School-Based Health Center Encounter Form

Massachusetts Department of Public Health

FOR SBHC OFFICE USE ONLY

Medical Record Number _____ School Name _____

Billing Number _____

First Name	**Middle Name**	**Last Name**	**Suffix**

Date of Birth	Month		Day		Year	
Service Date	Month		Day		Year	

Service Information

Rendering Clinician:

Taxonomy Code:

- □ NP/PA - (363L00000X)
- □ Allopathic & Osteopathic Physicians (Primary Care) - (208000000X)
- □ Allopathic & Osteopathic Physicians (Psychiatrist) - (2084P0800X)
- □ Mental Health Counselor (101YM0800X)
- □ School Nurse - (163WS0200X)
- □ Oral Hygienist - (124Q00000X)
- □ Dentist - (122300000X)
- □ Dietician - (133N00000X)
- □ Case Manager/Health Ed - (251B00000X)
- □ Other (i.e. family planning counselor) - (174400000X)

Evaluation and Management

CPT Preventive Health Care Service Codes

Established Patients			**New Patients**		
□	99391	<1 year	□	99381	<1 year
□	99392	1-4 years	□	99382	1-4 years
□	99393	5-11 years	□	99383	5-11 years
□	99394	12-17 years	□	99384	12-17 years
□	99395	18-39 years	□	99385	>17 years

CPT Counseling Services Codes

Individual			**Group**		
□	99401	15 Minutes	□	99411	30 Minutes
□	99402	30 Minutes	□	99412	60 Minutes
□	99403	45 Minutes			
□	99404	60 Minutes			

CPT Acute or Chronic Medical Care Service Codes – Evaluation and Management

Established Patients			**New Patients**		
□	99211	L1 (<5 minutes)	□	99201	L1 (<10 minutes)
□	99212	L2 (6-10 minutes)	□	99202	L2 (11-20 minutes)
□	99213	L3 (11-15 minutes)	□	99203	L3 (21-30 minutes)
□	99214	L4 (16-25 minutes)	□	99204	L4 (31-45 minutes)
□	99215	L5 (25-40 minutes)	□	99205	L5 (46-60 minutes)

CPT Administration Service Codes

□	99420	Health Assessment

CPT Case Management Service Codes					
Telephone Calls			**Team Conferences**		
☐	99371	Simple/Brief	☐	99361	30 Minutes
☐	99372	Intermediate	☐	99362	60 Minutes
☐	99373	Complex/Lengthy			

CPT Additional Procedure Service Codes			CPT Immunization Service Codes		
☐	16020	Burn, dressing/debride, initial/subsequent small	☐	90657	Influenza, split virus, IM/jet, 6-35 months
☐	69210	Removal impacted cerumen (separate procedure)	☐	90703	Tetanus toxoid, IM/jet
☐	90782	Injection, SQ/IM, non-vaccine, (specify)	☐	90707	MMR, live virus, SQ/jet
☐	92551	Pure tone, air only, w/equipment, screening	☐	90713	Polio, IPV, inactivated, SQ
☐	94664	Demonstration/evaluation of MDI, nebulizer	☐	90716	Varicella, live virus, SQ
☐	94760	Pulse oximetry	☐	90715	Tdap vaccine >7 im
☐	99173	Visual screening, Snellen chart, non-eye problem	☐	90733	Meningococcal polysaccharide, SQ/jet
☐	90471	Immunization admin., injection, first injection	☐	90744	HepB, IM, pedi/adol, 3-dose schedule
☐	90472	Immunization admin., injection, each addn. inj	☐	90649	Human Papilloma Virus Vaccine (HPV)
☐	94640	Nebulizer Treatment	☐		Other (Specify)_____
☐		Other (Specify)_____	☐		Other (Specify)_____
☐		Other (Specify)_____	☐		Other (Specify)_____

CPT Lab Test/Order Service Codes					
☐	80048	Basic metabolic panel	☐	86592	VDRL, RPR, ART
☐	81000	UA, dip/tab reagent, non-auto, w/micro	☐	87070	Culture, bacterial, except urine, blood or stool
☐	81002	UA, dip/tab reagent, non-auto, w/o micro	☐	87081	Culture, presumptive, pathogenic organism, screen
☐	81025	Urine pregnancy test	☐	87086	Culture, bacterial, quantitative, urine
☐	82465	Cholesterol, total, serum/whole blood	☐	87110	Culture, Chlamydia, any source
☐	82948	Glucose; quantitative, blood, reagent strip	☐	87210	Smear, primary source w/interpretation, wet mount
☐	85007	Blood count, blood smear, micro w/o man diff WBC	☐	87430	Immunoassay/qual/semiquan/multi step/Strep group A
☐	85014	Hct	☐	87850	Immunoassay w/direct observ; Neisseria gonorrhoeae
☐	85018	Hgb	☐	87880	Immunoassay w/direct observation; Strep, group A
☐	85027	CBC w/o diff	☐	88150	Cytopathology slides, cervical/vaginal, manual
☐	86317	Immunoassay infecti agent antibody, quantit, NOS	☐	82962	Glucose by home monitor
☐	86580	TB skin test, intradermal	☐		Other (Specify)_____

Add Diagnosis (ICD-9 Codes)		ICD-9 Codes Description
DX1		_____
DX2		_____
DX3		_____
DX4		_____

Screening Assessment
(To be entered with first service code)

Confidential Visit: □ Yes □ No **Height (inches):** _____ **Weight (lbs):** _____

Comprehensive Resiliency/Risk Assessment

Critical Health Behaviors	Assessed?		Risk Identified?		Type of Plan?
Please mark only the behaviors that were assessed during this visit:	Yes	No	Yes	No	RR=Risk Reduction AG=Anticipatory Guidance SBHC=Return to SBHC NoFU= No Follow-Up Plan
1. Mental and Emotional Health					
1a. Family relationships					
1b. Peer relationships					
1c. Depression					
1d. Anxiety					
1e. ADHD					
1f. Other					`
2. Alcohol and Drug Use					
3. Injury (Unintentional and Intentional)					
3a. Seatbelt use					
3b. Sports safety gear use					
3c. Sun protection					
3d. Self-mutilation					
3e. Suicide attempt					
3f. Internet safety					
4. Violence (Victim or Perpetrator)					
4a. Weapons					
4b. Bullying					
4c. Witnessing violence					
4d. Abuse (sexual, physical, emotional, dating)					
5. Tobacco Use					
6. Nutrition					
6a. Disordered					
7. Physical Activity					
7a. Sports involvement					
7b. TV/Internet time					
8. Academics					
8a. School connectedness					
8b. Community service					
8c. Truancy					
8d. School failure					
9. Sexual Behaviors					
9a. STD/Pregnancy prevention methods					
9b. Abstinence					
9c. GLBTQ					

What type of screening tool was used (check all that apply)?
□ GAPS □ HEADSS □ PSC □ SOS □ CRAFFT □ Other (specify): _____

Actual referral or appointment made for client at this visit (check all that apply):

□ PCP
□ Specialty Medicine
□ Mental Health Clinician (Psychologist, LICSW, Psychiatrist)
□ Substance Abuse Treatment
□ Family Planning
□ Nutrition
□ Oral Health
□ Student Support Services
□ Other (specify)_____
□ N/A

Disposition: □ Returned to class □ Sent home □ Sent to PCP □ Sent to ER/Hospital