



Florida Department of Health
School Health
Services Program



HMS
Health Management System

School Health Coding Pamphlet



**2010 - 2011
EDITION**

The information included in the "School Health Coding Pamphlet" was extracted from DHP 50-20. It consolidates information related to school health activities and contains the coding information routinely used by school health program staff to record their services. Please refer to DHP 50-20, October 1, 2010 for the complete coding pamphlet and instructions. See page 2 for a summary of major 2010 changes that apply to school health codes.

October 1, 2010

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Table of Contents

Chapter 1 – Overview 3

Chapter 2 - Getting Started With Key Concepts 4

Chapter 3 - Reports from HMC Data 10

Chapter 4 - Data Transmittal Procedures 11

Chapter 5 - Personal Health Program Component Descriptions and Definitions..... 12

Chapter 6 – Service Code Definitions for Personal Health Services 29

2010 Summary of Changes:

CODE & SERVICE	CHANGES
0521, 0522, 0523, 0524 – BMI screening codes	Service code names revised to match CDC BMI quartile names
0598 – Record Review	Clarified use of FTTYs and added "reviews of additional records" during the school year
0610, 0615, 0621, 0661 - School Health Screening Opt-Out	New codes for school health programs to account for students (by grade level) whose parents have opted them out of school health screenings
4050 – Licensed Practical Nurse Service	Definition expanded for use by other county health department programs. School health note for use remains the same
5054 – Obesity Intervention	New code for school health nursing interventions for students at or over the 95th percentile

Chapter 1 – Overview

What is the Health Management System (HMS)?

The Health Management System (HMS) is a statewide, distributed computerized system used by County Health Departments in daily business operations. The Health Management Component (HMC) of HMS is used to collect public health service and time data at the program component level for reporting to the Health Management Component Reporting System (HMCRS). At the state-level, data from all the county health departments is collected and analyzed to support departmental planning, budgeting, management, administration as well as reporting to the governor and state legislature.

Where Does Data in HMS and the Statewide HMC Reporting System Come From?

County health department employees document services and time by recording a program component and service code that represent each activity.

1. The Record Services screen is used to record services provided to clients.
2. The Employee Activity Record (EAR) screen is used to report each employee's time according to the program area. The EAR reports all employee time by program using support codes and in special instances direct service codes where group coding is allowed. The EAR data is entered into the HMS EAR data entry screen.

The service and time data from all the providers in all the county health departments is batched weekly and uploaded to the HMC Reporting System where the data is aggregated and web-based reports of service activity are generated according to program areas, county, service site, and more.

How is the Data from the Health Management System Used?

Health Management Component (HMC) data is the primary source of information about the public health services provided to Department of Health clients, so it is used in reports for a wide variety of purposes.

Production reports, available on the Office of Planning, Evaluation and Data Analysis website, provide information about service delivery and facilitate the process of planning, monitoring, and evaluation at the local level. In addition, special reports are developed at the state level to obtain information for statistical analyses and reports to funding agencies, study costs of services across program areas, or to assess effectiveness of health programs. Together with fiscal information, the HMC data is used in the Contract Management System as the backbone of program funding for county health departments.

Time coded by employees is the basis for reports that show expenditures and costs by program components. It also provides information about the numbers of Full-time Equivalents (FTEs) and salary dollars needed to provide a given level of service in each program component.

All persons providing direct services through the county health department should report time throughout the year. Only employees who work in general operations and do not provide direct services do not report time. This might include facility and ground maintenance, housekeeping, security, fiscal services, general services staff who perform budgeting, ordering, receiving and distributing supplies, data processing, or planning, and switchboard operators. All others should report time. Please direct any questions regarding who should code time on the EAR form to the Office of Planning, Evaluation & Data Analysis.

Chapter 2 - Getting Started With Key Concepts

The Department of Health is required by Florida Statute 154.01 to “provide for financial and service reporting for each type of service according to standard service and reporting procedures established by the department.” The Department uses the Health Management Component Reporting System to collect and report information from each county health department on the number of clients served, services provided, full-time employees and expenditures used for services.

The source of this information is the services and employee time entered in the Health Management System. This information is also used locally for planning, program evaluation and data based decision-making. This pamphlet provides instructions on the collection and reporting of HMC service and employee time data.

Responsibility for Reporting Services

Each employee is responsible for the accuracy of the data they report by entering the information into HMS. Client services are entered at the time services are provided as much as possible. Your supervisor will provide you with the procedures you should follow.

All service and time data should be entered into the HMS within 14 days of the date of service provision.

Program Components

HMC coding, program areas such as immunization services, sexually transmitted disease services, healthy start services, etc. are identified by 2-digit numbers called Program Components. There is a complete list of the personal health program components in Chapter 8. Because the same service can be provided in many program areas, services are recorded with a program component code.

Example of a description for a Program Component:

29 Comprehensive Child Health Services

County health departments provide services and screenings to clients under 18 years of age. Services, provided to clients, are: nutrition assessment/counseling, nursing assessment/counseling, rheumatic fever, home assessment neonatal, drug issuance by the nurse, physical examination, and medical management.

Some personal health services can be recorded with any program component number. Because they can be provided in any program area, they are called universal services. Look for ‘UNIVERSAL’ in the description in Chapter 9. Most service codes are not universal and can only be used in appropriate program components. Refer to the list of service codes by program component (Chapter 8) to learn if a service code is valid in a particular program component.

Service Reporting in HMS

The program structure and staffing of each county health department depends on identified public health problems and needs of the population in the area served. All county health departments offer core public health services. Staff reports these core services in HMS.

Service Descriptions are intended to provide for integrated service reporting of all CHD client related services. In the CHD many types of services are recorded for many reasons, such as:

- ◆ To charge fees to clients or to bill Medicaid and other third parties for clinical services using Current Procedural Terminology (CPT) codes or Dental (CDT) codes.
- ◆ To report DOH required service reporting using Health Management Codes (HMC).

- ◆ To track planned tasks, referrals, etc., for care coordination.
- ◆ To capture laboratory tests and results.
- ◆ To meet identified local reporting needs using service codes specific to the CHD.
- ◆ To capture medical history in the form of services received from other providers.

HMS uses a unified service collection process by providing the ability to create a Service Description and then associate it to codes that may apply. You are then able to use the Record a Service screen to record all types of services for your client.

Services entered in Record a Service require at least one of these code types. Many services will require multiple codes.

Code

Type Service

CPT Used to provide and bill for medical services

CDT Used for provide and bill for dental services

HMC Used to report program activities to determine Program funding and accountability

LAB Used to provide and bill for Lab Tests.

Local (Local Use Code) County specific codes that can be used to for locally provided services that do not use any of the codes listed above.

An example of the service description screen is below.

1. Each of these code types are maintained in their respective code class (table). These classes are used to build your SERVICE DESCRIPTIONS, formerly known in HCMS as

service codes. The service description is used to link the coding of more than one code type with one entry.

2. All service descriptions require an entry of at least one of the code types, CPT, CDT, HMC, Lab or Local Use Code.

When services are recorded that are associated to multiple codes, different types of records are created.

Services can be entered using the code (CPT, CDT, HMC, Lab or Local) or the description. Choices are automatically generated for the valid service codes based on the Program Component chosen.

Summaries of all personal health program component and service codes are found in Chapter 5. Definitions for each service are found in Chapter 6.

Special Coding Requirements: FTTY, Results, and Outcomes

FTTY (First Time This Year)

In program components where client registration is not required the FTTYs for specific service codes are used to estimate the number of clients served in a program component during a contract year (October 1 through September 30*). Refer to Chapter 8 for FTTY coding instructions. The FTTY for client services entered in HMS is captured automatically if the client is being seen for the “First Time This Year.” For services group-coded on the EAR form, FTTYs must be determined by the service provider.

Results

This special coding requirement records the number of abnormal findings. If results are required for the service code, enter 1 for abnormal or 0 for normal on the HMC Detail screen or the number of positives on the EAR. School Health uses reporting year of July 1 – June 30.

Outcomes

This special coding requirement records the action taken by the client from the result. Refer to Chapter 8 for coding instructions.

Service Locations

A service location tells where a service was provided and is required information. There are five valid service location codes:

CHD Office	31
CHD Clinic	39
Private Premise	84
*Disaster	90
School (Public or Private)	92
Other	98

*This is used for Environmental Health services only

Recording the Number of Services

Services delivered outside of the CHD clinic setting can be “group coded” on an EAR form if allowed by the program. Group coding is reporting more than one service on the same line of the EAR form by indicating the appropriate number of services. Program components where group coding of services is allowed include, 03 (AIDS Services), 05 (Non-state supplied vaccines), 34 (School Health Services), and mass screening in 04 (Tuberculosis Services) and in 10 (Chronic Disease Prevention Community Services). Services coded to 21 (Women, Infant & Children Program) can be group coded with the exception of when a nutritionist who is funded by the Women, Infant & Children

Program provides an individual nutrition assessment and counseling service to a Healthy Start client. The service must be individually coded using the client's ID on the Healthy Start encounter form in order to identify the client as a Healthy Start participant.

Services provided to individual clients in the clinic setting are reported in HMS using the Client ID; therefore the number of services is already being calculated.

Follow the special instructions for codes requiring the "number of services" found in Healthy Start Program Components.

Identifying and Counting Clients and Services

Client counts for the Contract Management System are determined by unduplicated counts of clients receiving a service in each personal health program component where client registration is required. This is possible when all services are coded to unique clients.

In some program components services are group coded, such as School Health (34) and Chronic Disease Prevention Community Services (10). Within these program components there are unique services that are used to estimate the total number of clients served in that program during a contract year (October 1 through September 30).

Employee Time Codes

The program structure and staffing of each county health department depends on identified public health problems and needs of the population in the area served. All county health departments offer core public health services. Staff report these core services in HMS.

Employee time is also entered into the Health Management System. You record the time spent providing direct services on the Employee Activity Record by employee position number, the program component and the service code "0000".

In addition to the direct service time code, there is support and other service codes provided to account for employee time by program. Service codes that require time coding are identified as "time only" in the service code descriptions provided in Chapter 9.

Special coding instructions apply to employee time in certain program components. Summaries of all personal health program component and service codes are found in Chapter 8. Definitions for each service are found in Chapter 9.

Cancel Page Employee Activity Record Save Page

Thursday, April 20, 2006 Print Form Option

BROCK, JUDY A PSN : 060677 Emp Preference

Default DAU : 030190 Hours : 8 Days : sMTWTFs

Mark all lines for deletion

Activity and Time Reporting by Program Component Repeat Line

Del	DAU	PC	Code	#Service	#FTTY	Loc	Time	Clr
	030190	41	9080			31	480	<input type="checkbox"/>
	030190							<input type="checkbox"/>
	030190							<input type="checkbox"/>

Total Time Hours : 8 Mins : 0 Time Completed :

Group Coded Activities by Program Component What Num Rept L

Del	DAU	PC	Service	Age	Race	Gender	Ethnicity	#Srv	#FTTY	#Res	#OC	Loc	Clr
	030190												<input type="checkbox"/>
	030190												<input type="checkbox"/>
	030190												<input type="checkbox"/>

Time Reporting Tips

Direct service time must be recorded with a program component. To report time, indicate the number of minutes devoted to providing each service that you report on the EAR form. Round time to the nearest 15-minute increment. Whenever possible, report service time to the program component in which the service is given. Do not use the general program components such as 41-general personal health services or 82-general public health unless the service can't be attributed to any specific program component.

Staff, who provide direct services to clients in the health department clinics, code their time to service code 0000 by the program worked in. For example, if Improved Pregnancy Outcome (IPO) and family planning services were provided in clinic during the morning, staff would code 25-0000 for IPO with 120 minutes and 23-0000 for FP with 120 minutes.

Healthy Start

In the Healthy Start programs, Healthy Start Prenatal (26 & 27), Healthy Start Child (30 & 31), and Healthy Start Interconception Women (22 & 32), certain designated service codes require the coding of units of time in the number of services field. The coding instructions for these codes state that one service is coded for every 15 minutes of time spent providing the service. This is NOT employee time coding. These types of services are considered to be direct services and should be coded to a client identification number/social security number. The employee is still required to code time to the program component using 0000 as the service code on the EAR.

For example, Nurse Betty spends half her day providing Healthy Start prenatal care coordination and half of her day providing Healthy Start care coordination to infants. She codes all the required information for each client on the Healthy Start Encounter Form. In addition, at the end of the day, she codes her time on the EAR using 27-0000 for 240 minutes and 31-0000 for 240 minutes.

Group Coding

In some programs service reporting may be grouped. If you are reporting groups of services (group coding), report only once the time it took to provide the service to the group. For example, to Education Class: Diabetes which consisted of a 45 minute session to a group of 5 persons, enter "045" in the time column and "05" in the FTTY column. If multiple services are provided to a group it may be easier to code the time to the direct service code, 0000, instead of by each service.

All service and time data should be entered into the HMS within 14 days of the date of service provision.

Employee Information

Employee Position Number

6 characters

This element identifies the employee who is reporting time and services. This item is required.

Codes:

Career Service Employee.

6-digit numeric position number.

For an employee in a career service Department of Health position, enter the six-digit position number assigned by the personnel office. The position number can be obtained from the Department of Health personnel office or the appropriate supervisor.

Contract Service Provider.

1-digit provider type + 5-digits.

For a contract service provider or other provider who is not in a career service position or OPS, a position number is created beginning with the letter best describing their position as indicated by the provider type table. You may use a local identifying convention to generate the 5-digit number that follows. Be sure to enter the four-digit category code closest to that of the provider type when setting up these position numbers in HMS.

<u>PROVIDER TYPE</u>	<u>CODE</u>
Contract.....	A
Federal.....	C
School Personnel.....	D
Other County Personnel.....	E
Volunteer.....	F
Student.....	S
Other.....	Z

OPS Position

For salary Other Personal Service (OPS) positions, the county health department uses the official six-digit number found in the department’s personnel system. Again, be sure to enter the 4-digit category code associated with these positions in HMS.

Note: As a general rule, providers who are not employees or OPS employees are not required to report time on EARs, only services. Time reported by providers with these composite position numbers is excluded by the Contract Management Reporting System and not included in FTE expense totals.

CATEGORY CODES USED IN HMS

- ◆ CHD Medical Director **8890**
- ◆ CHD Administrator **1122**
- ◆ Dentist (all) **5269**
- ◆ Physician (all) **5275**
- ◆ Registered Nurses (all) **5292**
- ◆ Licensed Practical Nurses (LPN) **5599**
- ◆ Licensed Practitioners (ARNP/PA/Midwife) **5298**
- ◆ Paraprofessional (HST, HSA, HSR, Family Support Workers, etc.) **5518**
- ◆ Dental Assistant **5632**
- ◆ Dental Hygienist **5641**
- ◆ Dental Health Educator **6033**
- ◆ Dental Administrative Support Staff employed by the dental program **0120**
- ◆ Nursing Director **5340**
- ◆ EH Senior Program Manager (EH Director, EH Manager) **8895**
- ◆ EH Specialists (all) **8857**
- ◆ Nutrition Specialist **5218**
- ◆ Pharmacist **5245**
- ◆ Information Technology Specialist (all) **2107**
- ◆ Business/Fiscal Analysts (Management Analysts, Operations/Management Consultants, Business Managers, etc.) **2234**
- ◆ Professional Staff (Human Services Program Specialists/Managers, Social Worker Specialists, Health Educators, Health Information Specialists/Managers, etc.) **5666**
- ◆ Administrative Support (Clerks, DEOs, AAs, Receptionists, Word Processors, Secretaries, Accountant, Office Automation, Cashier, Fiscal Assistants, Record Techs, Staff Assistants, etc) **0001**
- ◆ Other **9999**

Chapter 3 - Reports from HMC Data

Transferring Service and Time Data to HMCRS.

Each CHD owns its own data in HMS and can utilize this live database to help it succeed in a challenging public health environment.

County health departments send service and time data for various statewide service reporting systems to the Service Reporting System through a batch upload process. Client service data can be entered in a number of modules of the Health Management system (e.g. HMC, Case Management, Immunizations). Employees can enter their own time data into HMS through EARs. Then the data files are batched, automatically named and placed in a secure shared directory. An automatic Data Transfer System picks up each CHD's data files weekly. HMS provides the necessary data edits locally and provides reports that mirror the web-based statewide reports.

Reports

HMS and statewide reports depend upon timely and accurate coding of CHD program activity. All service and time data must be entered locally as soon as possible. Point of service entry and "EARs Direct" time entry (employees entering their own EARs) can speed this process.

As a result of service and time coding, hundreds of local reports are made available to county health department staff through HMS and in the HMS Report Portal. In addition, county health departments and headquarters staff can access statewide HMC and contract management reports on the DOH Intranet web site <http://dohiws/Divisions/Planning_Evaluation/index.html>. All of these reports are produced in Tallahassee by the Department of Health Office of Planning, Evaluation, and Data Analysis and include the following types of information:

- ◆ *Services and time reports:* visits and client counts, selected program reports (dental, family planning, healthy start, WIC, improved pregnancy outcome, immunizations and school health).
- ◆ *Contract management reports:* expenditures by program and numerous fiscal reports
- ◆ *Management and monitoring reports:* upload monitoring, EAR Time reports and more

Discrepancy Analysis

All of the statewide HMC reports available on the web are designed to assist with management of programs and processes. Each CHD should review its reports for accuracy, and inform the Office of Planning, Evaluation & Data Analysis of any discrepancies. This office relies heavily on its CHD and Program customers to provide feedback on reporting issues and problems. Without this feedback we cannot provide the customer support you need.

To analyze errors or discrepancies in HMC reports, follow these steps:

1. Run local HMS reports using the date range in question. These local reports can be compared to the statewide reports to help determine the source of a discrepancy. More details instructions for monitoring and evaluating data upload issues are found on this web site:
http://dohiws/Divisions/Planning_Evaluation/HMS/SIGInfo/Reporting/uploadmonitoring.htm
2. Check that service and time data are being completed properly.
3. Check with the data entry operator to be sure that data is being entered or scanned properly, if this applies to your CHD.

If these processes are being properly performed and you have additional concerns or questions about a report, please contact the Office of Planning, Evaluation, and Data Analysis for further support at (850) 245-4009 or SC 205-4009.

Chapter 4 - Data Transmittal Procedures

What are data transmittal procedures?

Data transmittal procedures are put in place locally to document the data submitted to the Services Reporting System. Per Federal retention guidelines, original EAR forms must be stored for 3 years and CSR forms for 90 days when submitted to a data entry operator. There is no hardcopy retention requirement for CSRs created using the “paperless encounter form.” There is no hardcopy retention requirement if EARs are entered into HMS directly by the reporting employ using the EAR screen. The hardcopy can be printed off the screen or through the EAR Display Screen option in the HMC Module if needed.

How are CSR, EAR, Healthy Start, and other encounter forms entered into HMS?

Each county health department’s HMC coordinator should have specific methods and schedules for collecting the Client Service Record, Employee Activity Report, Healthy Start form, and locally developed encounter forms. Your CHD may either use the centralized or distributed model for data entry or a combination of both.

In a **decentralized** model of data entry, employees enter their own EAR information. CSR data entry may also be entered “real time” if workstations are available in the clinics or at client check out counters. HMC coordinators and supervisors monitor the data entered for promptness and correctness.

If you are using the **centralized** model the suggested procedures for submitting the forms include these steps:

1. Collect all forms from staff according to a specified schedule.
2. Review the forms for completeness and legibility. Return forms to the originator for correction, if necessary.
3. Complete and separate all forms according to the established procedures and follow the form retention schedules.

CSR: Copy used for data entry must be retained by data entry for 90 days and then can be shredded.

EAR: If a form is completed the hardcopy must be retained by the CHD for three years. The retention files and duties may be centralized or distributed among departments within the CHD.

Chapter 5 - Personal Health Program Component Descriptions and Definitions

Service activities are grouped together into service reporting program components. Individual service activities are coded to these services reporting program components according to a unique two-digit identifier and title. A client may receive services in more than one service reporting program component if applicable.

01 Immunization Services Using State Provided Vaccines

County health departments administer state provided vaccines as recommended by the Advisory Committee on Immunization Practices and as required for school entrance. In addition, special immunization programs are conducted for high risk populations.

02 Sexually Transmitted Disease Services

County health departments provide a variety of services for persons with sexually transmissible diseases. These services include screening, assessment, diagnosis, treatment and counseling for all segments of the population.

03 Acquired Immune Deficiency Syndrome Services

County health department staff provide surveillance and investigation activities for Acquired Immune Deficiency Syndrome. This includes identification and reporting of suspected Acquired Immune Deficiency Syndrome cases to the State Health Office and maintenance of confidential records; providing Acquired Immune Deficiency Syndrome educational materials for the general public, health care professionals and high risk groups; and at specified locations, providing HIV-1 testing, pre and post test counseling, collection of blood samples, maintenance of confidential records, medical evaluation and referral, and primary care services.

04 Tuberculosis Control Services

County health departments provide TB screening, diagnostic, treatment, education, and epidemiological services to health department clients, privately insured patients and community health care providers. Services include TB skin testing, evaluation and treatment of latent TB infections to targeted high-risk populations in the community.

05 Immunization Services Using Non-State Provided Vaccines

Vaccines purchased by the CHD and provided to clients on a fee for service basis should be coded to 05.

Time is never coded in Program Component 05.

06 Communicable Disease Surveillance/Investigations Services

Disease surveillance and reporting are critical in the prevention and/or control of disease. County health department personnel investigate cases and outbreaks of communicable disease, analyze trends and patterns, and initiate preventive and control measures as required.

09 Hepatitis

Some county health departments have received grant funding to establish a hepatitis program in order to provide screening and treatment for clients at risk of Hepatitis infection. Other CHDs have received hepatitis vaccine from the program office and must report these and the associated services to this program component.

10 Chronic Disease Prevention Community Services

Chronic disease prevention community services are provided to individuals or groups that may or may not be County Health Department clients and are provided in a community setting. A community setting may include the CHD building; e.g., a health fair held in the CHD building. CHD staff, CHD contract providers, or volunteers working on behalf of the CHD provide these services. Services delivered in a CHD clinic to a CHD client are not coded in this program. Chronic Disease Prevention Community Services are provided to prevent, detect or reduce complications of diseases such as cardiovascular disease, cancer, diabetes, hypertension or chronic lower respiratory disease (CLRD). Services include but are not limited to health education, nutrition assessment, outreach, community presentations, meetings, screening and follow up.

12 Tobacco Use Intervention

County health departments provide outreach and intervention services aimed at prevention and cessation of using tobacco products.

15 Home Nursing Services

County health departments provide nursing and therapeutic services to ill persons confined to their homes. Home health aide and therapeutic services are available in Medicare certified county health departments.

16 Public Health Preparedness and Response

County health department personnel prepare disaster plans to address natural and manmade disasters. Training is provided to employees and to the public in planning and preparation. Personnel take part in various response activities for the community that may include investigation and providing medical and other types of support services.

21 Special Supplemental Nutrition Program for Women, Infants & Children Services (WIC)

County health departments, through the Special Supplemental Nutrition Program for Women, Infants and Children, determine the nutritional needs of low and moderate income clients. For those mothers and children with the greatest nutritional needs, Women, Infants and Children Program provides nutritional education and counseling; breastfeeding promotion and support; healthcare referrals; and supplemental nutritious foods.

22 Healthy Start Interconception Woman (Non-County Health Department and County Health Department Contracted Providers)

Non-county health department providers managed through Healthy Start Coalitions who conduct Healthy Start initial contacts, initial assessments, care coordination, and other Healthy Start services to post-natal women to assess potential risks as soon as possible, assure access to services as needed and to optimize health and developmental outcomes. Healthy Start provides supports and services that complement, supplement, and assure continued participation in health care.

23 Family Planning Services

County health departments provide family planning services including counseling and education, medical examinations, laboratory tests and provision of family planning methods and supplies. Outreach is provided to identify persons in need of services, to follow-up on those needing services, and to ensure early use of the contraceptive method of choice.

**24 Improved Pregnancy Outcome
(Non-County Health Department Providers)**

As some Healthy Start Coalitions contract with non-county health department providers for clinical prenatal care this program component has been developed to serve repository for service data associated with non-county health department providers under contract to Health Start Coalitions.

25 Improved Pregnancy Outcome

County health departments provide prenatal and postpartum services to financially eligible pregnant women. Services include Healthy Start Screening, medical examinations, laboratory tests, counseling and education, high risk identification, and referral for social and medical problems.

**26 Healthy Start Prenatal
(Non-County Health Department Providers)**

Non-county health department providers managed through Healthy Start Coalitions who conduct Healthy Start initial contacts, initial assessments, care coordination, and other Healthy Start services to pregnant women to assess potential risks as soon as possible, assure access to services as needed and to optimize pregnancy, health, and developmental outcomes. Healthy Start provides supports and services that complement, supplement, and assure continued participation in prenatal and child health care.

**27 Healthy Start Prenatal
(County Health Department and County Health Department Contracted Providers)**

County health department (CHD) providers, or CHD subcontracted providers, managed through Healthy Start Coalitions, who conduct Healthy Start initial contacts, initial assessments, care coordination, and other Healthy Start services to pregnant women to assess potential risks as soon as possible, assure access to services as needed and to optimize pregnancy, health, and developmental outcomes. Healthy Start provides supports and services that complement, supplement, and assure continued participation in prenatal and child health care.

29 Comprehensive Child Health

County health departments provide health supervision counseling and education in the home and clinic setting, and medical care for eligible infants, children and adolescents. Rheumatic fever and epilepsy drugs are also distributed to eligible clients. Home assessment is provided prior to discharge of high risk infants from birthing hospitals. Screening services are provided to eligible children under the Medicaid child health check up program that focuses on early identification of problems so they can be corrected before they become serious.

**30 Healthy Start Child
(Non-County Health Department Provider)**

Non-county health department providers managed through Healthy Start Coalitions who conduct Healthy Start initial contacts, initial assessments, care coordination, and other Healthy Start services to children to assess potential risks as soon as possible, assure access to services as needed and to optimize health and developmental outcomes. Healthy Start provides supports and services that complement, supplement, and assure continued participation in child health care.

31 Healthy Start Child

(County Health Department and County Health Department Contracted Providers)
County health department providers (CHD), or CHD subcontracted providers, managed through Healthy Start Coalitions who conduct Healthy Start initial contacts, initial assessments, care coordination, and other Healthy Start services to children to assess potential risks as soon as possible, assure access to services as needed and to optimize health and developmental outcomes. Healthy Start provides supports and services that complement, supplement, and assure continued participation in child health care.

**32 Healthy Start Interconception Woman
(County Health Department Provider)**

County health department (CHD) providers, or CHD subcontracted providers, managed through the Healthy Start Coalitions, who conduct Health Start initial contacts, initial assessments, care coordination, and other Healthy Start services to **post-natal women** to assess potential risks as soon as possible, assure access to services as needed and to optimize pregnancy, health, and developmental outcomes. Healthy Start provides supports and services that complement, supplement, and assure continued participation in health care.

34 School Health Services

Services are provided in public schools by county health departments, school districts, contracted providers, and community partners. Basic services include: screening for vision, hearing, growth and development, scoliosis, and referral and follow-up of abnormal screenings or other health problems. Other services include health care for acute and chronic conditions, consultations, nursing assessment and counseling, nutrition assessment and counseling, physical examinations, technical assistance to school staff, participation in staffing for exceptional children, and health education.

37 Comprehensive Adult Health Services (18 and older)

County health departments provide screening, follow-up and preventive medical services for adult clients to detect health problems before they become serious.

40 Dental Health Services

County health departments provide preventive and emergency dental services to eligible clients. The emphasis upon prevention includes promoting the fluoridation of water supplies and the use of fluoride mouth rinses by school children. In some county health departments, eligible clients also receive dental treatment.

41 General Personal Health Services

Coding to General Personal Health services will spread an employee's salary and fringe costs across all Personal Health Programs. Only activities that support all Personal Health Programs should be coded to this PC. Employees should regularly report time and services to specific PCs.

42 Personal Health Laboratory Services

Some county health departments provide clinical laboratory services in technically equipped laboratories that are staffed by certified laboratory technicians.

46 Injury Prevention Services

County health Departments provide education, outreach and community services to increase awareness of injury prevention.

49 Body Art Facility Services

County health department teams composed of environmental health professionals and nurses inspect body-piercing establishments to ensure compliance with standards related to safety, sanitation, sterilization, and standard precautions for preventing the transmission of infectious disease

51 Group Care Facilities Services

County health departments are responsible for the inspection on a regular basis of all group care facilities to assure that they are operated in a safe and sanitary manner. Hospitals, nursing homes, day care centers, detention facilities, congregate living facilities, and other group care facilities are designated as group care facilities.

80 Vital Records Services

County health departments are responsible for recording all births and deaths within their jurisdiction for both statistical and legal purposes. Certified copies of the records and other assistance are available upon request.

82 General Public Health Unit Services

Coding to this Program Component spreads the employee's salary and fringe costs across all CHD Programs. Only activities that support the entire CHD should be coded to this PC and only when the service provider regularly reports time and services to other PCs.

93 Pharmacy Services

Some county health departments provide pharmacy services on a full or part-time basis under the direction of a licensed pharmacist.

Personal Health Service Codes Quick Reference

Service Code	Service Code Name	Program Component
0000	Direct Service Time	Universal
0099	Direct Service Time – Smallpox	01

IMMUNIZATION

01XX (0XXX) See PC 01 and 05 pages	Primary and Booster Immunization Series	01, 05
01XX (0XXX) See PC 01, 05 and 09 pages	Other Immunizations	01, 05 (limited 09)

SCREENING

0505	Hypertension Screening	01, 02, 03, 04, 29, 34 , 37, 40
0507	Diabetes Screening	29, 37
0508	Gestational Diabetes Screening	25
0509	Blood Lipid Screening	29, 37
0510	Vision Screening and Follow-up	29, 34
0511	Foot Exam	29, 37
0512	Referral Exam	29, 37
0515	Hearing Screening and Follow-up	29, 34
0520	Growth & Development Screening - Height & Weight Measurement	34
0521	Growth & Development Screening – BMI Healthy Weight Result	34
0522	Growth & Development Screening – BMI Underweight Result	34
0523	Growth & Development Screening – BMI Overweight Result	34
0524	Growth & Development Screening – Obese Result	34
0525	Healthy Start Prenatal Screen	25
0540	Dental Screening	34 , 40
0561	Scoliosis Screening	34
0571	Pediculosis/Scabies Screening	34
0581	HIV Screening	Universal
0583	Tuberculin Screening TB Risk Factor Assessment and Skin Test 86580	01, 03, 04, 29, 34 , 37
0585	Hepatitis B Screening	01, 25
0587	Hepatitis Test (Hepatitis Grant only) Lab Chronic Hepatitis Screen 86692	09
0590	Pregnancy Test	02, 23, 24, 34
0591	Breast/BSE Screening	37
0592	Colorectal Screening	37
0593	Pap Smear	02, 23, 37
0594	Other Cancer Screening	29, 37
0598	Record Review	34
0601	Resp Equip Screen/Review/Certify	16
0602	Resp Equip Screen/Rev/Consult/Certify	16
0603	Resp Equip Screen/Rev/Consult/Refer	16
0610	Vision Screening Opt-Out	34
0615	Hearing Screening Opt-Out	34

0621	Growth & Development – BMI Opt-Out	34
0661	Scoliosis Screening opt-Out	34

SUSPECT FOLLOW-UP

0705	Hypertension: Suspect Recheck	29, 37
0707	Diabetes: Suspect Recheck	29, 37
0791	Breast Recheck	37
0793	Pap Smear Recheck	23, 37
0805	Hypertension: Suspect Follow-up	29, 37
0807	Diabetes: Suspect Follow-up	29, 37
0871	PDEXA/Heel Ultrasound Osteoporosis	37
0872	DEXA Bone Scan Osteoporosis	37
0893	Cancer: Suspect Follow-up	37

SURVEY/RESURVEY

1300	Women, Infant, and Children Program Vendor Management	21
1345	Health Care Survey: Nutrition	51
1346	Health Care Resurvey: Nutrition	51
1550	Health Care Inspection: Nursing	49, 51
2050	Health Care Re-inspection: Nursing	49, 51

EPIDEMIOLOGY

2535	EPI Management: Partner Elicitation/Notification	01, 02
2540	Epidemiological Interview: Notifiable Diseases	01, 06
2541	Epidemiological Interview: Food-borne and Waterborne Illness	06, 16
2542	Epidemiological Investigation: Food-borne and Waterborne Illness	06, 16
2543	Epidemiological Interview: Other	Universal
2544	Follow-up Surveillance	01, 06, 16
2545	Rabies Surveillance and Control	06
2546	Administration & Support: Novel Influenza	01
2547	Epidemiological Interview: Lead Poisoning Case Investigation and Management	06,29

HEALTHY START

31XX	Healthy Start Initial Care Coord. Contact	22,26, 27, 30, 31, 32
32XX	Healthy Start Care Coordination – Initial Assessment	22,26, 27, 30, 31, 32
33XX	Healthy Start Ongoing Care Coordination	22,26, 27, 30, 31, 32
3950	Healthy Start Special Services: Participation Identification	22,26, 27, 30, 31, 32
3951	Participant Related Activities Healthy Start Care Coordination Administration	22, 26, 27, 30, 31,32
3952	Community Activities – Healthy Start Care Coordination Administration	22, 26, 27, 30, 31, 32

NUTRITION ASSESSMENT/COUNSELING

4000	Paraprofessional Response to Student's Physical Complaints	34
4050	Licensed Practical Nurse Encounter	01,02,03,04,25,29,34,37
4500	Nutrition Assessment and Counseling	03, 04, 10, 23, 25, 29, 34, 37
4501	Nutrition Assessment/Counseling – Healthy Start Services	22, 26, 27, 30, 31, 32

4505	Nutrition Assessment/Cardiovascular	10, 29, 37
4507	Nutrition Assessment/Counseling: Diabetes	10, 29, 37
4600	Assessment for Certification/Re-certification /Infant Assessment (Non-Women, Infant, and Children Program Staff)	21
4605	Assessment for Certification/Re-certification /Infant Assessment (Women, Infant, and Children Program Staff)	21
4610	Medical Data Collection	21
4700	Physical Activity Assessment/Counseling	02, 03, 21, 23, 25, 29, 34, 37
4801	Directly Observed Therapy/Nurse	03, 04
4803	Directly Observed Therapy/Paraprofessional	03, 04
4805	Field Serology	02
4807	Targeted or Community Screening	02

NURSING ASSESSMENT/COUNSELING

5000	Nursing Assessment and Counseling Nursing Assess/Counsel CBR protocol Medicaid protocol	99403 99211	01, 02, 03, 04, 09, 15, 25, 29, 34, 37
50XX	Family Planning Nursing Assessment and Provision of Contraceptive Method		23
5006	Sterilization Informed Consent		23
5007	Infertility Services		23
5010	Home Assessment: Neonatal/Infant		29
5020	Hormonal Removal Norplant or Implanon removal	11976	23
5021	Nursing Assessment/Counseling Antepartum		25
5022	Nursing Assessment/Counseling Antepartum		25
5023	Nursing Assessment/Counseling Antepartum		25
5024	Nursing Assessment/Counseling Postpartum		25,34
5029	Emergency Contraception		23
5030	Medication Administration		34
5031	First Aid Administration		34
5032	Complex Medical Procedure		34
5033	Immunization Follow-up		34
5040	Drug Issuance: Nurse		02, 04, 23, 25, 29, 37
5041	Family Planning Planned Pregnancy		23
5042	Epilepsy Medication Distribution		29, 37
5045	Fetal Demise Less Than 20 Weeks Gestation		25
5046	Family Planning Unplanned Pregnancy		23
5047	Family Planning Completed Sterilization		23
5049	Insulin Distribution	99070	29, 37

SCHOOL

5051	School Health Staff Consultant		34
5052	Staffing and Screening for Exceptional Students		34
5053	Student Health Care Plan Development		34
5054	Obesity Intervention		34
5061	School Visits – Elementary		34
5062	School Visits – Middle/Jr. High		34
5063	School Visits – Senior High		34

5064	School Visits – Other		34
EXAMINATION/TREATMENT			
5500	Physical Examination		23, 24, 25, 29, 34, 37
	PHY INITIAL EVAL UNDER AGE 1	99381	
	PHY PERIODIC EVAL UNDER AGE 1	99391	
	PHY INITIAL EVAL AGE 1-4	99382	
	PHY PERIODIC EVAL AGE 1-4	99392	
	PHY INITIAL EVAL AGE 5-11	99383	
	PHY PERIODIC EVAL AGE 5-11	99393	
	PHY INITIAL EVAL AGE 12-17	99384	
	PHY PERIODIC EVAL AGE 12-17	99394	
	PHY INITIAL EVAL AGE 18-39	99385	
	PHY PERIODIC EVAL AGE 18-39	99395	
	PHY INITIAL EVAL AGE 40-64	99386	
	PHY PERIODIC EVAL AGE 40-64	99396	
	PHY INITIAL EVAL OVER 65	99387	
	PHY PERIODIC EVAL OVER 65	99397	
5510	Postpartum Medical Visit	59430	23, 24, 25
5600	Dental Treatment		03, 40
5650	Fluoride Varnish/Oral Evaluation		29
5900	Nursing Care		15
5920	Patient Care Monitoring		15
5930	Home Health Aide Services		15
6000	Medical Management		02, 03, 04, 09, 23, 24, 25, 29, 34, 37
	OV EST COMPREHENSIVE VISIT	99215	
	OV EST DETAILED VISIT	99214	
	OV EST EXPANDED PROBLEM FOCUS	99213	
	OV EST PROBLEM FOCUSED VISIT	99212	
	OV EST MINIMAL VISIT	99211	
	OV NEW COMPREHENSIVE HIGH	99205	
	OV NEW COMPREHENSIVE MODERATE	99204	
	OV NEW DETAILED LOW	99203	
	OV NEW EXPANDED PROBLEM FOCUSED	99202	
	OV NEW PROBLEM FOCUSED	99201	
6001	Epilepsy Related Medical Management		29, 37
6020	Therapeutic Service – Physical Therapy		15
6021	Therapeutic Service – Occupational Therapy		15
6022	Therapeutic Service – Speech Therapy		15
6025	Delivery of Newborn		25
6030	Therapeutic Service – Social Work Intervention		Universal
6033	Follow-up for pregnant HbsAg-positive women		01
6067	Osteoporosis Medical Treatment		37
6201	Limited Family Planning Exam		23

FOLLOW-UP

6500	Paraprofessional Encounter		Universal
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COUNSELING/TRAINING/EDUCATION

6610	Preventive Dental Services		34, 40
6620	Tobacco Use		02, 03, 04, 12, 21, 22, 23, 24, 25, 26, 27, 29, 30, 31, 32, 37, 40

October 1, 2010

6621	Alcohol Use	02, 03, 04, 12, 21, 22, 23, 24, 25, 26, 27, 29, 30, 31, 32,37,40
6622	Substance Use	02, 03, 04, 12, 21, 22, 23, 24, 25, 26, 27, 29, 30, 31, 32,37,40
7000	Farmer's Market Support	21—Time Only
7110	Check Issuance	21—Time Only
7500	Community Presentation	Universal
7510	Community Health Screening	10
7515	Community Safety Event	46
7511	Community Health Screening Follow-up	10
7550	Public Information	16
7559	Disaster Planning/Preparation	16
7560	Disaster Response	16
7600	Food Programs Consultation	51
7645	Training: Department of Health Licensure Workers	51
7646	Training: Department of Health Facility Workers	51
8000	Counseling	Universal
8002	Psychosocial Counseling – Healthy Start Services	22,26, 27, 30, 31,32
8004	Parenting Education and Support – Healthy Start Services	22,26, 27, 30, 31,32
8005	Education Class: Cardiovascular Disease	10
8006	Childbirth Education – Healthy Start Services	22,26, 27, 30, 31,32
8007	Education Class: Diabetes	10, 29, 37
8008	Breastfeeding Education and Support – Healthy Start Services	22,26, 27, 30, 31,32
8009	EPI Consultation	06, 16
8010	Nutrition Education: Group	Universal
8011	Nutrition Education: Newsletter	21
8013	Interconceptional Education and Counseling	22,26, 27, 30, 31,32
8015	Reading and Literacy Group Activities	21,22, 25, 26, 27, 29, 30, 31, 32,34, 37, 41, 82
8020	Education: Class	Universal
8021	Education: Health Education Class	Universal
8022	Outreach	01, 02, 03, 04, 09, 10, 12, 21, 32,23, 25, 26, 27, 29, 30, 31, 37, 40, 41, 46, 82
8024	Domestic Violence Intervention	01, 02, 03, 04, 09, 21, 23, 25, 27, 29, 37, 40, 41, 46
8025	Reading and Literacy Counseling	21, 25, 26, 27, 29, 30, 31, 34, 37, 41
8026	Smoking Cessation Counseling – Healthy Start Services	22,26, 27, 30, 31,32
8027	Smoking Cessation Counseling/Education	Universal
8030	Counseling: Pre-HIV Confidential and Anonymous Testing 99402 FP HIV COUNSELING 30 MIN 99401 FP HIV COUNSELING 15 MIN	Universal
8033	Hepatitis Risk Screen	02, 03, 09
8035	Counseling: Post-HIV	Universal

8037	Follow Up Hepatitis Screen	01, 02, 03, 09
8038	Hepatitis Post-Test Counseling	09
8039	Hepatitis Referral (Grant only)	09
8040	Counseling: Pre-Health Education	Universal
8050	Orientation/Pre-service Training	Universal
8060	Initial Counseling Osteoporosis	37
8061	Follow Up Counseling Osteoporosis	37
8070	In-service/Professional Development Management Training	Universal
8071	In-service/Professional Development: Nutrition Education	21
8072	In-service/Professional Development: Breastfeeding Education	21
8080	Child-Specific Training for School Staff	34
8093	Education Class: Cancer	10
8100	Nutrition Education: High-Risk Contact	21
8105	Nutrition Education: Non-High Risk Contact	21
8115	Breastfeeding Support	21-Time Only
8120	Breastfeeding Education: Individual Contact	21
8125	Breastfeeding Education: Group	Universal
8130	Breastfeeding Education: High Risk Contact	21
8150	Dietetic Internship Administration/Nutrition Education	21—Time Only
8155	Dietetic Internship Administration/Breastfeeding	21—Time Only
8160	Breastfeeding Peer Counseling Program Support	21-Time Only
8165	Breastfeeding Peer Counseling Program Individual Contact	21
8170	Breastfeeding Peer Counseling Program Group Contact	21
9003	AIDS EPI Management	02

MISCELLANEOUS

9010	Case Management	Universal
9030	Eligibility	Universal
9040	Health Education Support Time	Universal
9041	Community Meeting	Universal
9042	Community Meeting/Nutrition Education	21
9043	Community Meeting/Breastfeeding	21
9080	General Support Time	Universal
9096	Leave Time	Universal
9101	Breast Exam Abnormal	23, 29, 37
9302	PAP Abnormal – ASC	23, 37
9303	PAP Abnormal – HSIL	23, 37
9304	PAP Abnormal – Other	23, 37
9510	Incomplete Screening Referral/Vision	34
9515	Incomplete Screening Referral/Hearing	34
9522	Incomplete Screening Referral/BMI-Underweight	34
9524	Incomplete Screening Referral/BMI-Overweight	34
9561	Incomplete Screening Referral/Scoliosis	34
9999	Incomplete Service	Universal

UNIVERSAL CODES

These service codes may be used in most personal health program components, whether or not they are listed on the program specific pages in Chapter 5. They are listed here for reference and use as needed. Complete definitions for all personal health service codes are found in Chapter 6.

DIRECT SERVICE UNIVERSAL CODES

Direct Service Time	0000
HIV Screening	0581
EPI Interview	2543
Social Intervention	6030
Paraprofessional Encounter	6500
Community Presentation	7500 (F)
Counseling	8000
Nutrition Education: Group	8010 (F)
Education: Class	8020 (F)
Education: Health Education Class	8021 (F)
Smoking Cessation Counseling/Education	8027
Counseling: Pre-HIV	8030 (F)
Counseling: Post-HIV	8035
Counseling: Health Education	8040
Breastfeeding Education: Group	8125 (F)
Case Management	9010
Eligibility Determination	9030
Community Meeting	9041
Incomplete Service	9999

SUPPORT SERVICE UNIVERSAL TIME CODES
(EAR format only – all codes require reporting of time)

Orientation or Pre-service Training	8050
In-service, Professional Development, or Management Training	8070
Health Education Support	9040
General Support	9080
Leave Time	9096

SCHOOL HEALTH SERVICES**PC 34****Program Services:**

Code Description	HMC	Special Instructions						
		TIME	SERVICES	FTTY	AGE	SEX	RESULT	OUTCOME
UNIVERSAL TIME & SERVICE CODES (CODES NOT LISTED BELOW - USE AS APPROPRIATE)								
HYPERTENSION SCREENING	0505		Svs		Grade	Sex	Result	
VISION SCREENING	0510		Svs	FTTY	Grade		Result	Outcome
HEARING SCREENING	0515		Svs	FTTY	Grade		Result	Outcome
HEIGHT / WEIGHT MEASUREMENT	0520		Svs	FTTY	Grade			
GROWTH & DEVELOPMENT SCREENING BMI HEALTHY WEIGHT RESULT	0521		Svs		Grade			
GROWTH & DEVELOPMENT SCREENING BMI UNDERWEIGHT RESULT	0522		Svs		Grade		Result	Outcome
GROWTH & DEVELOPMENT SCREENING BMI OVERWEIGHT RESULT	0523		Svs		Grade			
GROWTH & DEVELOPMENT SCREENING BMI OBESE RESULT	0524		Svs		Grade		Result	Outcome
DENTAL SCREENING	0540		Svs	FTTY	Grade		Result	Outcome
SCOLIOSIS SCREENING	0561		Svs	FTTY	Grade		Result	Outcome
PEDICULOSIS OR SCABIES SCREENING	0571		Svs	FTTY	Grade		Result	Outcome
TB RISK FACTOR ASSESSMENT AND SKIN TEST	0583		Svs	FTTY				
HCG URINE PREGNANCY TEST	0590		Svs					
RECORD REVIEW	0598		Svs	FTTY				
VISION SCREENING OPT-OUT	0610		Svs		Grade			
HEARING SCREENING OPT-OUT	0615		Svs		Grade			
GROWTH & DEVELOPMENT – BMI Opt-Out	0621		Svs		Grade			
SCOLIOSIS SCREENING OPT-OUT	0661		Svs		Grade			
PARAPROFESSIONAL EVALUATION AND INTERVENTION	4000		Svs					
LICENSED PRACTICAL NURSE ENCOUNTER	4050		Sys	FTTY				
PHYSICAL ACTIVITY ASSESSMENT/COUNSELING	4700	Time	Svs					
NURSING ASSESSMENT AND COUNSELING	5000		Svs					
NURSING ASSESSMENT – COUNSELING POSTPARTUM	5024		Svs					
MEDICATION ADMINISTRATION	5030		Svs					
FIRST AID ADMINISTRATION	5031		Svs					
COMPLEX MEDICAL PROCEDURES	5032		Svs					
IMMUNIZATION FOLLOW-UP	5033		Svs	FTTY				
SCHOOL HEALTH STAFF CONSULTATION	5051		Svs					
ESE STAFFING/SCREENING	5052		Svs					
STUDENT HEALTH CARE PLAN DEVELOPMENT	5053		Svs	FTTY				
OBESITY INTERVENTION	5054		Svs	FTTY	Grade		Result	Outcome

Code Description	HMC	Special Instructions						
		TIME	SERVICES	FTTY	AGE	SEX	RESULT	OUTCOME
SCHOOL VISIT ELEMENTARY	5061	Time	Svs					
SCHOOL VISIT MIDDLE	5062	Time	Svs					
SCHOOL VISIT HIGH	5063	Time	Svs					
SCHOOL VISIT UNGRADED (OTHER)	5064	Time	Svs					
PHYSICAL EXAMINATION	5500		Svs					
SOCIAL WORK INTERVENTION (licensed social worker only)	6030	Time	Svs					
PARAPROFESSIONAL ENCOUNTER	6500		Svs					
PREVENTIVE DENTAL SERVICES	6610		Svs	FTTY				
COMMUNITY PRESENTATION	7500	Time	Svs	FTTY				
NUTRITION EDUCATION GROUP	8010		Svs	FTTY				
READING AND LITERACY GROUP ACTIVITIES	8015	Time	Svs	FTTY				
EDUCATION: CLASS	8020	Time	Svs	FTTY				
EDUCATION: HEALTH EDUCATION CLASS	8021	Time	Svs	FTTY				
READING AND LITERACY COUNSELING	8025	Time	Svs	FTTY				
SMOKING CESSATION COUNSELING/EDUCATION	8027		Svs					
COUNSELING: HEALTH EDUCATION	8040		Svs					
CHILD SPECIFIC TRAINING OF SCHOOL STAFF	8080	Time	Svs	FTTY				
INCOMPLETE SCREENING REFERRAL/VISION	9510		Svs		Grade			
INCOMPLETE SCREENING REFERRAL/HEARING	9515		Svs		Grade			
INCOMPLETE SCREENING REFERRAL/BMI UNDERWEIGHT	9522		Svs		Grade			
INCOMPLETE SCREENING REFERRAL/BMI OBESE	9524		Svs		Grade			
INCOMPLETE SCREENING REFERRAL/SCOLIOSIS	9561		Svs		Grade			

- **FIRST TIME THIS YEAR (FTTY):** The School Health FTTY is based on the fiscal year, **July 1 - June 30** instead of the contract year used in other program components. When using the FTTY for screenings or student-specific services, the FTTY represents the first time in that fiscal year that the service was provided. When using the FTTY for group codes, such as 8020 Education: Class, the FTTYS represent the number of participants in each event.
- **INITIAL SCREENINGS:** When coding an Initial Screening, enter data in the Services and FTTY fields and in the Results field if re-screening is not required and the abnormal result is confirmed. Vision, hearing and scoliosis require re-screening to confirm abnormal results.
- **RE-SCREENINGS:** When coding a Re-screening, enter data in the Services and Results fields; enter -0- in the FTTY and Outcome fields.
- **RESULTS:** When coding Results, enter the number of Abnormal Results in the Results Field, no entry in the Results field is needed for normal results. Abnormal results are coded once per student, per screening type, when the decision is made to refer the student for further evaluation and/or treatment. The number of results in the results field reflects the number of abnormal results only. Referrals for abnormal screening results must be tracked to ensure that as many students as possible receive the appropriate follow-up evaluation and/or treatment that they need.
- **OUTCOMES:** When coding Outcomes, enter data in the Outcome field only. Enter an outcome with a service date in the same fiscal year as when the abnormal result was coded. Outcomes are

School Health Services (Cont'd)

coded when the referral is complete and the student with abnormal screening results has received further evaluation or medical care. Code one outcome per student per year for each abnormal screening results referral (vision, hearing, scoliosis, growth and development with body mass index (BMI)).

- **INCOMPLETE SCREENING REFERRALS:** At the end of the fiscal year, code screening specific incomplete screening referrals for all abnormal results (referrals) that do not result in additional evaluation and/or treatment for the detected health problem – if three or more attempts were made to obtain confirmation that the student received further evaluation and/or treatment. Enter an incomplete screening referral with a service date in the same fiscal year as when the abnormal result was coded. Refer to code 95XX page for complete instructions.
 - For each screening type, the number of completed outcomes and the number of incomplete screening referrals should equal the number of abnormal results.
 - NUMBER OF COMPLETED OUTCOMES + NUMBER OF INCOMPLETE SCREENING REFERRALS = ABNORMAL RESULTS
- **SCHOOL HEALTH CODING IN THE AGE FIELD:** School health screenings require entering grade-level codes in the AGE field, as follows:

* Grade Level	Code	Field	* Grade Level	Code	Field
Pre-Kindergarten	PK	AGE	7 th Grade	M7	AGE
Kindergarten	KG	AGE	8 th Grade	M8	AGE
1 st Grade	E1	AGE	9 th Grade	H9	AGE
2 nd Grade	E2	AGE	10 th Grade	H0	AGE
3 rd Grade	E3	AGE	11th Grade	H1	AGE
4 th Grade	E4	AGE	12 th Grade	H2	AGE
5 th Grade	E5	AGE	Ungraded	ZZ	AGE
6 th Grade	M6	AGE			

As per Chapter 64F-6.003, Florida Administrative Code, Florida school health programs must provide health screening to students as follows: vision screening in kindergarten, 1st, 3rd and 6th grades; hearing screening in kindergarten, 1st and 6th grades (3rd grade optional); scoliosis screening in 6th grade; and growth and development screening with BMI in 1st, 3rd and 6th grades (9th grade optional).

- **DATA SUBMISSION DEADLINES FOR CHD SCHOOL HEALTH STAFF:** County health department school health staff must enter their coded school health services data into HMS within fifteen days after the date of service.
- **CODING, EMPLOYEE NUMBERS AND DATA SUBMISSION DEADLINES FOR NON-CHD SCHOOL HEALTH PROVIDERS:** School health services are provided under Florida Statute sections 381.0056 for Basic school health services, 381.0057 for Comprehensive school health services and 402.3026 for Full Service Schools. Under s. 381.0056, F.S., the Department of Health (DOH) in collaboration with the Department of Education (DOE) are responsible for monitoring the planning, implementation and reporting of health services provided in Florida Schools. Providing school health services data for Annual School Health Services Report and for entry in the DOH Health Management System (HMS) are the main mechanisms for monitoring health services in Florida schools. The following are instructions for non-CHD provider identification in HMS, and the data submission time periods for each.
- **School District Staff:** Do not code “Time” or use “Time Only” codes. School health services provided by school district personnel must be coded and entered into HMS using a six digit position number that begins with the letter “D”. The last 4 digits should reflect the job class that

School Health Services (Cont'd)

most closely fits their position. These services data are submitted to the CHD quarterly within 15 days after the end of each quarter, using a service date within the quarter being reported.

- **Contracted Services:** Do not code “Time” or use “Time Only” codes. School health services provided through a CHD contract paid for by school health Schedule C funds must be coded and entered into HMS. School district or other employees that are hired with CHD funds contracted to the school district or other agency are coded with a position number that begins with the letter “A”. The last 4 digits should reflect the job class that most closely fits their position. These service data are submitted to the CHD monthly (as per the contract Model Attachment I) within 15 days after the end of each month, using a service date within the month being reported.
- **Partners:** Do not code “Time” or use “Time Only” codes. School health services provided by partners are entered into HMS using a six digit employee number beginning with the letter “Z”. The last 4 digits should reflect the job class that most closely fits their position. These services data are submitted to the CHD quarterly within 15 days after the end of the quarter, using a service date within the quarter being reported.
- **Volunteers:** Do not code “Time” or use “Time Only” codes. School health services provided by Volunteer personnel are coded with a position number that begins with the letter “F”. The last 4 digits should reflect the job class that most closely fits their position. These services data are submitted to the CHD quarterly within 15 days after the end of each month (or more frequently as per CHD), using a service date within the time period being reported.
- **End-of-year data:** Enter no later than September 15th, using June 30th or before as the service date.
- **Coding Errors:** Corrections may be made to school health EARs data up until the September 15th following the end of the fiscal year (June 30th) using a service date on or before June 30th.
- **Paraprofessionals (Health Aides, School Staff, Other Unlicensed Assistive Personnel):** Below is a listing of service codes that are most commonly used by paraprofessionals working in the school health program (program component 34):

CODE	SERVICE
Universal Codes	Various – identified by UNIVERSAL at top of code description pages
0505, 0510, 0515, 0520, 0521, 0522, 0523, 0524, 0561, 0571, 0598	Screening Codes
4000	Paraprofessional Evaluation and Intervention
5030	Medication Administration
5031	First Aid Administration
5032	Complex Medical Procedures
5033	Immunization Follow-up
5051	School Health Staff Consultation
5052	Staffing & Screening for ESE Students
6610	Preventive Dental Services

- **District Area Unit (DAU) Numbers:** DAU numbers provide a means to identify, through the Health Management System (HMS) and Health Management Component (HMC) reports, school health services provided at specific school sites. Use of DAU numbers is required to track services tied to funding appropriated by the legislature for Comprehensive School Health Services and Full Service Schools. Each County Health Department has a designated “Super User” who is responsible for adding or reassigning DAU numbers. **It is also important that Comprehensive and Full Service Schools and their required DAU numbers not be changed or reassigned without consultation and written request to the School Health Program office at (850) 245-4445.** Proper coordination will ensure that services provided in

School Health Services (Cont'd)

schools designated as Comprehensive and Full Service are accurately reflected in HMC. DAU numbers identify and separate the Comprehensive and Full Service data into separate reports. By default, Basic school health services that are not identified by a Comprehensive or Full Service DAU number is grouped in HMC Basic school health reports. The HMC report data is used by the program office to fulfill legislative bill analyses and budget requests, planning, performance reporting, and budgetary accountability assignments. For general questions and assistance regarding the process of assigning DAU numbers and Super Users, etc., call the Office of Health Statistics and Assessment (formerly known as the Office of Planning, Evaluation & Data Analysis) at (850) 245-4009. Following are additional guidelines relating to DAU assignments by program:

Basic Schools: DAU numbers are not required for Basic schools. Unless a school health coordinator utilizes DAU numbers to run local school-level reports for supervision of Basic school health services staff, Basic school health staff usually code services to the same DAU number as the CHD. HMS service data is therefore compiled on a countywide basis for all the basic schools.

Comprehensive School Health Schools: Each Comprehensive School is assigned a DAU number in order to track the services provided with Comprehensive School Health funding or contract requirements. Comprehensive school staff must use the specific DAU number assigned to the particular Comprehensive school site where they provide services. *For Comprehensive schools that are also designated Full Service* (designations from original approved program grant applications), staff should code to the program that provides all or most of the funding for their position.

Full Service Schools: Each Full Service School is assigned a DAU number in order to track the services provided with Full Service School funding or contract requirements. Full service school staff must use the specific DAU number assigned to the particular Full Service School site where they provide services. *For Full Service schools that are also designated Comprehensive* (designations from original approved program grant applications), staff should code to the program that provides all or most of the funding for their position.

SPECIAL NOTE:

Program 34 - School Health Services does not require Client Registration or Client Count. County health department school health programs are only required to code and enter aggregate time and service data into the Employee Activity Report (EAR) component of HMS with the following exceptions:

- School-based clinic services that are billed under cost-based reimbursement must be entered in the Client Service Record (CSR) component of HMS under Program 29 – Comprehensive Child Health, using School Location code 92.
- Services provided by school health staff to a student as a CHD client at a CHD clinic are entered in the Client Service Record (CSR) component of HMS under Program 34 for school health related service or other appropriate program component

As long as services provided by school health staff are identified by school site location 92 or coded to Program 34, they will be reflected in School Health HMC reports.

Chapter 6 – Service Code Definitions for Personal Health Services

This listing includes all of the personal health service codes and definitions. The listing is in numerical order according to the service code number. In some cases, multiple service codes are grouped under a generic label such as the immunization series, family planning method codes, and school health screening codes. In this case, the explanations will be found under the generic service code number that is listed on the program component page such as 01XX, 50XX, or 05XX. Definitions for Personal Health universal codes are also included in this section.

Terminology for Chapter 6

- **UNIVERSAL** Accepted in all personal health program components
- **EAR** Employee Activity Record or local alternative form
- **CSR** Client Service Record or local alternative encounter form
- **PC** Program Component – two digit code (see Chapter 5 for definitions)

Requirements and Information Bar

CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Out	Dir	Sup
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The Requirements and Information Bar is displayed with individual code definitions. Requirements that are blacked out do not apply to the particular code.

Legend for Bar:

CSR	Reported on CSR or Encounter Form with client ID
EAR	Reported on EAR when program appropriate
Time	Employee time is required
# Svc	Number of Services is required
Age	If reported on EAR age or age group code is required
Sex	If reported on EAR gender code is required
Race	If reported on EAR race code is required
FTTY	First time this year is required
Res	Results are required
Out	Outcome is required
Dir	Service code is considered direct service
Sup	Service code is considered support

When a service code is reported on a CSR, the age, race, sex, number of services is automatically reported by HMS, therefore it is not necessary to show these elements as required if only CSR reporting of the code is permitted. The FTTY, when required, is also applied by the HMS on the CSR screen.

When a service code is indicated to be valid for either CSR or EAR it may still depend on the program component used and the circumstances whether the group coding is allowed or not. For example, in the School Health program (34) group coding on an EAR is allowed for services such as Vision Screening (0510), however when provided in the CHD clinic and reported to Comprehensive Child Health (29), this service code would be reported to a client using a CSR or encounter form.

DIRECT SERVICE TIME	UNIVERSAL	0000
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Out	Dir	Sup
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Time spent in the actual delivery of services to clients in CHD clinics or other settings where individual service codes are reported directly to the Client using a CSR or encounter form. In personal health programs this code is used on the EAR to account for employee time by program component.

- ♦ May be used by all employees participating in the provision of services, practitioners, nurses, clinic aides, etc.

HYPERTENSION SCREENING	PC 01, 02, 03, 04, 29, 34, 37, 40	0505
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Out	Dir	Sup
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Provide blood pressure screening for individuals, age 3 and above, in County Health Department clinics.

County health departments provide an annual blood pressure determination for all individuals, age 3 and above, receiving county health department clinical services. The numerical value and significance of the blood pressure reading should be explained to the client.

(*) For individuals age 18 and over, follow the standards and guidelines set forth in County Health Department Guidebook, Technical Assistance Guideline, Chronic 2, which incorporates the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7) Express.

(*) For clients under age 18, follow standards and guidelines set forth in the "Update on the Task Force (1987) on High Blood Pressure in Children and Adolescents: A working Group Report from the National High Blood Pressure Education Program". National Institute of Health (NIH) Publication No. 96-3790, September 1996.

Coding Notes: Do not code blood pressure screening when this service is provided as part of another service that is coded; e.g. a nursing assessment/counseling (5000).

VISION SCREENING AND FOLLOW-UP	PC 29, 34	0510
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Out	Dir	Sup
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Provide vision screening, referral , and follow-up services to clients, students or other persons in the community.

Vision screening is not coded when provided as part of a routine physical examination (5500 or 6000) or nursing assessment/counseling (5000). It should be coded only when screening is the only service provided.

SCHOOL HEALTH NOTE:

Vision screenings are required for all students in kindergarten, 1st, 3rd and 6th grades, and coded using age field codes: kindergarten - KG, 1st - E1, 3rd - E3, and 6th - M6. **All vision screening that occurs during the fiscal year must be entered in HMS with a service date in that same fiscal year (07/01 – 06/30).** *First Time This Year* (FTTY) is a required field and represents the first time during that fiscal year a vision screening is provided to a student. The following table shows how various vision screening activities are coded:

Service Code	Services Field	Age Field	FTTY Field	Results Field	Outcome Field
Code 0510: Initial Vision Screening	# of Initial Vision Screenings	Grade Level of Students	# of Students Receiving an Initial Vision Screening	-0-	-0-
Code 0510: Vision Re-screening	# of Vision Re-screenings	Grade Level of Students	-0-	# of Abnormal Results	-0-
Code 0510: Complete Vision Outcome	-0-	Grade Level of Students	-0-	-0-	# of Complete Vision Outcomes

Abnormal results are coded for a student only after the re-screening confirms the abnormal finding. The resulting referral must be tracked to ensure that the student receives appropriate follow-up, evaluation, and correction. When the evaluation and/or correction is confirmed, a completed vision outcome is coded. The percent of completed vision screening outcomes is a CHD and DOH quarterly performance measure ($\# \text{ COMPLETED VISION SCREENING OUTCOMES} \div \# \text{ ABNORMAL VISION SCREENING RESULTS} = \% \text{ COMPLETED VISION OUTCOMES}$).

The vision screening results and outcomes are recorded on or in the cumulative school health record (Form DH 3041).

Incomplete Referrals: At the end of the fiscal year, code an incomplete vision screening referral for each outcome that has not been completed. See 9510 for coding instructions.

HEARING SCREENING AND FOLLOW-UP	PC 29, 34	0515
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CSR | EAR | Time | # Svc | Age | Sex | Race | FTTY | Res | Out | Dir | Sup

Provide hearing screening, referral and follow-up services to clients, students or other persons in the community.

Hearing screening is not coded when provided as part of a routine physical examination (5500 or 6000) or nursing assessment/counseling (5000). It should be coded only when screening is the primary service.

SCHOOL HEALTH NOTE:

Hearing screenings are required for all students in kindergarten, 1st and 6th grades, and coded using age field codes: kindergarten = KG, 1st = E1, and 6th = M6. **All hearing screening that occurs**

during the fiscal year must be entered in HMS with a service date in that same fiscal year (07/01 – 06/30). *First Time This Year* (FTTY) is a required field for hearing screenings and represents the first time during the fiscal year a hearing screening is provided to a student. The following table shows how various vision screening activities are coded:

Service Code	Services Field	Age Field	FTTY Field	Results Field	Outcome Field
Code 0515: Initial Hearing Screening	# of Initial Hearing Screenings	Grade Level of Students	# of Students Receiving an Initial Hearing Screening	-0-	-0-
Code 0515: Hearing Re-screening	# of Hearing Re-screenings	Grade Level of Students	-0-	# of Abnormal Results	-0-
Code 0515: Complete Hearing Outcome	-0-	Grade Level of Students	-0-	-0-	# of Complete Hearing Outcomes

Abnormal results are coded for a student only after the re-screening confirms the abnormal finding. The resulting referral must be tracked to ensure that the student receives appropriate follow-up, evaluation, and correction. When the evaluation and/or correction are confirmed, a completed hearing outcome is coded. The percent of completed hearing screening outcomes is a CHD and DOH quarterly performance measure ($\# \text{ COMPLETED HEARING SCREENING OUTCOMES} \div \# \text{ ABNORMAL HEARING SCREENING RESULTS} = \% \text{ COMPLETED HEARING OUTCOMES}$).

The hearing screening results and outcomes are recorded on or in the cumulative school health record (Form DH 3041).

Incomplete Referrals: At the end of the fiscal year, code an incomplete hearing screening referral for each outcome that has not been completed. See Code 9515 for coding instructions.

Growth & Development: Height & Weight Measurement	PC 34	0520
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CSR | EAR | Time | # Svc | Age | Sex | Race | FTTY | Res | Dur | Dir | Sup

Growth and development screening is conducted according to Rule 64F-6.003, Florida Administrative Code. Height and weight measurement is obtained in designated grades for the completion of Body Mass Index (0521, 0522, 0523, 0524).

Height and weight measurements (Services and FTTYs) are coded to 0520. Growth and development screening also requires the calculation of body mass index (BMI). Growth and development screening is required for students in 1st, 3rd and 6th grades; and optionally in 9th grade; and coded using age field codes: 1st - E1, 3rd - E3, 6th - M6, 9th - H9.

The height and weight measurements and resulting BMI percentile are recorded on or in the cumulative school health record (Form DH 3041).

NOTE: Completion of BMI requires the documentation of height and weight measurements, and age or birth date.

BODY MASS INDEX	PC 34	0521
		0522
		0523
		0524

CSR | EAR | Time | # Svc | Age | Sex | Race | FTTY | Res | Out | Dir | Sup |

This completes growth and development screening using Body Mass Index (BMI)-for-age and gender results to determine school children who are within the following ranges: healthy weight, underweight, overweight, or obese.

Student growth and development is evaluated with BMI according to current CDC recommendations. BMI results are graphed or calculated using the student's height, weight, age or birth date, and are coded to the Service field of the following service codes:

Service Code	Growth & Development Screening	Range
0521	Growth and Development Screening: BMI Healthy Weight Results	(≥ 5 th to < 85 th percentile)
0522	Growth and Development Screening: BMI Underweight Results	(< 5 th percentile)
0523	Growth and Development Screening: BMI Overweight Results	(≥ 85 th to < 95 th percentile)
0524	Growth and Development Screening: BMI Obese Results	(≥ 95 th percentile)

School Health Note:

BMI Service Codes	Services Field	FTTY Field	Age Field	Results Field	Outcome Field
Results: BMI Healthy Weight 0521 BMI Underweight 0522 BMI Overweight 0523 BMI Obese 0524	# of BMI results by results code	-0-	Grade level Code (E1, E3, E6, etc.)	# of Students referred (0522 & 0524) for evaluation, treatment	-0-
Referrals and Outcomes: 0522 BMI Underweight 0524 BMI Obese	-0-	-0-	Grade Level Code (E1, E3, E6, etc.)	-0-	# of students receiving documented physician/licensed nutritionist evaluation and/or treatment

Results:

BMI Results, Referrals, and Outcomes are coded once per student per year – do not code FTTY. The results field in the HMS EARs module is used to record the number of students referred for further evaluation and/or treatment that are underweight (< 5th percentile) or obese (≥ 95th percentile).

Referral for further evaluation and/or treatment is at the discretion of the professional registered school nurse and written local policy. Additional BMI screenings provided to a student during the school year are coded to 5000, Nursing Assessment/Counseling.

Students who are referred due to BMI underweight or obese results must be tracked to ensure that the student receives appropriate follow-up, evaluation/treatment. When the physician or licensed nutritionist evaluation and/or treatment are confirmed, a completed BMI outcome is coded to Underweight (<5th Percentile) 0522, or Obese (≥ 95th percentile) 0524. Information/literature sent home to a parent does not constitute a completed BMI outcome. If unable to obtain a 0524 BMI Obese referral outcome, refer to instructions for use of 5054 Obesity Intervention. *Growth and development with BMI results, referrals, and outcomes occurring during a fiscal year must be entered in HMS with a service date within that same fiscal year (07/01 – 06/30).*

Incomplete Referrals: At the end of the fiscal year, code an incomplete BMI screening referral for each outcome that has not been completed. See Codes 9522 and 9524 for coding instructions.

DENTAL SCREENING	PC 40, 34	0540
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Out	Dir	Sup
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Screen school children and special high-risk groups for dental health problems and make referrals as indicated.

County health department and school health staff conduct dental screenings in the schools or community as specific needs are identified.

Accepted professional standards encourage routine professional checkups and discourage mass screening for case finding purposes. Special needs for a screening program include establishing a priority system for dental care within resource constraints and establishing baseline information for planning or evaluation. Referrals to public or private dental services are an integral part of this activity. Adequate follow-up should exist to insure referrals are completed.

Special Instructions for School Health Services: Code the grade level, abnormal results and outcomes (completed referrals). For more detailed instructions, refer to the instructions for coding school health screenings.

SCOLIOSIS SCREENING	PC 34	0561
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Out	Dir	Sup
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Provide scoliosis screening, referral and follow-up services to clients, students or other persons in the community.

Scoliosis screenings are required for all students in 6th grade (code M6 in age field). **All scoliosis screening that occurs during the fiscal year must be entered in HMS with a service date in that same fiscal year (07/01 – 06/30).** *First Time This Year (FTTY)* is a required field for scoliosis screenings and represents the first time during that fiscal year a scoliosis screening is provided to a student. The following table shows how various scoliosis screening activities are coded:

Service Code	Services Field	Age Field	FTTY Field	Results Field	Outcome Field
Code 0561: Initial Scoliosis Screening	# of Initial Scoliosis Screenings	Grade Level of Students	# of Students Receiving an Initial Scoliosis Screening	-0-	-0-
Code 0561: Scoliosis Re-screening	# of Scoliosis Re-screenings	Grade Level of Students	-0-	# of Abnormal Results	-0-
Code 0561: Complete Scoliosis Outcome	-0-	Grade Level of Students	-0-	-0-	# of Complete Scoliosis Outcomes

Abnormal results are coded for a student only after the re-screening confirms the abnormal finding. The resulting referral must be tracked to ensure that the student receives appropriate follow-up, evaluation, and correction. When the evaluation and/or correction are confirmed, a completed scoliosis outcome is coded.

The scoliosis screening results and outcomes are recorded on or in the cumulative school health record (Form DH 3041).

Incomplete Referrals: At the end of the fiscal year, code an incomplete scoliosis screening referral for each outcome that has not been completed. See 9561 for coding instructions.

PEDICULOSIS/SCABIES SCREENING	PC 34	0571
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Out	Dir	Sup
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Provide visual examination of the scalp or skin to screen for head lice or scabies infestation, referral, and follow-up services to clients, students or other persons in the community.

Pediculosis/scabies screening is not coded as part of a routine physical examination (5500 or 6000) or nursing assessment (5000). It should be coded only when screening is the only service provided.

Pediculosis/scabies screening that occurs during the fiscal year must be entered in HMS with a service date in that same fiscal year (07/01– 06/30). *First Time This Year* (FTTY) is a required field and represents the first time during that fiscal year a pediculosis / scabies screening is provided to a student. The following table shows how the various screening activities are coded:

Service Code	Services Field	Age Field	FTTY Field	Results Field	Outcome Field
Code 0571: Initial Pediculosis/Scabies Screening	# of Initial Pediculosis/Scabies Screenings	Grade Level of Students	# of Students Receiving an Initial Pediculosis/Scabies Screening	# of Abnormal Results	-0-
Code 0571: Pediculosis/Scabies Re-screening	# of post intervention Pediculosis/Scabies Re-screenings	Grade Level of Students	-0-	-0-	-0-
Code 0571: Complete Pediculosis/Scabies Outcome	-0-	Grade Level of Students	-0-	-0-	# of Complete Pediculosis/Scabies Outcomes

Re-screening may be done post-intervention to verify that action taken was effective. If the re-screening continues to be abnormal, do not code an additional abnormal result.

The referral is considered complete after the client has received further evaluation and/or medical treatment, parental action is confirmed, or the student returns to class.

HIV SCREENING	(UNIVERSAL)	0581
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CSR | EAR | Time | # Svc | Age | Sex | Race | FTTY | Res | Out | Dir | Sup

Obtain the specimen and/or perform the HIV testing to high risk individuals and those who seek out HIV testing.

County health departments collect appropriate blood samples that are labeled, centrifuged, stored, packaged, and mailed according to Department of Health protocol. All blood collection materials are properly disposed and all relevant items completed on laboratory request forms.

Coding Note: When HIV screening is the primary reason for the visit code to program component 03. Screening done outside of clinics may be group-coded on EAR to program component 03.

Prenatal HIV screening: County Health Departments screen all pregnant women at the initial prenatal visit and again at 28-32 weeks as part of the routine prenatal panel with opt-out approach.

TUBERCULIN RISK FACTOR ASSESSMENT AND SKIN TEST	PC 01, 03, 04, 29, 34, 37	0583
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CSR | EAR | Time | # Svc | Age | Sex | Race | FTTY | Res | Out | Dir | Sup

Test targeted populations considered at high risk for tuberculosis by the Mantoux tuberculin skin test.

County health departments perform targeted testing on populations having a high risk of progressing to tuberculosis disease or becoming infected with latent TB infection. The tuberculin skin test is used to test for latent tuberculosis infection. Persons with positive skin test reactions are referred for chest x-ray and further evaluation.

PREGNANCY TEST	PC 02, 23, 24, 34	0590
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Out	Dir	Sup
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Provide pregnancy testing to clients requesting the services or when medically indicated.

County health departments provide a pregnancy test to any client requesting this service. In some school settings, nurses can provide a pregnancy test to any student requesting a determination of pregnancy. When giving test results the client should be offered non-directive educational information on the realistic risks of pregnancy.

Information regarding options for an unintended pregnancy, including continuing the pregnancy and parenting the baby, continuing the pregnancy and considering options of adoption or foster care, and pregnancy termination* should be offered. Clients with negative pregnancy tests should be referred for the diagnosis of the cause of delayed menses and referred, if appropriate, for contraceptive or infertility services. They should be offered a barrier method at this visit if unable to provide a prescriptive method. Women with a positive pregnancy test should be referred for Healthy Start screening and risk appropriate prenatal care.

- ◆ May be group coded on EAR when provided in school
- ◆ **NOTE:** School Health programs do not provide pregnancy termination information.

RECORD REVIEW PC 34	0598
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Out	Dir	Sup
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Review and assessment of student records to determine immunization and health status and any significant health risks or problems.

This service may be performed by school nurses, health room aides, or other trained service providers.

The Record Review (0598) includes a review and assessment of health related records to determine if each student meets school entry requirements, immunization status, and the existence of health problems. The first time during the school year that a student's health record is reviewed, code to the SERVICE FIELD, and the FTTY FIELD. Additional reviews of student health records during the school year are coded to the SERVICE FIELD only. A record review FTTY should be coded once per student per year.

Additional follow-up of an immunization problem identified in a Record Review should be coded as an Immunization Follow-up (5033). It documents the additional follow-up services and activities required when a student does not meet immunization requirements.

SCHOOL HEALTH SCREENING OPT-OUT	PC 34	0610
		0615
		0621
		0661

CSR | EAR | Time | # Svc | Age | Sex | Race | FTY | Res | Dut | Dir | Sup

Document the number of students whose parent/legal guardian opt them out of school health screening(s).

The following opt-out codes apply to each mandated screening:

SCREENING	OPT-OUT CODE
Vision Screening Opt-Out	0610
Hearing Screening Opt-Out	0615
Growth & Development-BMI Opt-Out	0621
Scoliosis Screening Opt-Out	0661

For these codes, enter the number of students opted out in the SERVICE field by grade level entered in the AGE field. The SERVICE Counts entered under these codes will be used to account for students not screened in the grade levels mandated by Chapter 64F-6.003, Florida Administrative Code. **Do not use these codes to account for unscreened students unless their parent/legal guardian formally opted them out of the screening(s).**

EPIDEMIOLOGICAL INTERVIEW: OTHER	Universal	2543
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CSR | EAR | Time | # Svc | Age | Sex | Race | FTY | Res | Dut | Dir | Sup

A face-to-face or equivalent telephone interview conducted and documented during an epidemiological investigation for the purpose of investigating outbreaks and undue prevalence of infectious disease infestations.

In program component 03, AIDS, an interview to investigate cases of Acquired Immune Deficiency Syndrome not associated with an identified risk group, transfusion-associated cases, and other cases having special public health significance.

County health departments investigate selected reports of disease other than those of notifiable diseases. Examples of such diseases include fever of unknown etiology, infectious mononucleosis, pediculosis, and scabies. In the event the county health department Director determines that an investigation is warranted, an appropriate individual is given the assignment to verify the diagnosis and/or determine the source of infection so that appropriate preventive/control measures can be instituted. A summary report containing findings of the investigation should be prepared for the county health department Director and maintained at the local level.

In program component 03, AIDS, county health departments conduct interviews as part of epidemiological investigations for the purpose of:

- ◆ Defining possible risk factors for cases of Acquired Immune Deficiency Syndrome reported as having no identified risk (NIR).
- ◆ Identifying and verifying cases with of Acquired Immune Deficiency Syndrome known to have received blood or blood products.
- ◆ Providing support to the State Health Office and Centers for Disease Control & Prevention investigators on special studies of Acquired Immune Deficiency Syndrome cases or selected risk groups.
- ◆ Providing follow-up on of Acquired Immune Deficiency Syndrome cases identified in any health care worker.

PARAPROFESSIONAL RESPONSE TO STUDENT'S PHYSICAL COMPLAINTS	4000
PC 34	

CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Dir	Sup
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Provision of screening and evaluation activities by unlicensed assistive personnel as they relate to student's physical complaints resulting in a response or referral.

Unlicensed assistive personnel (UAP) may be employed in schools to carry out health room duties. UAPs, such as health assistants, health aides, clinic assistants, clerks, or other school personnel may be designated by the principal and supervised by the registered nurse.

Responsibilities for paraprofessionals as defined by s. 1006.062, Florida Statutes (F.S.), Chapter 64B9-14.001, Florida Administrative Code, and s. 464.003, F.S., often include screening and evaluation procedures associated with response to student's physical complaints. Screening and evaluation includes observation for visible signs of illness, asking questions regarding the nature of the health concern, listening to student's responses, documenting information, and providing a response to referral based on protocols.

Special Instructions: Activities related to consultation with school personnel, the parent/guardian or health care provider should be coded under 5051, School Health Staff Consultation. Activities that reflect an independent encounter by a trained UAP to ascertain that appropriate action has been taken, (i.e. follow-up up on medical suggestions), should be coded to 6500, Paraprofessional Encounter.

Under training, direction and delegation of the registered school nurse, routine vision, hearing, and growth and development screenings preformed by a paraprofessional should be coded to appropriate screening codes (0510 Vision, 0515 Hearing, and 0520 Height and Weight). Other services provided by the paraprofessional should be coded to the appropriate codes (5030 Complex Medical Procedure, 5033 Immunization follow-up, and 5052 Staffing/Screening for Exceptional Students.)

LICENSED PRACTICAL NURSE SERVICE	4050
PC 01, 02, 03, 04, 25, 29, 34, 37	

CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Dir	Sup
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Performance of selected acts within the scope of practice as outlined by the Florida Nurse Practice Act, include the administration of treatments and medications, in the care of the ill,

injured, or infirm and the promotion of wellness, maintenance of health, and the prevention of illness of others under the direction of the registered nurse (RN), a licensed physician, a licensed osteopathic physician, a licensed podiatric physician or a licensed dentist (Chapter 464(3)(b), F.S.).

This code is to be used by the Licensed Practical Nurse (LPN) **ONLY** when the LPN is the primary service provider of the patient encounter **AND** is **NOT** part of a Nursing Assessment performed by the RN or Medical service encounter. **DO NOT CODE TO 4050 LICENSED PRACTICAL NURSE SERVICE IF THE LPN ACTIVITY IS PROVIDED AS PART OF A NURSING ASSESSMENT OR MEDICAL SERVICE ENCOUNTER.** Clients with complaints or symptoms are referred to an RN for assessment, counseling, and referral as needed.

School Health Note: This code is used only by the LPN in the school setting while providing services within the scope of practice as outlined by the Florida Nurse Practice Act. Services provided by the LPN in the school setting relate to student's complaints or symptoms, resulting in a response or referral to the registered nurse.

NUTRITION ASSESSMENT AND COUNSELING	4500
PC 03, 04, 10, 23, 25, 29, 34, 37	

CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Dut	Dir	Sup
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Nutritionists provide nutrition/dietary assessment and counseling.

Public health nutritionists provide mid-level assessment and counseling to a patient or family concerning individualized nutritional needs. Components of assessment include analysis of medical, socioeconomic and documented diet histories, laboratory tests, anthropometric measurements, Body Mass Index (BMI) assessment and physical assessment values.

Diet counseling is based on adjusting the individual's daily food consumption to meet health needs as assessed. Counseling may include information on: (1) attaining and maintaining a recommended weight; (2) attaining normal growth in children and infants; (3) gaining adequate weight during pregnancy; (4) nutrient/drug inter-relationships; (5) management of acute or chronic diarrhea and nausea, and (6) meeting specific nutrient requirements. Every effort is made to capitalize on desirable features of the individual's lifestyle so, as few changes as possible are required for the future. Information is appropriate for the individual's cultural and educational background. The person providing counseling documents the nutrition care plan in the patient record.

PHYSICAL ACTIVITY ASSESSMENT/COUNSELING	4700
PC 02, 03, 21, 23, 25, 29, 34, 37	

CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Dut	Dir	Sup
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Provide an assessment of the client's level of physical activity and counsel the client regarding recommended levels of activities.

Provide physical activity assessment and counseling in accordance with the County Health Department Guidebook Technical Assistance Guideline, Chronic 13.

parenting students during the 8 week postpartum period.. Services may include home visits, office visits and clinic visits to provide comprehensive nursing assessments, counseling, referral and follow-up.

MEDICATION ADMINISTRATION	PC 34	5030
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Dut	Dir	Sup
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Assisting students with self-administration of medication.

Students who need to receive medications during the schol day are provided with the opportunity under s. 1006.062, Florida Statutes. The principal may designate a properly trained and supervised staff member to administer medications. This service may be provided by Registered Nurses, Licensed Practical Nurses, school health aides, or other trained and supervised individuals designated by the principal.

Medication administration includes the staff member verifying the identity of the student, checking the medication dose, route of administration and time against the order. It also includes assisting the student in the ingestion, injection, application or monitoring the self-administration of the medication. Documentation on the medication log and in the student’s Cumulative health file is considered part of administration.

Special Instructions: This will be a count of the number of medications administered. If a child receives medications more than one time per day, code each dose given.

Additional activities related to medications such as obtaining parent/guardian permission, and consulting with parents and health care providers regarding medication issues specific to the child should be coded to 5051, School Health Staff Consultation.

FIRST AID ADMINISTRATION	PC 34	5031
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CSR	EAR		# Svc	Age	Sex	Race	FTTY	Res	Dut	Dir	Sup
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Administration of first aid and/or Cardio Pulmonary Resuscitation.

Each school district, in collaboration with the school health advisory committee, shall develop a school health services plan according to s. 381.0056, Florida Statutes and 64F-6, Florida Administrative Code. The plan should address the provision of first aid and/or Cardio Pulmonary Resuscitation following accident or sudden illness in order to minimize further injury and/or insult to the student.

The first aid and Cardio Pulmonary Resuscitation may be provided by trained school health staff including Registered Nurses, Licensed Practical Nurses, health room aides, and other designated staff. These staff members should be currently certified by Red Cross or other nationally recognized certifying agencies in the administration of first aid and Cardio Pulmonary Resuscitation and know how to access 911 or other community emergency medical services. The provision of first aid and/or Cardio Pulmonary Resuscitation should include an evaluation of the student’s condition, the administration of first aid and/or Cardio Pulmonary Resuscitation, and documentation in the student’s cumulative health record.

COMPLEX MEDICAL PROCEDURE	PC 34	5032
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CSR	EAR	# Svc	Age	Sex	Race	FTTY	Res	Dut	Dir	Sup
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Provision of health related services required by the student to function in the school setting.

Registered Nurses (RN), Licensed Practical Nurses (LPN), Unlicensed Assistive Personnel (UAP) or other individuals designated by the school principal may provide certain health-related services or assistance to students, as necessary. Delegation of nursing tasks and services to UAPs must be in accordance with s. 1006.062, F.S. and Chapter 64B9-14, F.A.C. requiring child-specific training.

Service provision activities include the completion and documentation of complex medical procedures or monitoring the student who performs the procedure independently. Complex medical procedures include but are not limited to: cardiac monitoring, carbohydrate counting, glucose monitoring, catheterization, gastrostomy tube feeding (J-tube, PEG), ileostomy care, colostomy care, urostomy care, oxygen therapy, specimen (urine or blood) collection or testing, tracheostomy care, suctioning (oral or tracheostomy), and ventilator dependent care.

Special Instructions: This code will be a count of the number of services provided. If a child receives the service more than one time per day or more than one service at a given time, code each service.

Consultation with parent/guardians and health care provider related to the provision of complex medical procedures in the school setting should be coded to 5051, School Health Staff Consultation. This may include obtaining documentation of authorization/permission from the parent/guardian and medical orders from the health care provider.

Individual Health Care Plans (IHCP) developed for students with complex medical procedures should be coded to 5053, Student Health Care Plan Development.

All procedures that involve medication administration should be coded to 5030, Medication Administration.

IMMUNIZATION FOLLOW-UP	PC 34	5033
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Dut	Dir	Sup
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Review and/or follow-up of student age-appropriate immunizations; including new students, ongoing student status, and grades kindergarten and 7 requirements are conducted and documented.

In order to assure that students meet the immunization requirements indicated in s. 1003.22, Florida Statutes and 64D-3.046, Florida Administrative Code, student immunization status must be periodically reviewed to ascertain if the student is age-appropriately immunized. Immunization follow-up does not include the Record Review (0598) where immunization status is initially determined upon school entry.

Immunization follow-up may include verification of information received by electronic transfer through the Florida Information Resource Network system, follow-up activities related to contacting parents and health care providers to obtain additional information or coordinate the referrals, and review the

immunization status of students at grades kindergarten and 7 to ensure the completion of required series.

Special Instructions: Code number of services and FTTY. Use code 0598 (Record Review) for all initial record reviews that include student immunization status. Use code 5033 (Immunization Follow-Up) for any additional follow-up conducted when a student does not meet immunization requirements.

SCHOOL HEALTH STAFF CONSULTATION

5051

CS# | EAR | Time | # Svc | Age | Sex | Race | FTTY | Res | Dut | Dir | Sup

Coordinate health services with other school activities and advise and/or assist school personnel, parents/guardians and other health care providers in health related matters.

This code should be used when school health staff coordinate health services and consult with school personnel, parents/guardians and other health care providers about an individual student.

STAFFING & SCREENING FOR EXCEPTIONAL STUDENTS

5052

PC 34

CS# | EAR | Time | # Svc | Age | Sex | Race | FTTY | Res | Dut | Dir | Sup

Provide screening, review of health information, and attending staffing meetings for students (Pre-kindergarten through grade 12) being considered for exceptional student education programs.

Licensed practical nurses (LPN) or unlicensed assistive personnel (UAP) may provide screening and review of health information for students under consideration for Exceptional Student Educational (ESE) programs. Upon request, registered school nurses (RN) may provide further assessment and planning as a component of the ESE evaluation process, as appropriate.

Under this code, only RNs may participate in the staffing and evaluation process to determine eligibility for Exceptional Student Education, and develop or conduct annual review of an Individual Education Plan (IEP) for an exceptional student.

Screenings for Exceptional Student Education staffings: Screenings conducted specifically upon request by the Exceptional Student Education staffing committee should be coded under 5052. Failed screenings are referred to the registered school nurse for rescreening, referral and follow-up, if indicated and coded to the appropriate screening code. However, routine screenings (either group or individual) that include Exceptional Student Education students are coded to the appropriate screening code.

Consultation with parent/guardian or health care provider related to the provision of complex medical procedures in the school setting is coded to 5051, School Health Staff Consultation. This may include obtaining documentation of authorization or permission from the parent/guardian and medical orders from the health care provider.

Individual Health Care Plans (IHCP) developed by the RN for students with complex medical procedures are coded to 5053, Student Health Care Plan Development.

STUDENT HEALTH CARE PLAN DEVELOPMENT	PC 34	5053
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CSR | EAR | Time | # Svc | Age | Sex | Race | FTTY | Res | Out | Dir | Sup

Development, review, or revision of individualized student health care plans by a Registered Nurse for students with chronic or acute health problems.

Students who need specific individualized health related services in order to maintain their health status, stay in school, and optimize their educational opportunities, are identified by school health staff. Evaluation of the student’s health needs is conducted and an individualized health care plan (IHCP) is developed.

Development of an IHCP, specific to the needs on one student, includes developing an original IHCP or adapting a nursing care plan generic to a common health problem. The development, review, and approval of the IHCP can only be done by an Registered Nurse.

The written IHCP must be followed to provide services in a safe and efficient manner. The specific services provided in the school setting may be performed by registered school nurses or delegated unlicensed assistive personal (UAP). These UAPs must receive child-specific training, supervision and monitoring by a registered nurse, advanced registered nurse practitioner, medical physician, osteopathic physician, or physician assistant.

Special Instructions: Code all IHCPs developed, reviewed, or revised to the services field. Use the FTTY field to code initial or First Time This Year IHCP development, review, or revision. Code additional activities, such as obtaining input from the parent/guardian and/or the child’s personal health care provider to 5051 School Health Staff Consultation.

OBESITY INTERVENTION	PC 34	5054
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CSR | EAR | Time | # Svc | Age | Sex | Race | FTTY | Res | Out | Dir | Sup

The registered school nurse provides or facilitates direct service resulting in student participation in an obesity intervention.

This code is for non-physician/nutritionist obesity interventions that provide students whose body mass index (BMI) results are at or above the 95th percentile with enhanced access to care and services directly related to the management of obesity. The registered school nurse provides intervention services to include all of the following components: student-parent consultation, individualized health care plan, health counseling and case management; or facilitates the receipt of obesity intervention services that include components similar to the above from an appropriate professional such as health educator, physical education teacher, licensed clinical social worker.

Service Code	Services Field	FTTY Field	Age Field	Outcome Field
5054 Obesity Intervention	# of Obesity Intervention Services	# of Initial Obesity Intervention Services	Grade Level Code (E1, E3, E6, etc.)	# of referred students (≥ 95 th percentile) that complete an Obesity Intervention. Use the outcome field only when an 0524 physician or nutritionist outcome is not obtained.

School Health Notes:

- Code to the FTTY and outcome fields once per student per year.
- Nutrition, physical activity and obesity related information/literature sent home to a parent does not constitute an obesity intervention.
- Provision of obesity intervention services is at local discretion.

BASIC SCHOOL VISITS	PC 34	5061
		5062
		5063
		5064

CSR | EAR | Time | # Svc | Age | Sex | Race | FTTY | Res | Dur | Dir | Sup

Visit Basic Schools (public and non-public) for the purpose of providing school health services and/or technical assistance under the Basic school health guidelines.

School Health Nursing visits are provided to public and nonpublic schools. Visits are on a regular schedule or on an as-needed basis to provide basic school health services or technical assistance.

These codes are provided to reflect the type of school and the time spent in providing services. The time spent at the school is coded to these codes. Specific service and screening codes which reflect the actual school health services provided during the visit are coded in addition to the visit code.

SCHOOL TYPE	CODE
Elementary	5061
Middle/Jr. High	5062
Senior High	5063
Other	5064 **

** These schools include exceptional education, alternative schools and unassigned or non-graded schools.

Special Instructions: These codes should be used to document time spent in BASIC school health services only. These codes are NOT used in Comprehensive School Health Service Projects or Full Service Schools that are assigned a specific District Area Unit for coding purposes.

PHYSICAL EXAMINATION	PC 23, 24, 25, 29, 34, 37	5500
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CSR | EAR | Time | # Svc | Age | Sex | Race | FTTY | Res | Dur | Dir | Sup

Physical examinations for provision of preventive health services and referral of those with health problems are provided in county health departments. Includes health examinations for pre-kindergartners, first-time school enrollees, annual health exams, sports physicals, and other physical examinations provided for school health related reasons as well as initial and annual physical examinations for family planning clients and initial prenatal examination for pregnant women.

Family Planning (23)

County health departments provide an initial examination, to be repeated annually to each client seeking a family planning method. The comprehensive physical examination is provided by a medical doctor, physician assistant, advanced registered nurse practitioner, nurse midwife or doctor of osteopathy. The initial comprehensive visit includes a history, physical examination, education, counseling, and a chosen method as indicated in the County Health Department Guidebook, Technical Assistance: Famplan 6, Florida Minimum Guidelines for Routine Contraceptive Management. Annually, the counseling and education components covered will be determined by the method provided and individual client history.

Improved Pregnancy Outcome (25)

County health departments provide clients with prenatal care which should include an initial medical examination and obstetrical examination, with special attention given to the pelvic, vaginal and abdominal examinations, and medical assessments appropriate for level of risk by a physician, advanced registered nurse practitioner, or physician assistant during the course of the woman's pregnancy. Extreme high risk clients (by Children Medical Service definition) should be referred to Regional Perinatal Intensive Care Centers. Provide at the initial visit a Healthy Start Risk Screening and appropriate referrals.

Comprehensive Child Health (29)

County health departments provide physical examinations by appointment to infants and children according to the suggested periodicity schedule of the American Academy of Pediatrics and according to Medicaid periodicity schedule. Each assessment or examination includes the necessary immunization and health procedures appropriate to the age of the child.

School Health (34)

This service may be performed by health providers authorized to conduct physical examinations by Florida Statute. When a physical examination is performed by authorized school health staff in a school-based clinic it must be coded to a clinical program (PC 23, 29 or 37, as appropriate).

MEDICAL MANAGEMENT	PC 02, 03, 04, 09, 23, 25, 29, 34, 37	6000
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CSR | EAR | Time | # Svc | Age | Sex | Race | PTTY | Res | Dur | Dir | Sup

Provide medical management services to clients attending a public health clinic. Includes necessary laboratory testing, counseling, and treatment for the disease the client is suspected to have.

STD Clients

Clients Infected with or Suspected to have Gonorrhea:

County health departments will provide services to all clients diagnosed as being infected with gonorrhea, at risk for this infection or who may have symptoms indicating they may be infected regardless of residence.

County health departments will accept referrals from other health care providers on behalf of clients requesting services for this infection.

Services provided will include medical assessment and management, testing, treatment including preventive, counseling, prevention education, partner elicitation and referral.

Clients Infected With or Suspected to have Chlamydia:

County health departments will provide services to all clients diagnosed as being infected with chlamydia, at risk for this infection or who may have symptoms indicating they may be infected regardless of residence.

County health departments will accept referrals from other health care providers on behalf of clients requesting services for this infection.

Services provided will include medical assessment and management, testing, treatment including preventive, counseling, prevention education, partner elicitation and referral.

.Clients Infected With or Suspected to have Syphilis:

County health departments will provide services to all clients diagnosed as being infected with syphilis, at risk for this infection or who may symptoms indicating they may be infected regardless of residence.

County health departments will accept referrals from other health care providers on behalf of clients requesting services for this infection.

Services provided will include medical assessment and management, testing treatment including preventive, counseling, prevention education, partner elicitation and referral.

Clients Infected With or Suspected to Have Other Sexually Transmitted Diseases:

County health departments provide diagnostic services and may provide treatment for clients infected with other sexually transmitted diseases.

In the event these services are not available at the county health department, referrals are provided to a competent medical authority.

Clients Infected With or Suspected to Have HIV/AIDS:

County Health Departments provide information regarding HIV/Acquired Immune Deficiency Syndrome to each client attending a Sexually Transmitted Disease clinic. This includes information on the different transmission routes of the HIV virus, risk assessments and preventive methods and HIV antibody testing. All clients receive a pretest counseling session and a post-test counseling session when they return to the county health department for their test results. Seropositive HIV infected clients who do not return for a post-test counseling session should be referred to the district Sexually Transmitted Disease program manager for follow-up.

AIDS

County health departments provide medical services to eligible clients directly or by contract. Services may include physical examination, treatment, referrals, health teaching and follow-up. Services are provided by a physician, advanced registered nurse practitioner or physician assistant.

TUBERCULOSIS CONTROL SERVICES

County health departments provide medical treatment and consultation, which includes treatment to cure, medical supervision and at least monthly evaluation of the treatment regimen through bacteriological studies, chest x-ray studies and laboratory studies in accordance with the individual needs of the patient.

FAMILY PLANNING SERVICES

County health departments provide medical management with a medical doctor, physician assistant, advanced registered nurse practitioner, nurse midwife, or doctor of osteopathy for diagnosis and treatment for those family planning clients found to need such services. It also includes those visits for IUD and diaphragm checks exclusive of annual visits, problems with the family planning method

prescribed, and/or follow-up of any abnormal results, such as repeat Pap smears. Indicated laboratory studies should be done and referrals made when appropriate.

IMPROVED PREGNANCY OUTCOMES

County health departments provide medical management for on-going prenatal care following the initial prenatal visit. These services may be provided by a medical doctor, physician assistant, advanced registered nurse practitioner, nurse midwife, or doctor of osteopathy.

COMPREHENSIVE CHILD HEALTH

County health departments may provide medical services for eligible infants and children who are ill or injured including a full spectrum of appropriate diagnostic treatment and follow-up services. Services are provided by a physician, advanced registered nurse practitioner or physician assistant.

COMPREHENSIVE ADULT HEALTH SERVICES

Medical treatment services may be provided for eligible adults. Services include treatment for acute and chronic illnesses, referrals, health teaching and follow-up. Services are provided by a physician, advanced registered nurse practitioner, or physician assistant.

SOCIAL WORK INTERVENTION	(UNIVERSAL)	6030
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Out	Dir	Sup
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Coded when social work methods are used to reduce risks to a client's health.

Social work intervention is provided by a licensed social worker.

PARAPROFESSIONAL ENCOUNTER	(UNIVERSAL)	6500
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Out	Dir	Sup
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An independent client encounter by a trained paraprofessional to ascertain that clients have taken proper action.

The paraprofessional encounter may be provided in either the CHD or in the client's residence. Coded when the paraprofessional is the only service provider for the visit. Not coded when a nursing assessment or medical management is coded by a provider.

- ◆ May be coded on the Employee Activity Record when recording field visits to non-registered clients.

School Health Note: Unlicensed Assistive Personnel (UAP) may use this code to document student/family compliance with a corrective action plan (see code 4000) when the encounter is in the CHD, CHD satellite clinic or family residence.

PREVENTIVE DENTAL SERVICES	PC 34, 40	6610
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Dur	Dir	Sup
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Promote, implement, monitor and evaluate preventive dental programs in schools and communities.

School Health Services: In School Health Programs, staff may provide a preventive dental program in a public or nonpublic school. The vehicle for the preventive program is a self-applied topical fluoride, such as a weekly mouth rinse, a twice-yearly solution or gel, or a daily chewable tablet, and school-based sealant program and other programs designed to prevent dental disease.

Special Instructions: Code the service and the FTTY when the student receives the service for the first time during this contract year. For subsequent services during the same contract year, code the number of services and 0 FTTY. The total number of FTTY on Health Management Component reports will indicate an unduplicated count of the total number of students who received the service. The total number of services provided will be indicated on Health Management Component reports by the number of services.

Dental Health Services: In Dental Health Programs, this activity includes procedures required to gain the necessary approval of appropriate administrators, technical assistance to program supervisors, maintenance and surveillance of the program, and evaluation of program results. When provided under the dental health program in the CHD, the service is only coded the first time it is provided. The vehicle for the preventive program may be: (1) a self-applied topical fluoride, e.g., a weekly mouth rinse, a twice-yearly solution or gel, or a daily chewable tablet; (2) school or community water fluoridation; or (3) school-based sealant program or (4) other programs designed to prevent dental disease.

COMMUNITY PRESENTATION	(UNIVERSAL)	7500
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Dur	Dir	Sup
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The presentation of information on health topics, including community health assessment, to groups of individuals, either formally or informally, including professionals, civic, faith-based, community and other agencies and groups.

- ◆ UNIVERSAL CODE for direct services.
- ◆ Under number of services, enter 1 for the number of presentations.
- ◆ Under FTTY, enter the number or estimated number attending.

COUNSELING	(UNIVERSAL)	8000
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Dur	Dir	Sup
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The provision and documentation of counseling services by professionals other than nutritionists, nurses and social workers. (Counseling is incorporated in codes 4500 for nutritionists, 5000 for registered nurses, 4050 for licensed practical nurses, and 6030 for social workers.)

NUTRITION EDUCATION: GROUP	(UNIVERSAL)	8010
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Dut	Dir	Sup
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A planned educational session by or under the direction of a nutritionist who is providing nutrition education to a group of clients. This includes providing in service nutrition education programs to other health care providers.

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- ◆ UNIVERSAL CODE for direct services.
 - ◆ Under number of services, enter 1 for the number of educational sessions.
 - ◆ Under FTTY, enter the number attending.

READING & LITERACY GROUP ACTIVITIES	(UNIVERSAL)	8015
21, 25, 26, 27, 29, 30, 31, 34, 37, 41, 82		

CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Dut	Dir	Sup
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Information is presented to increase participation in reading and literacy-related activities to groups of individuals either formally or informally, including professionals, community, and other agencies and groups.

Includes travel time and time spent preparing for presentation. May be used by all CHD employees who provide this service. Time is required and number of services to indicate the number of group presentations for each date of service.

READ FOR HEALTH NOTE:

Code time, the numbers of Read for Health events or activities in the Services (SVS) field, and the numbers of participants in Read for Health activities in the First Time This Year (FTTY) field.

EDUCATION: CLASS	(UNIVERSAL)	8020
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Dut	Dir	Sup
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A planned education session using established curriculum and defined learner objectives with one or more persons having common information needs and documentation of attendance noted in client files.

A minimum of one participant is needed to hold a "class" or "educational session." A small group discussion or support session may be appropriate within this code if participants are scheduled ahead of time and the group instructor is following a previously approved plan. The focus of this class or series of classes is on risk factors for chronic diseases other than cancer, diabetes or cardiovascular disease. Class curricula should be developed from reputable health resources and course content should be approved by the appropriate.

County health department health professionals, representative of their discipline (nurse, nutritionist, health educator).

School Health: School health staff use code 8020 for a formal, planned education session with an established curriculum to students, parents, school staff, or health professionals having common information needs. Health education (such as human sexuality, etc.) provided to students is subject to parental approval.

- ◆ Under number of services, enter the number of educational sessions.
- ◆ Under FTTY, enter the number attending.

EDUCATION: HEALTH EDUCATION CLASS	(UNIVERSAL)	8021
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Dur	Dir	Sup
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An education session by a health educator for the purpose of facilitating voluntary adaptations of behavior.

School Health: Health education (such as human sexuality, etc.) provided to students is subject to parental approval.

- ◆ Under number of services, enter the number of educational sessions.
- ◆ Under FTTY, enter the number attending.

Reading & Literacy Counseling	PC 21, 25, 26, 27, 29, 30, 31, 34, 41	8025
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Dur	Dir	Sup
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Provide information, education, and support to clients and parents/caregivers of clients related to the importance of literacy and reading for healthy development.

To be coded on encounter form when provided during county health department visits. Service provision includes Reach out and Read and Born To Read activities. May be reported on EAR without client ID when provided in school setting (34).

- ◆ Record with Client ID for registered Clients using CSR/Encounter Form
- ◆ Record number of services if reported on EAR by School Health employee

READ FOR HEALTH/SCHOOL HEALTH NOTE:

- ◆ Record number of services and FTTYs if reported in HMS/EAR by a School Health employee or as part of a “Read for Health” initiative.

SMOKING CESSATION COUNSELING/EDUCATION	(UNIVERSAL)	8027
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Dur	Dir	Sup
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Provide counseling, education and support to individuals for the purpose of smoking cessation.

Smoking cessation counseling/education is the provision of comprehensive information, education, reinforcement and support related to the importance of smoking cessation, addressing barriers to smoking cessation, benefits of quitting smoking, counseling when relapse occurs, and behavior modification. Smoking cessation counseling is provided to groups, families, or individuals in encounters of 5 minutes or more, in compliance with the clinical practice guideline, *Treating Tobacco Use and Dependence*. This guideline defines and describes the five major intervention steps (“5A’s”), five steps for motivating patients that are unwilling to quit (“5R’s”), and three elements of addressing the reality of relapse and supporting relapse prevention. Assisting individuals in quitting may include referral to community services and the Florida Quit for Life Line, toll free 877- U- CAN- NOW or 877-822-6669. . The service may be provided in the clinic, home, or other off-site location. The service is to be provided by individuals who have received particular, specialized training to provide smoking cessation information, education and support. Smoking cessation counseling and services are provided either through contract or under the supervision of a care coordinator, health care provider, or other health-related professional.

- ◆ Code on CSR when provided to an individual registered client.
- ◆ Code on EAR when service is provided in a community setting. .
- ◆ Under number of services code number of classes or sessions.
- ◆ For classes or sessions code the number attending for the first time under FTTY.
- ◆ For Healthy start use service code 8026 and program components 27 or 31.

COUNSELING: PRE-HIV	(UNIVERSAL)	8030
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Out	Dir	Sup
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Counseling provided to a client considering anonymous or confidential client HIV testing to provide the client with information on how the virus can be transmitted or prevented and to assist the client in making an informed decision regarding testing.

County health department staff provide HIV prevention counseling prior to HIV testing, whether or not the client chooses to take the test. Counseling includes discussion of how the virus is transmitted and how transmission can be prevented, the purpose of the test, benefits, and understanding HIV test results, HIV infection reporting (confidential testing only), partner counseling and referral services if the test is positive, an assessment of client risk status, the development of an individualized risk reduction plan and referral for medical and social services. The code may also be used to indicate checking on the status of previous screening during the initial prenatal assessment visit.

COUNSELING: POST-HIV	(UNIVERSAL)	8035
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Out	Dir	Sup
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Counseling: Pre-HIV
Counseling provided to an anonymous or confidential client after HIV screening to interpret results and refer for appropriate services.

County health department staff provide post-test counseling to clients receiving HIV Antibody testing. This includes discussion of test results, referral for medical/social services for the HIV infected, referral to community resources and the development of an individualized risk reduction plan. For those clients with positive test results, referral to Department of Health Sexually Transmitted Disease

Control Program is provided to assist the client with partner elicitation /notification services. The person conducting partner elicitation of individuals infected with HIV should complete Centers for Disease Control & Prevention Form 73:54 (Interview Record) and Centers for Disease Control & Prevention Form 73:2936 (Field Record) and forward them along with DOH Form 1628 to the District STD Program.

- ◆ UNIVERSAL CODE for direct services.
- ◆ Requires number of services if coded on the Employee Activity Record.

COUNSELING: HEALTH EDUCATION	(UNIVERSAL)	8040
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Dut	Dir	Sup
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The provision and documentation of counseling services by a health educator concerning identified risk factors and behavioral changes to reduce risks.

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- ◆ UNIVERSAL CODE for direct services.
 - ◆ Requires number of services if coded on the Employee Activity Record.

ORIENTATION/PRE-SERVICE TRAINING	(UNIVERSAL)	8050
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Dut	Dir	Sup
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Time spent in providing or attending these categories of training.

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- ◆ UNIVERSAL CODE for support service TIME ONLY.
 - ◆ Can only be coded on the Employee Activity Record (EAR) form.

IN-SERVICE/PROFESSIONAL DEVELOPMENT/ MANAGEMENT TRAINING	(UNIVERSAL)	8070
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Dut	Dir	Sup
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Time spent in providing or attending staff meetings or job training or other types of in-service activities.

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- ◆ UNIVERSAL CODE for support service TIME ONLY.
 - ◆ Can only be coded on the Employee Activity Record (EAR) form.

CHILD-SPECIFIC TRAINING OF SCHOOL STAFF	PC 34	8080
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Dut	Dir	Sup
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A planned education session with one or more participants, conducted by an authorized health professional, to provide child-specific training to school personnel (county health

department, local school district, and school health partners) performing child-specific health-related services.

This code is specifically for registered nurses, advanced registered nurse practitioners, physicians, or physician assistants providing school health “child-specific training” as mandated by s. 1006.062, F.S. This child-specific training code will document the training provided to school, partner, and county health department staff who provide health-related services and medication assistance to students with special health care needs during the school day.

- ◆ Number of services = the number of training sessions
- ◆ FTTY = the number of participants attending the training session

BREASTFEEDING EDUCATION: GROUP	(UNIVERSAL)	8125
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Dut	Dir	Sup
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Breastfeeding education in a group class setting. This includes providing in-service education programs to other health care professionals.

- Under number of services, enter 1 for the number of educational sessions.
- Under FTTY, enter the number attending or provided.

CASE MANAGEMENT	(UNIVERSAL)	9010
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Dut	Dir	Sup
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Case Management of an individual, may include review of medical records and discussion of case with other professionals or telephone conversation with or on behalf of client. This does not include Healthy Start Care Coordination Activities.

Time reported by individuals who provide case management or care coordination for clients outside of the direct service or “face to face” time.

ELIGIBILITY DETERMINATION	(UNIVERSAL)	9030
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Dut	Dir	Sup
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The procedure used to determine the eligibility of potential clients for selected CHD services or for overall eligibility for the CHD registration components.

May be reported on the encounter form when the initial or annual eligibility determination is made for the client. May be reported on the Employee Activity Record (EAR) for programs such as WIC, where no encounter is used. Should not be doubled coded by reporting on both.

HEALTH EDUCATION SUPPORT	(UNIVERSAL)	9040
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CSR	EAR	Time		Age	Sex	Race	FTTY	Res	Dut	Dir	Sup
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Time spent preparing for health education sessions or in activities supporting health education.

Reported by employees who provide health education, including health professionals or paraprofessionals or others considered to be health educators.

The actual education sessions and time should be coded using the appropriate direct service codes provided, for example, Education: Class 8020, Health Education Class 8021, Nutrition Education: Group 8010, etc.

COMMUNITY MEETING	(UNIVERSAL)	9041
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Dut	Dir	Sup
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Community meetings are those meetings that employees attend as representatives of the CHD.

- UNIVERSAL CODE for direct services.
- Code number of meetings in number of services field on the Employee Activity Record.

GENERAL SUPPORT	(UNIVERSAL)	9080
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Dut	Dir	Sup
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Time spent in activities that support direct service provisions.

This code is used by employees in all categories of personal health to report “desk time” and other activities that do not have specific codes assigned.

LEAVE TIME	(UNIVERSAL)	9096
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CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Dut	Dir	Sup
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Time spent on annual, administrative or sick leave or for other personal reasons including personal holiday. Does not include compensatory time off (leave) or leave without pay or official State of Florida holidays.

INCOMPLETE SCREENING REFERRAL	PC 34	9510
		9515
		9522
		9524
		9561

CSR | EAR | Time | # Svc | Age | Sex | Race | FTY | Res | Out | Dir | Sup

Documents the unsuccessful efforts to confirm that further evaluation and/or treatment has occurred in the follow-up of an abnormal health screening result. These codes represent incomplete outcomes for required screenings per s. 381.0056, F.S., and 64F-6.003, F.A.C.

School Health staff refers students with abnormal screening results for evaluation and medical treatment, and conducts follow-up with parents to ensure these actions are taken. At least three attempts should be made to obtain a completed referral outcome. Follow-up to promote parental action on behalf of their child may include contact by phone call, letter, home visit, or other action, such as referral to an appropriate agency.

Code the Incomplete Screening Referral at the end of the fiscal year (June 30) if the follow-up attempts have not resulted in confirmation that the identified problem has been evaluated, treated, or corrected. Code an incomplete screening referral with a service date in the same fiscal year as the service date of the abnormal result. The following table lists the Incomplete Screening Referral codes used to document follow-up on abnormal screening results that do not result in complete Outcomes.

SCREENING	SERVICE CODE	INCOMPLETE SCREENING REFERRAL CODE
Vision Screening	0510	9510
Hearing Screening	0515	9515
BMI Underweight (< 5 th percentile)	0522	9522
BMI Obese (≥ 95 th percentile)	0524	9524
Scoliosis Screening	0561	9561

For each screening type, the number of completed outcomes and the number of incomplete screening referrals should equal the number of abnormal results, EXCEPT IN THE CASE OF BMI Obese, as follows:

For Vision, Hearing, and Scoliosis:

- ◆ # OF COMPLETED OUTCOMES + # OF INCOMPLETE SCREENING REFERRALS = # of ABNORMAL RESULTS (Based on state fiscal year: July 1 – June 30)

For BMI Underweight:

- ◆ # OF COMPLETED OUTCOMES + # OF INCOMPLETE REFERRALS = # of REFERRALS CODED TO THE RESULTS FIELD (Based on state fiscal year: July 1 – June 30)

For BMI Obese:

- ◆ # OF COMPLETED OUTCOMES + # OF OBESITY INTERVENTION OUTCOMES + # OF INCOMPLETE REFERRALS = # of REFERRALS CODED TO THE RESULTS FIELD (Based on state fiscal year: July 1 – June 30)

INCOMPLETE SERVICE**(UNIVERSAL)****9999**

CSR	EAR	Time	# Svc	Age	Sex	Race	PTY	Res	Dut	Dir	Sup
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A code used when time and mileage are expended and the service cannot be delivered: e.g., "not-at-home".

- ◆ UNIVERSAL CODE for direct services.
- ◆ Requires number of services