Newcomer Health Encounter Form

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

HISTORY AND PHYSICAL EXAM/ASSESSMENT

☐Performed by Physician
☐Performed by NP*
☐Performed by PHN†

99381 ☐ H&PA <I 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

TB TESTING

L182913 ☐ QuantiFERON TB Gold Plus IGRA
86480FF ☐ QuantiFERON Gold Test (NOVA price code)
Q37737 ☐ T-Spot IGRA
86580 ☐ TST Admin
PPREAD ____mm ☐POS ☐NEG (Districts may leave Z11.1 default DX 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 TESTING 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

LABORATORY TESTING 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 18-45; other ages if reason to suspect infection.

L82345 ☐T Pallidum Screening Cascade

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Chlamydia Testing

If no documentation, test all clients 18-24 years of age, other ages, if reason to suspect infection. Females with abnormal vaginal or rectal discharge, intermenstrual vaginal bleeding, or lower abdominal or pelvic pain. Males with urethral discharge, dysuria, or rectal pain or discharge.

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)

NBSCR ☐ Newborn Screening Outpatient – Send to DCLS

IMMUNIZATIONS

Use chargeable vaccines for adults and select FF price code

Varies ☐ COVID-19£

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

90677 ☐ PCV20£

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

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

Vaccines for children should be billed to Medicaid.

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

OTHER

99213 ☐Clinician Visit 2 (use if pt seen for a f/u visit)

99211 ☐Nurse Visit

RFGMHSC ☐Refugee Mental Health Screening

RFGINTP ☐Refugee Interpretation Services (1 time charge only)

RFADMIN ☐Refugee Admin (1 time charge only to cover administrative overhead)

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.)
***For Medication preapproval, please call or email Jill Grumbine (804-864-7911) Jill.Grumbine@vdh.virginia.gov

Malaria

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

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

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

Intestinal Parasites

RD611B ☐ Praziquantel (Biltricide) 600mg _____ # tabs

RD765 ☐ Praziquantel (Biltricide) 600mg 6 tabs

RD763A ☐ Albenza _____# of pills

RD764 ☐ Stromectol bottle of 20

RD764A ☐ Stromectol _____# of pills

Folic Acid

FAC ☐Folic Acid Counseling

MVC ☐Multivitamin w/Folic Acid Counseling

Updated 06/2026