

# 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: _____

## 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

### 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 and children; Testing performed overseas does not need to be repeated.

- L144473 \_\_\_\_\_ Hepatitis B Panel
- L6510 \_\_\_\_\_ Hepatitis B surface antigen

### Lab Charges

- 36415 \_\_\_\_\_ Venipuncture
- 36416 \_\_\_\_\_ Capillary Blood Sample
- 99000 \_\_\_\_\_ Lab Handling Fee

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## TB TESTING

- L182913 \_\_\_\_\_ QuantiFERON TB Gold Plus 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

### Serum Chemistries

Indicated based on signs/symptoms and comorbidities; Uric acid recommended for Hmong refugees

L322758 \_\_\_\_\_ Basic metabolic panel

### 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

Choose 717009 for children ≤16 years; > 16 years if high index of suspicion, or clinical symptoms of lead exposure; All pregnant and lactating women and girls

L717009 \_\_\_\_\_ Assay of lead

### Hepatitis C Testing

All new adult refugees; all pregnant women during each pregnancy

L144050 \_\_\_\_\_ 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

If no documentation, Women ≤25 who are sexually active or those with risk factors; women >25 years with risk factors; Leukoesterase + on urine sample; any refugee with symptoms

L183194 \_\_\_ Chlamydia/ gonorrhea (urine)

**Serology** – use for 19 years and older if no documentation of prior vaccination

L96206 \_\_\_ Varicella IgG

L58495 \_\_\_ Measles, Mumps, Rubella immunity

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

## IMMUNIZATIONS

Use chargeable vaccines for adults and select FF price code

Varies \_\_\_ COVID-19<sup>£</sup>

90700 \_\_\_ DTaP

90632 \_\_\_ Hepatitis A adult

90633 \_\_\_ Hepatitis A pediatric

90746 \_\_\_ Hepatitis B<sup>£</sup> adult Free/Charge/Study

90744 \_\_\_ Hepatitis B pediatric

90636 \_\_\_ HepA/Hep B (Twinrix) Free/Charge/Study

90648 \_\_\_ Hib

Varies \_\_\_ Influenza<sup>£</sup> Free/Charge

90651 \_\_\_ HPV9

90713 \_\_\_ IPV<sup>£</sup>

90696 \_\_\_ Kinrix (DTaP/IPV)

90734 \_\_\_ MCV4

90707 \_\_\_ MMR<sup>£</sup> Free/Charge

90710 \_\_\_ MMRV

90677 \_\_\_ PCV20<sup>£</sup>

90723 \_\_\_ Pediarix (DTaP/IPV/Hep-B)

90698 \_\_\_ Pentacel (DTaP/IPV/Hib)

90732 \_\_\_ PPV23<sup>£</sup>

90681 \_\_\_ Rotarix

90680 \_\_\_ Rotateq

90714 \_\_\_ Td<sup>£</sup> Free/Charge

90715 \_\_\_ Tdap<sup>£</sup> Free/Charge

90716 \_\_\_ Varicella<sup>£</sup> Free/Charge

90697 \_\_\_ Vaxelis (DTaP/IPV/HIB/HepB)

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

90480 \_\_\_ COVID 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 include the appropriate Diagnosis code (B78 – Strongyloidiasis, B89 – unspecified intestinal parasite, B73 Onchocerciasis)**

L8623 \_\_\_ O&P Stool Testing

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

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 or email [jill.grumbine@vdh.virginia.gov](mailto:jill.grumbine@vdh.virginia.gov).

## FOLIC ACID

FAC \_\_\_ Folic Acid Counseling

MVC \_\_\_ Multivitamin w/Folic Acid Counsel

Updated: 11/14/2023

**Vaccines for children should be billed to Medicaid.**

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