS

Use chargeable vaccines for adults and select FF price code

90700 ____ DTaP

90632 ____ Hepatitis A adult

90633 ____ Hepatitis A pediatric

90746 ____ Hepatitis B adult Free/Charge/Study

90744 ____ Hepatitis B pediatric

90636 ____ HepA/Hep B (Twinrix) Free/Charge/Study

90648 ____ Hib

Varies ____ Influenza[£] Free/Charge

90651 ____ HPV9

90713 ____ IPV

90696 ____ Kinrix (DTaP/IPV)

90734 ____ MCV4

90707 ____ MMR[£] Free/Charge

90710 ____ MMRV

90670 ____ PCV13[£]

90723 ____ Pediarix (DTaP/IPV/Hep-B)

90698 ____ Pentacel (DTaP/IPV/Hib)

90732 ____ PPV23[£]

90681 ____ Rotarix

90680 ____ Rotateq

90714 ____ Td[£] Free/Charge

90715 ____ Tdap[£] Free/Charge

90716 ____ Varicella[£] Free/Charge

90471 ____ First Injectable Vaccine Admin. Fee

90472 ____ Each Add'l Injectable Vaccine Admin. Fee

90473 ____ First Oral/Nasal Vaccine Admin. Fee

90474 ____ Each Add'l Oral/Nasal Vaccine Admin. Fee

OTHER

99213 ____ Clinician Visit 2

(use if pt is seen for a f/u visit)

99211 ____ Nurse Visit

RFGINTP ____ Refugee Interpretation Services

(1 time charge only)

RFGMHSC ____ Refugee Mental Health Screening

____ Update Address and Phone number

OVA and PARASITE

***Pt's in need of presumptive treatment should be given a RX to have filled at a pharmacy. **Clinicians should write the following on the RX: "CDC directed therapy for refugees"**

L8623 ____ O&P Stool Testing

MEDICATIONS – to be used only with preapproval from the NHP. * (Reserved for those who don't qualify for Medicaid.)**

RD603A ____ Malarone Adult (Atovaquone 250mg; Proguanil 100mg) ____ #of pills

RD604A ____ Malarone Child (Atovaquone 62.5mg; Proguanil 25mg) ____ #of pills

Refugees who did not receive pre-departure treatment for malaria should be treated **within 3 months** of arrival

RD611B ____ Praziquantel (Biltricide) 600mg ____ # tabs

RD765 ____ Praziquantel (Biltricide) 600mg 6tabs

RD763A ____ Albenza ____ #of pills

RD764 ____ Stromectol bottle of 20

RD764A ____ Stromectol ____ #of pills

***For medication preapproval, please call Jill Grumbine at 804-864-7911.

FOLIC ACID

FAC ____ Folic Acid Counseling

R886 ____ Folic Acid – 400 MCG 100's

MVC ____ Multivitamin w/Folic Acid Counsel

R593 ____ Vitamins w/.8mg Folic Acid

Updated: 5/7/2019

£ = Newcomer Health will cover charges for these vaccines provided to adults.

Vaccines for children should be billed to Medicaid.