School Health Program Coding Manual

2015 - 2016

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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 (CHD) in daily business and clinical 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 HMC Reporting System. 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 Service and Time 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. The report center includes administrative, contract management, dental, environmental, and service and time reports that county health departments can use periodically for management and planning purposes. Please refer to the link below to view these reports.
http://hpe00ws/reportcenter/default.aspx

How the Data from the Health Management System is Utilized

Health Management Component (Service and Time) 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 Division of Public Health Statistics and Performance Management 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 Service and Time data is used in the Contract Management System as the backbone for program reporting 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.

Florida Statutes Guiding HMS Service and Time Coding

Service and Time Reporting for Planning and Data Analysis
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 Service and Time entry.

Time Reporting for Cost Allocation
Chapter 154.02 *F.S.* requires that DOH report county health department expenditure and output data at the program level. This data is used by policymakers to gain insight into county health department operations and for planning and policy development.

The majority of health department expenditures are payroll, therefore the accurate alignment of payroll to programs is essential to derive program cost. However, health department employees often work in multiple programs making the alignment of payroll problematic. To address this, the Department uses employee time reporting as the method to align health department payroll with programs. Direct service staff code time to operational programs such as immunization, family planning and individual sewage. Supervisory and support staff such as Nursing Directors, clinic managers, and environmental health managers typically code time to general accounts that distribute payroll to a subset of programs. Examples of these accounts include general clinical, general personal health, general environmental health. Employees who provide personal health services use the Employee Activity Report (EAR) form to code time; employees who provide environmental health services use the Daily Activity Report (DAR) form. Employees whose work supports all programs do not code EAR or DAR time at all -- in this case the Department's cost allocation system distributes their payroll across all programs as general overhead.

The fundamental purpose of time coding is to distribute employee payroll to the most appropriate program or set of programs. Because of this, how staff code time is determined by the type of work they do and not their position. For example, a clerk who works full-time handling septic tank permits should code their time (and by extension payroll) to PC 61, Individual Sewage; a clerk who works full-time with clinical medical records could appropriately code to PC 94, general clinic, and have their cost spread among all clinical programs; and a clerk who worked full-time supporting the Business Manager could appropriately not code time at all and have their cost spread among all programs as general overhead. The fact that in each case the employee is a clerk is not relevant – the relevant variable is which program or programs the position supports. Therefore the guiding principal of EAR/DAR program component time coding is that staff should code their time in the manner that distributes their payroll to the programs they support as accurately as possible given the available coding options.

Requirements for Service and Time Coding Entry

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. Time worked should also be entered as soon as possible. Your supervisor will provide you with program specific procedures for entering EAR's and Client Service Records (CSR's).

Responsibility for Reporting Time

All staff who record time in People First are required to complete EARs/DARs including both OPS and Career Service positions. In addition, contract employees funded through the CHD must also complete EARs/DARs. *Exceptions are employees in general administration positions who support all CHD programs, i.e. Business Managers, Personnel.* The only non-administrative CHD employees who need not code EARS/DARS are CHD employees who do not receive payroll through the state payroll system (volunteers, employees paid using an expense contract) or are paid by a non-CHD organization (such as a School Board). EAR/DAR data is extracted and imported into the Contract Management System (CONMAN) and applied to payroll by position number to allocate payroll cost to programs.

Service and Time Data Entry

All Service and Time data should be entered into the HMS within 7 calendar days of the date of service provision.

EAR Review and Certification

All employees (FTE and OPS) and supervisors must review and certify time by 7 days after the end of the pay period.

Note: The certification of employee time is a federal requirement when continuous time coding is used to account for federal grants. Effective July 1, 2011, the Department of Health eliminated Random Moment Sampling (RMS) and shifted to continuous time coding through EAR forms to draw federal grant funds for county health departments. At that point, the certification of EAR timesheets became necessary to comply with requirements associated with the receipt of federal grants.

Chapter 2 - Getting Started With Key Concepts

This chapter will familiarize you with the commonly used terminology associated with Service and Time entry. This includes entry via CSR and/or EAR for direct and indirect services within all personal health programs. It will also cover development of position numbers and service descriptions. This chapter will conclude with a culmination of how each key concept discussed relates to service and/or time coding within HMS.

Program Components

Service and Time coding program areas such as Immunization, Sexually Transmitted Disease, Healthy Start, etc., are identified by 2-digit numbers called Program Components. There is a complete list of the personal health program components in Chapter 4.

Example of a description for a Program Component:

29 Comprehensive Child Health Services

County health departments provide services and screenings to clients less than 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 codes can be recorded with any program component number. Because they can be provided in any program area, they are called Universal codes. Look for 'Universal' in the code description in Chapter 4. Most service codes are *not* Universal and can only be used in appropriate program components. Refer to the Personal Health Service Codes Quick Reference in Chapter 5 to learn if a service code is valid in a particular program component.

Service Descriptions

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.

HMS uses a unified service collection process by providing the ability to create a Service Description and then associate it to code(s) that may apply. You are then able to use the Record a Service screen to record all types of services for your client. You can also use the EAR module to record time spent completing certain tasks within a program area.

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 Florida Department of Health (DOH) required service reporting using Health Management Codes (Service and Time).
- 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.

Services entered in Record a Service require <u>at least</u> 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.
SERVICE AND TIME Used to report program activities 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.

Once Service Descriptions are established, users can record services and if multiple code types are associated, they will be incorporated with the service. Services can be entered using the code (CPT, CDT, SERVICE AND TIME, Lab or Local) or the service description. Choices are automatically generated for the valid service codes based on the Program Component chosen.

Summaries of all personal health program components, service codes, and definitions for each service are found in Chapter 5.

Service Recording Components
This section covers key concepts related to service coding in the Record a Service module. Key concepts include service location, recording the number of services, identifying and counting clients and services, individual service coding, and group service coding.

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

Recording services can be coded via the CSR or within the EAR module. Services require either linkage to individual client record, group coding, or employee time entry. This section will cover individual and group service coding as well as how clients are identified and counted in HMS.

Individual Service Coding

Certain designated service codes require the coding of units of time in the number of services field in Record a Service module. The coding instructions for these codes state that one service is coded for every 15 minutes of time spent providing the service as well as travel and documentation. **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.

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.

Remember: Code 1 service for every 15 min. – including travel & documentation

Group Service 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.

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 Acquired Immune Deficiency Syndrome (AIDS) subprograms 05 (Non-state supplied vaccines), 34 (School Health Services), and mass screening in 04 (Tuberculosis Services) and in 10 (Chronic Disease Prevention Community Services), and Women, Infant & Children Program (WIC). Please refer to Chapter 5 for specific program guidance on how and when to group code.

Identifying and Counting Clients and Services

Client counts are **computer generated automatically** and determined by unduplicated counts of clients receiving a service in each personal health program component where client registration is required. All services need to be individually coded to each client's unique client ID number.

In some program components services are group coded, that is, in the aggregate. School Health (34) and Chronic Disease Prevention Community Services (10) are two program components which allow group coding for certain services in specific conditions, for example, a mass screening clinic. Within these program components there are unique services that are used to estimate the total number of clients served in that program during a reporting year (State Fiscal Year July 1 – June 30).

How CSR, EAR, Healthy Start, and other encounter forms are entered into HMS
Each county health department's Service and Time 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 checkout counters. Service and Time 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:

- Collect all forms from staff according to a specified schedule.
- Review the forms for completeness and legibility. Return forms to the originator for correction, if necessary.
- 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.

Time Coding Components

The program structure and staffing of each county health department depends on the identified public health problems and needs of the population in the area served. All county health departments offer core public health services. In order to manage and track how these services are being delivered in the local community in response to the areas where public health problems are identified, CHD staff reports both the direct services which are rendered, and the time spent providing them by program component. This employee time reporting provides the basis for CHD managers to see how much effort is being expended in each program component, thereby giving them a tool to supervise the effort both within their individual programs, as well as across programs. In addition, the employee time coding provides the basis for allocating and reporting cost by program component in the CHD Contract Management Cost Allocation System.

Services provided to individual clients in the clinic setting are reported in HMS using the Client Identification (ID); therefore the number of services is already being calculated. Employee time is entered into the Health Management System. Employees 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, direct service staff may spend time conducting miscellaneous activities including meetings, trainings, case management, etc. This time must also be coded on their EAR depending on the specifications of the program they are working under. Special coding instructions apply to employee time in certain program components. Summaries of all personal health program component, service codes, and definitions for each service are found in Chapter 5.

See screen shot on the next page.

This section covers key concepts uniquely related to employee time coding in the EAR module. Key concepts include First Time This Year (FTTY), Results, and outcomes. There are additional concepts related to time coding that are also related to CSR's that have been covered in the Service Recording Components section.

FTTY
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 reporting year (State Fiscal Year July 1 – June 30). 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 Employee Activity Report (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 Service and Time Detail screen or the number of positives on the EAR. School Health uses a 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 2 for coding instructions.

Employee Information
All employees, and some volunteers, that are responsible for entering their time are assigned position numbers within HMS. These position numbers are not the same as the employee numbers in People First. System Administrators are responsible for assigning these numbers. This section will cover the structure of position numbers, provider types, position types, and categories.

Structure of Employee Position Number
The position numbers for career service or other personnel service (OPS) consist of 6 numeric characters depending on the employee's position type. The position number includes the HMS assigned number, category type, and start date. Employees are assigned the HMS position number that correlates most appropriately to their assigned job duties. Position numbers may be shared between multiple employees simultaneously. Also, when employees leave a position the same position number will be assigned to their successor.

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.

PROVIDER TYPE   **CODE**
Contract......................................   A
Federal.......................................   C
School Personnel.......................   D
Other County Personnel.............   E
Volunteer...................................   F
Student…………………………   S
Other...   Z

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**
Environmental Health (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, Data Entry Operators (DEOs), AAs, Receptionists, Word Processors, Secretaries, Accountant, Office Automation, Cashier, Fiscal Assistants, Record Techs, Staff Assistants, etc.) **0001**
Other **9999**

Employee Time Coding 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 increments. Whenever possible report service time to the program component in which the service is given. Staff who provides direct services to clients in the health department clinics code their time to service code 0000 and the program worked. For example, if Improved Pregnancy Outcome (PC 25) and family planning services (PC 23) 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.

Whenever possible, code 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, 82-general public health, or 94

general clinical, unless the service cannot be attributed to any specific program component. In addition, be sure to accurately reflect the service for which the Direct Services were provided.

Chapter 3 - Reports from Service and Time Data

Transferring Service and Time Data

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. Service and Time, 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 Service and Time contract management reports on the DOH Intranet web site http://hpe00ws/reportcenter/default.aspx. All of these reports are produced in Tallahassee by the Department of Health Division of Public Health Statistics and Performance Management, and Data Analysis and include the following types of information:

- S*ervices 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.

Data Transmission 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 Client Service Record (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 Service and Time Module if needed.

Discrepancy Analysis

All of the statewide Service and Time 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 Division of Public Health Statistics and Performance Management 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 Service and Time 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 Division of Public Health Statistics and Performance Management help desk at DLHMSSupport

Chapter 4 - 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.

Brief Program Component Descriptions

01	**Immunization Services Using State Provided Vaccines**

County health departments administer vaccine provided by the federal Vaccines For Children Program to children age 0 through 18 and provide immunization services for adults and travel using state funds. Services included in the program component include the following activities: assessment of immunization levels in all populations, perinatal hepatitis B case reporting and management, vaccine storage, handling and accountability, vaccine-preventable disease surveillance and reporting administering vaccines pursuant to the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices, implementing new vaccine requirements for child care center and school attendance, and efficient use of the statewide immunization registry for recording and managing immunization records and for VFC vaccine inventory accountability.

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	**HIV/AIDS Services – Services should always be coded to the appropriate Sub-Program**

A1   Prevention
HIV/AIDS Prevention activities are related to providing prevention information and prevention programs. These activities include: education; counseling; screening, outreach, prevention case management; referrals; and HIV behavioral interventions.

A2   Surveillance
Core surveillance activities are related to collecting HIV and AIDS data, analyzing trends and disseminating data. These activities include: collecting data from laboratories and physicians; interviewing clients; initiating STD field records and conducting routine medical record reviews at private providers, community-based organizations and healthcare facilities where HIV/AIDS is diagnosed or treated.

A3   Patient Care
Medical and related services provided to HIV-infected individuals in a clinic setting. This includes medical evaluation, referral, primary care, and case management services.

A4   ADAP
These activities are related to providing AIDS Drug Assistance Program (ADAP) services to low-income persons with HIV/AIDS. The activities include, but are not limited to: enrollment and re-enrollment procedures, order medications from the Bureau of Statewide Pharmacy Services for ADAP clients, facilitate client pick-up of their packaged medications; conduct adherence assessments; make referrals; document activities; and update clients information/activities in the ADAP database.

A5 **HIV Project AIDS Care (PAC) Waiver Case Management**
HIV Medicaid Case Management of an individual enrolled in a PAC Waiver program may include review of medicals records and discussion of case with other professionals or telephone or face to face meetings with or on behalf of the client.
Note: All time coded to 03A5 will be rolled into the subprogram 03A3 for the purpose of allocating and reporting cost by program component in the CHD Contract Management Cost Allocation System.
(Only available in counties that bill for PAC Waiver 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**

All county health departments receiving funding, vaccine, and/or lab testing services through the Hepatitis Prevention program must report these and 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.

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

17 **Adult Federal Vaccine**

This program component is for vaccine-only as defined by the Immunization Program annually and subject to federal adult vaccine availability. Vaccines coded under this program component are to be provided free of vaccine charge to uninsured adults age 19

and older. Time coding for vaccinations provided under this program component should be coded to immunization program component 01. Fees for the vaccine administration may be billed according to local CHD practice; however, billing is prohibited for federal vaccines supplied under this initiative.

| 18 | **Refugee Health** |

County health departments provide refugee health services including communicable and chronic disease screening, physical assessment, and immunizations to all populations eligible for refugee benefits. Notification of the majority of eligible arrivals is made by the Centers for Disease Control and Prevention, via the Electronic Disease Notification system. County health departments identify health conditions requiring follow-up care and treatment, and provide referrals as necessary.

| 21 | **Special Supplemental Nutrition Program for Women, Infants & Children Services (WIC) - Services should always be coded to the appropriate Sub-Program** |

| W1 | **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.

| W2 | **Breastfeeding Peer Counselor Program** |

The WIC Program's grant funded Breastfeeding Peer Counselor Program uses peer counselors to provide group classes, individual contacts, and support groups to encourage and promote breastfeeding by WIC participants.

| 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. Only services should be coded to PC 22, time should not be coded as this is a non-CHD program component.

| 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 checkup 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. Only services should be coded to PC 32, time should be coded to PC 27.

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.

38	**Community Health Development**

Participating in overall strategic and community health planning, in part to develop a non-programmatic, overarching community health improvement plan; gathering information to inform policy makers; leading dialogues and public forums to gather input from the community related to community health issues; building and maintaining community partnerships to identify and solve public health problems and promote the health of the population; collecting, analyzing, and interpreting health data to address scientific, policy, ethical, and social public health issues; conducting community health assessments; conveying public health information, informing the public and providing community education not accounted for in other health program areas.

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.

94	**General Clinical**

General Clinical is a time-only component intended to capture the time and cost associated with non-direct service staff who primarily support/oversee clinic based health care services. Coding to General Clinical will result in the time and cost being spread to direct service programs 01, 02, 03, 04, 09, 23, 25, 29, and 37 in the Contract Management Cost Allocation System. Staff who may appropriately code time using this component could include Medical Directors and certain nursing supervisors.

Program Services:

Code Description	SERVICE & TIME	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					
TB RISK FACTOR ASSESSMENT AND SKIN TEST	0583		Svs	FTTY				
HCG URINE PREGNANCY TEST	0590		Svs					
RECORD REVIEW	0598		Svs	FTTY			Result	Outcome
VISION SCREENING: STUDENT OPTED OUT / UNSCREENABLE / IN TREATMENT	0610			FTTY	Grade			
HEARING SCREENING: STUDENT OPTED OUT / UNSCREENABLE / IN TREATMENT	0615			FTTY	Grade			
GROWTH & DEVELOPMENT SCREENING WITH BODY MASS INDEX: STUDENT OPTED OUT / UNSCREENABLE / IN TREATMENT	0621			FTTY	Grade			
SCOLIOSIS SCREENING: STUDENT OPTED OUT / UNSCREENABLE / IN TREATMENT	0661			FTTY	Grade			
PARAPROFESSIONAL EVALUATION AND INTERVENTION	4000		Svs					
LICENSED PRACTICAL NURSE SERVICE	4050		Sys					
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
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	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	Time	Svs					
COUNSELING: HEALTH EDUCATION	8040		Svs					
CHILD SPECIFIC TRAINING OF SCHOOL STAFF	8080		Svs	FTTY				
VISION REFERRAL: PARENTS/GUARDIAN NON-RESPONSE OR REFUSAL TO FOLLOW-UP / STUDENT WITHDRAWN FROM SCHOOL	9510		Svs		Grade			
HEARING REFERRAL: PARENTS/GUARDIAN NON-RESPONSE OR REFUSAL TO FOLLOW-UP / STUDENT WITHDRAWN FROM SCHOOL	9515		Svs		Grade			
BODY MASS INDEX UNDERWEIGHT REFERRAL: PARENTS/GUARDIAN NON-RESPONSE OR REFUSAL TO FOLLOW-UP / STUDENT WITHDRAWN FROM SCHOOL	9522		Svs		Grade			
BODY MASS INDEX OBESE REFERRAL: PARENTS/GUARDIAN NON-RESPONSE OR REFUSAL TO FOLLOW-UP / STUDENT WITHDRAWN FROM SCHOOL	9524		Svs		Grade			
SCOLIOSIS REFERRAL: PARENTS/GUARDIAN NON-RESPONSE OR REFUSAL TO FOLLOW-UP / STUDENT WITHDRAWN FROM SCHOOL	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 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	7th Grade	M7	AGE
Kindergarten	KG	AGE	8th Grade	M8	AGE
1st Grade	E1	AGE	9th Grade	H9	AGE
2nd Grade	E2	AGE	10th Grade	H0	AGE
3rd Grade	E3	AGE	11th Grade	H1	AGE
4th Grade	E4	AGE	12th Grade	H2	AGE
5th Grade	E5	AGE	Ungraded	ZZ	AGE
6th 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).

- **SUBMISSION AND ENTRY OF SCHOOL HEALTH DATA INTO HEALTH MANAGEMENT SYSTEM (HMS)**

Florida Statute section 381.0056 states the following: "Department of Health shall have the responsibility, in cooperation with the Department of Education, to supervise the administration of the school health services program and perform periodic program reviews." Currently, county health departments, school districts and public/private partners and in some cases volunteers provide school health services. In order to supervise and perform periodic program reviews of the school health programs in Florida's 67 counties, it is important that all school health service providers submit complete and accurate data in a timely manner. This enables local and state school health coordinators and management to provide decision makers with data that demonstrates the need for school health services and the critical role that school health services play in reducing health-related barriers to learning.

Because student health records are considered student educational records protected by the Family Education Rights and Privacy Act (FERPA), the school health data collected and maintained by the Department of Health is aggregate, not student-specific or case-level. Each county health department school health program is responsible for ensuring that the aggregate school health services data from all local school health service providers is submitted and entered in HMS according to the following:

GUIDELINES FOR SUBMITTING AND ENTERING AGGREGATE SCHOOL HEALTH SERVICES DATA INTO HMS					
School Health Service Provider	**6 Digit Position Number (per DHP 50-20)**	**Data Submission to CHD**	**Enter By**	**Service Date**	**End-of-Year Additions and/or Corrections**
County Health Department (CHD)	6 digit CHD employee position number	Weekly, as per DHP 50-20	Within 7 days of the date of service, as per DHP 50-20	Actual date of service except for end-of-year additions and/or corrections.	Must be entered in HMS by no later than August 15th, with a service date on or before June 30th.
Contracted Provider (School District or Other)*	6 digit pseudo employee number staring with a "A"	No less than monthly, within 15 days of the end of each month.	Within 7 days of the date of receipt.	Within 7 days of the date of receipt, except for end-of-year additions and/or corrections.	Must be entered in HMS by no later than August 15th, with a service date on or before June 30th.
School District (Not Contracted)*	Six-digit pseudo employee number staring with a "D"	No less than quarterly, within 15 days of the end of the quarter, for each quarter in the fiscal year (July 1 – June 30)	Within 7 days of the date of receipt.	Within 7 days of the date of receipt, except for end-of-year additions and/or corrections.	Must be entered in HMS by no later than August 15th, with a service date on or before June 30th.
Public/Private Partner (Not Contracted)*	6 digit pseudo employee number staring with a "Z"	No less than quarterly, within 15 days of the end of the quarter, for each quarter in the fiscal year (July 1 – June 30)	Within 7 days of the date of receipt.	Within 7 days of the date of receipt, except for end-of-year additions and/or corrections.	Must be entered in HMS by no later than August 15th, with a service date on or before June 30th.
Volunteer*	6 digit pseudo employee number staring with a "F"	No less than quarterly, within 15 days of the end of the quarter, for each quarter in the fiscal year (July 1 – June 30)	Within 7 days of the date of receipt.	Within 7 days of the date of receipt, except for end-of-year additions and/or corrections.	Must be entered in HMS by no later than August 15th, with a service date on or before June 30th.

*Non-DOH employees should not code time.

- **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 and 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 "System Administrator" who is responsible for adding or reassigning DAU numbers. **It is also important that Comprehensive and Full Service School 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 schools designated as Comprehensive and Full Service are accurately reflected in Service and Time. 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 are grouped in Service and Time Basic school health reports. The Service and Time 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 Division of Public Health Statistics and Performance Management (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: DAU numbers are not required for each Comprehensive school.** Comprehensive school health services may be coded to one DAU number or each Comprehensive School may be assigned a DAU number in order to track the services provided with Comprehensive School Health funding or contract requirements.

  - **Full Service Schools: DAU numbers are not required for each Full Service school.** Full Service School services may be coded to one DAU number or each Full Service School may be assigned a DAU number in order to track the services provided with Full Service School funding or contract requirements.

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 to Medicaid via Health Management Organizations (HM) or cost-based reimbursement exception must be entered in the Client Service Record (CSR) component of HMS under Program Component (PC) 29 – Comprehensive Child Health or PC 23 – Family Planning, 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 PC.

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 SERVICE AND TIME reports.

Chapter 5 – 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 5
- **UNIVERSAL** Accepted in most 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 6 for definitions)

Requirements and Information Bar

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

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.

Service and Time Code Quick Reference

Direct Service

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

Immunization

01XX (0XXX) See PC 01, 05, 09 and 17 pages	Primary and Booster Immunization Series	01, 05, 17
01XX (0XXX) See PC 01, 05, 09 and 17 pages	Other Immunizations	01, 05 (limited 09), 17

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	Retinopathy 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
0584	Tuberculin Screening: Interferon Gamma Release Assay (IGRA) 86480	01, 03, 04, 29, 34, 37
0585	Hepatitis B Screening	01, 25
0587	Hepatitis Test (Hepatitis Grant only) Lab Chronic Hepatitis Screen 86692	09
0588	Hepatitis Test	09
0590	Pregnancy Test	02, 23, 24, 29, 34, 37
0591	Breast/BSE Screening	23, 37
0592	Colorectal Screening	37

0593	Papanicolaou smear (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: Student Opt-Out/Unscreenable/In Treatment	34
0615	Hearing Screening: Student Opt-Out/Unscreenable/In Treatment	34
0621	Growth & Development Screening With BMI: Student Opt-Out/Unscreenable/In Treatment	34
0661	Scoliosis Screening: Student Opt-Out/Unscreenable/In Treatment	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	21W1
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 and/or Investigation: Notifiable Diseases	01, 06, 16
2541	Epidemiological Interview and Investigation: Food-borne and Waterborne Illness	06, 16
2543	Epidemiological Interview and Investigation: Other	Universal
2544	Follow-up/Ongoing and Active Surveillance	01, 06, 16
2545	Rabies Surveillance and Control	06
2546	Administration and 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 Service	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)	21W1
4605	Assessment for Certification/Re-certification /Infant Assessment (Women, Infant, and Children Program Staff)	21W1
4610	Medical Data Collection	21W1
4700	Physical Activity Assessment/Counseling	02, 03, 04, 21W1, 23, 25, 29, 34, 37
4801	Directly Observed Therapy/Nurse	03, 04
4802	Video Directly Observed Therapy/Nurse	04
4803	Directly Observed Therapy/Paraprofessional	02, 03, 04
4804	Video Directly Observed Therapy/Paraprofessional	04
4805	Field Serology	02
4807	Targeted or Community Screening	02

Nursing Assessment/Counseling

5000	Nursing Assessment and Counseling	01, 02, 03, 04, 09, 18, 25, 29, 34, 37
50XX	Family Planning Primary Method/Assessment/Counseling	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 Health

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		18, 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

6000	Medical Management		02, 03, 04, 09, 23, 24, 25, 29, 34, 37
	Office Visit (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
6025	Delivery of Newborn		25
6030	Therapeutic Service – Social Work Intervention		Universal
6033	Follow-up for pregnant Hepatitis B Surface Antigen (HbsAg) - positive women		01
6067	Osteoporosis Medical Treatment		37
6201	Limited Family Planning Exam		23

Follow-up

| 6500 | Paraprofessional Encounter | Universal |

Counseling/Training/Education

6610	Preventive Dental Services	34, 40
6620	Tobacco Use	02, 03, 04, 12, 21W1, 22, 23, 24, 25, 26, 27, 29, 30, 31, 32, 37,40
6621	Alcohol Use	02, 03, 04, 12, 21W1, 22, 23, 24, 25, 26, 27, 29, 30, 31, 32, 37,40
6622	Substance Use	02, 03, 04, 12, 21W1, 22, 23, 24, 25, 26, 27, 29, 30, 31, 32,37,40
7000	Farmer's Market Support	21W1—Time Only
7110	Check Issuance	21W1—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
7801	Community Health Assessment	38
7802	Inform and Educate the Public	38
7803	Community Health Partnership Development	38
7804	Community Health Plan Development	38
7805	Innovation and Improvement	38
8000	Counseling	Universal

8002	Psychosocial Counseling	04, 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	04, 06, 16
8010	Nutrition Education: Group	Universal
8011	Nutrition Education: Newsletter	21W1
8013	Interconceptional Education and Counseling	22, 26, 27, 30, 31, 32
8015	Reading and Literacy Group Activities	21W1, 22, 25, 26, 27, 29, 30, 31, 32, 34, 37, 41, 82, 94
8020	Education: Class	Universal
8021	Education: Health Education Class	Universal
8022	Outreach	01, 02, 03, 04, 09,10,12, 21W1, 32, 23, 25, 26, 27, 29, 30, 31, 37, 40, 41, 46, 82, 94
8023	Sexual Violence Intervention	01, 02, 03, 04, 05, 09, 21W1, 23, 25, 27, 29, 32, 37, 40, 41
8024	Domestic Violence Intervention	01, 02, 03, 04, 05, 09, 21W1, 23, 25, 27, 29, 32, 37, 40, 41, 46
8025	Reading and Literacy Counseling	21W1, 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
8028	Human Trafficking Intervention	01, 02, 03, 04, 05, 09, 21W1, 23, 25, 27, 29, 32, 37, 40, 41

8030	Counseling: Pre-HIV
	    Confidential and Anonymous Testing
	    99402 Family Planning (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	21W1

8072	In-service/Professional Development: Breastfeeding Education	21W1
8080	Child-Specific Training for School Staff	34
8093	Education Class: Cancer	10
8100	Nutrition Education: High-Risk Contact	21W1
8105	Nutrition Education: Non-High Risk Contact	21W1
8115	Breastfeeding Support	21W1-Time Only
8120	Breastfeeding Education: Individual Contact	21W1
8125	Breastfeeding Education: Group	Universal
8130	Breastfeeding Education: High Risk Contact	21W1
8140	Breastfeeding Peer Counselor Individual Contact	21W1
8145	Breastfeeding Peer Counselor Group Contact	21W1
8150	Dietetic Internship Administration/Nutrition Education	21W1-Time Only
8155	Dietetic Internship Administration/Breastfeeding	21W1-Time Only
8160	Breastfeeding Peer Counseling Program Support	21W2-Time Only
8165	Breastfeeding Peer Counseling Program Individual Contact	21W2
8170	Breastfeeding Peer Counseling Program Group Contact	21W2
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	21W1
9043	Community Meeting/Breastfeeding	21W1
9060	HIV/AIDS Surveillance	03A2 – Time Only
9061	HIV/AIDS ADAP Program Activities	03A4 – Time Only
9080	General Support Time	Universal
9096	Leave Time	Universal
9101	Breast Exam Abnormal	23, 29, 37
9302	PAP Abnormal – Atypical Squamous Cells (ASC)	23, 37
9303	PAP Abnormal – High Grade Squamous Intraepithelial Lesion (HSIL)	23, 37
9304	PAP Abnormal – Other	23, 37
9510	Vision Referral: Parent/Guardian Non-Response or Refusal to Follow-Up/Student Withdrawn From School	34
9515	Hearing Referral: Parent/Guardian Non-Response or Refusal to Follow-Up/Student Withdrawn From School	34
9522	BMI Underweight Referral: Parent/Guardian Non-Response or Refusal to Follow-Up/Student Withdrawn From School	34
9524	BMI Obese Referral: Parent/Guardian Non-Response or Refusal to Follow-Up/Student Withdrawn From School	34
9561	Scoliosis Referral: Parent/Guardian Non-Response or Refusal to Follow-Up/Student Withdrawn From School	34
9999	Incomplete Service	Universal

Universal Codes

These service codes may be used in <u>most</u> personal health program components, whether or not they are listed on the program specific pages in Chapter 4. They are listed here for reference and use as needed. Complete definitions for all personal health service codes are found in Chapter 5.

Direct Service Universal Codes

Direct Service Time	0000
HIV Screening	0581
EPI Interview and Investigation: Other	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

Service and Time Code Detail

DIRECT SERVICE TIME	**UNIVERSAL**	**0000**

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

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, such as advanced registered nurse practitioners, registered nurses, licensed practical nurses, clinic aides, etc.

HYPERTENSION SCREENING	**PC 01, 02, 03(A1, A2, A3, A4, A5), 04, 29, 34, 37, 40**	**0505**

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

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**

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

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 (# COMPLETED VISION SCREENING OUTCOMES ÷ # ABNORMAL VISION SCREENING RESULTS = % 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

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 (# COMPLETED HEARING SCREENING OUTCOMES ÷ # ABNORMAL HEARING SCREENING RESULTS = % 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

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

Growth and development screening is conducted according to Chapter 64F-6.003, Florida Administrative Code. Height and weight measurement is (the first step in growth and development screening) obtained in designated grades for the subsequent calculation of Body Mass Index (BMI) percentile results.

The number of height/weight measurements (Services and FTTYs) are coded to 0520. **To complete a growth and development screening you must calculate the of body mass index (BMI) percentile for age and gender.** Growth and development screening with BMI are required for students in 1st, 3rd and 6th grades; and optionally in 9th grade. They coded using age field codes: 1st - E1, 3rd - E3, 6th - M6, 9th - H9. The height/weight measurements and resulting BMI percentile are recorded on or in the cumulative school health record (Form DH 3041) or electronic cumulative health record.

NOTE: Completion of BMI percentile calculations requires the documentation of *height* and *weight* measurements, *age or birth date*, and *gender*. **See BMI percentile results codes below:**

GROWTH & DEVELOPMENT: SCREENING WITH BMI RESULTS, REFERRALS, & OUTCOMES   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 percentiles 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 gender, and are coded to the **Service** field of the following service codes:

Service Code	Growth & Development Screening	Range
0521	Growth & Development Screening: BMI Healthy Weight Results	($\geq 5^{th}$ to $< 85^{th}$ percentile)
0522	Growth & Development Screening: BMI Underweight Results	($< 5^{th}$ percentile)
0523	Growth & Development Screening: BMI Overweight Results	($\geq 85^{th}$ to $< 95^{th}$ percentile)
0524	Growth & Development Screening: BMI Obese Results	($\geq 95^{th}$ percentile)

School Health Note:

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

(continues on the following page)

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 actually 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 5044 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**

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

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

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

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

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

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 an optional 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 OPTIONAL	FTTY Field OPTIONAL	Results Field OPTIONAL	Outcome Field OPTIONAL
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.

CODING NOTE: The only EARs field that is mandatory is the SERVICE field. Coding to the FTTY, RESULTS, and OUTCOME fields is **OPTIONAL**. However, the system will require a number in these fields so after coding to the SERVICE field, you may code zero (0) to the FTTY, RESULTS, and OUTCOME fields order to complete the entry.

HIV SCREENING	**(UNIVERSAL)**	**0581**

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										**0583**	
PC 01, 03(A1, A2, A3, A4, A5), 04, 29, 34, 37										**CPT CODE 86580**	

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, 29, 34, 37**	**0590**	

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

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**

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

Review and assessment of student health 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 (certificate of immunization current for grade level and school entry health exam, student emergency contact/health information form) or has chronic or complex conditions or allergies. 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.

For local Departments of Health that contract to school districts or other local entities for the provision of school health services:
- Code **receipt** of student emergency contact/health information forms to the OUTCOME field.
- Code **non-receipt** of student emergency contact/health information forms to the RESULTS field.

Type of Record Review	Service Field	FTTY Field	Results Field	Outcome Field
1st record review in a school year of a student's health records	# of initial record reviews	# of initial record reviews	-0-	-0-
Any additional student health record reviews	# of additional record reviews	-0-	-0-	-0-
Current (for current school year) student emergency contact/health information forms not received	-0-	-0-	# of student emergency contact/health information forms **not** received	-0-
Current (for current school year) student emergency contact/health information forms received	-0-	-0-	-0-	# of student emergency contact/health information forms **received**

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.

Vision Screening: Student Opted Out / Unscreenable / In Treatment		**PC 34**	**0610**

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

Document the number of students who meet one of the following criteria:

- The parents/guardian actively opted them out of vision screening.
- Due to profound disability or illness the student is unable to be screened for vision.
- Students who are not screened for vision due to currently being in treatment for a disease of the eyes.

This is to account for students who are not screened for vision for one of the following reasons; (1) the parents/guardian have explicitly requested that their child not be screened for vision (written request or written documentation of face-to-face or phone conversation); (2) they cannot be screened for vision due to profound disability or illness or require specialized equipment in order to be screened for vision (this can include students with conditions such as uncontrolled attention deficit hyperactivity disorder or autism); or (3) they are already diagnosed with visual impairment due to a diagnosed disease of the eyes and are currently under the care of an ophthalmologist for evaluation and treatment.

Code by grade level to the FTTY field.

Hearing Screening: Student Opted Out / Unscreenable / In Treatment		**PC 34**	**0615**

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

Document the number of students who meet one of the following criteria:

- The parents/guardian actively opted them out of hearing screening.
- Due to profound disability or illness the student is unable to be screened for hearing.
- Students who are not screened for hearing due to currently being in treatment for hearing deficit.

This is to account for students who are not screened for hearing for one of the following reasons: (1) the parents/guardian have explicitly requested that their child not be screened for hearing (written request or written documentation of face-to-face or phone conversation); (2) they cannot be screened for hearing due to profound disability or illness or require specialized equipment in order to be screened for hearing (this can include students with conditions such as uncontrolled attention deficit hyperactivity disorder or autism); or (3) they are already diagnosed with hearing deficit due to diagnosed disease or defect of the ears and are currently under the care of a physician for evaluation and treatment.

Code by grade level to the FTTY field.

Growth and Development Screening with Body Mass Index: Student Opted Out / Unscreenable / In Treatment						**PC 34**		**0621**			

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

Document the number of students who meet one of the following criteria:

- The parents/guardian actively opted them out of growth and development screening with body mass index (BMI).
- Due to profound disability or illness the student is unable to be screened for growth and development screening with body mass index (BMI).
- Students who are not screened for growth and development with BMI due to currently being in treatment for a disease or health condition that impacts weight.

This is to account for students who are not screened for growth and development for one of the following reasons; (1) the parents/guardian have explicitly requested that their child not be screened for growth and development with BMI (written request or written documentation of face-to-face or phone conversation); (2) they cannot be screened for growth and development with BMI due to profound disability or illness or require specialized equipment in order to be screened for growth and development with BMI (this can include students with conditions such as uncontrolled attention deficit hyperactivity disorder or autism); or (3) they are already diagnosed with a disease or health condition that impacts weight and are <u>currently</u> under the care of a physician for evaluation and treatment.

Code by grade level to the FTTY field.

Scoliosis Screening: Student Opted Out / Unscreenable / In Treatment						**PC 34**		**0661**			

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

Document the number of students who meet one of the following criteria:

- The parents/guardian actively opted them out of scoliosis screening.
- Due to profound disability or illness the student is unable to be screened for scoliosis.
- Students who are not screened for scoliosis due to currently being in treatment for scoliosis.

This is to account for students who are not screened for scoliosis for one of the following reasons: (1) the parents/guardian have explicitly requested that their child not be screened for scoliosis (written request or written documentation of face-to-face or phone conversation); (2) they cannot be screened for scoliosis due to profound disability or illness or require specialized equipment in order to be screened for scoliosis (this can include students with conditions such as uncontrolled attention deficit hyperactivity disorder or autism); or (3) they are already diagnosed with scoliosis and are <u>currently</u> under the care of a health care provider.

Code by grade level to the FTTY field.

EPIDEMIOLOGIC INTERVIEW AND/OR INVESTIGATION: NOTIFIABLE DISEASES   2540
PC 01, 06, 16

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

An interview and investigation of a notifiable disease (except Tuberculosis, Sexually Transmitted Diseases, and a known foodborne illness) to verify diagnosis, identify risk factors, exposure and other ill or exposed persons (contacts) and complete case investigation forms.

County health departments investigate all reports of notifiable diseases to verify the diagnosis, to determine the likely source of infection, to obtain specimens for testing and to institute appropriate preventive/control measures. Specific FL DOH and Centers for Disease Control & Prevention surveillance/investigation case report forms for various diseases are to be used when available. Data is to be entered into Merlin and analyzed as necessary. Investigation of outbreaks or clusters of notifiable diseases will also take place when appropriate. The writing of outbreak reports, letters and announcements (i.e. press releases) performed as part of an interview or investigation is included.

Public Health Preparedness and Response: Use PC 16 when the organism being investigated is one of the suspected bioterrorism agents, i.e. anthrax, plague.

PARAPROFESSIONAL RESPONSE TO STUDENT'S PHYSICAL COMPLAINTS   PC 34   4000

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

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.

<u>Special Instructions</u>: 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 (A1, A2, A3, A4, A5), 04, 25, 29, 34, 37

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

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. School Health does not require FTTYs for 4050 Licensed Practical Nurse (LPN) Services. School health LPNs may opt to code a zero (0) in the FTTY field to complete the entry. This will reduce unnecessary coding for LPNs working at school sites.

NUTRITION ASSESSMENT AND COUNSELING　　　　　　　　　　　**4500**
PC 03(A1, A2, A3, A4, A5), 04, 10, 23, 25, 29, 34, 37

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

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(A1, A2, A3, A4, A5), 04, 21W1, 23, 25, 29, 34, 37	

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

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. The clinician performing this service should document the physical activity assessment on the Adult and Adolescent Health History Form 3113, and the physical activity counseling service should be documented on the Health Promotion section (back side) of the Adult and Adolescent Physical Examination (DH Form 3137, 05/02). This documentation should include information on the client's progress toward or maintenance of the recommended level of physical activity.

Providing physical activity assessment and counseling with an Annual Exams (5500) is a Department of Health Performance Standard.

NURSING ASSESSMENT AND COUNSELING	5000
PC 01, 02, 03(A1, A2, A3, A4, A5), 04, 09, 18, 25, 29, 34, 37	CPT 99211

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

Provide nursing assessment and counseling to clients.

Nursing assessment is the identification of health needs and resources of individuals, families, and groups. This is an entry and ongoing process which includes health history, observation, physical assessment by those nurses prepared for this skill, monitoring patient and family reactions, interviewing to ascertain social and emotional stability and resources, and identification of risk factors arising from social, physical, or environmental conditions. This assessment provides the basis for nursing diagnosis and a plan of care. Counseling relevant to the findings and client needs is offered, including advice and instruction for health maintenance, disease prevention, interconceptional and preconceptional counseling, and health promotion.

School Health Note: This code is used by Advanced Registered Nurse Practitioners and Registered Nurses as described in the Nurse Practice Act, Chapter 464 F.S. Licensed Practical Nurses, under the direction/supervision of a Registered Nurse in the school setting, use code 4050 (Licensed Practical Nurse Service) for the evaluation of student complaints and symptoms. School Health does not require FTTY's for 5000 Nursing Assessment and Counseling, code a zero (-0-) in the FTTY field to complete the entry.

MEDICATION ADMINISTRATION	PC 34	5030

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

Assisting students with self-administration of medication.

Students who need to receive medications during the school 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

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

Administration of first aid and/or cardiopulmonary 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**

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

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**

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

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, *F.S.* and 64D-3.046, *F.A.C.*, 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	**PC 34**	**5051**

CSR EAR Time # Svc Age Sex Race FTTY Res Out 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	**PC 34**	**5052**

CSR EAR Time # Svc Age Sex Race FTTY Res Out 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 staffing: 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

`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 healthcare plan (IHP) is developed.

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

The written IHP 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 the development, review and/or approval of initial or firs-time-this-year IHPs to the Service and FTTY field. Code all subsequent IHP review and revisions to the Service field. Code additional activities, such as obtaining input from the parent/guardian and/or the child's health care provider to 5051 School Health Staff Consultation.

OBESITY INTERVENTION	PC 34	5054

`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 (≥ 95th percentile) that complete an Obesity Intervention. Use the outcome field **only when a 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 | Out | Dir | Sup

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

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

These codes are provided to reflect the type of school and the <u>time</u> 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.

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

<u>Special Instructions:</u> 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 18, 23, 24, 25, 29, 34, 37	5500

CPT CODES: 99381, 99391, 99382, 99392, 99383, 99393, 99384, 99394, 99385, 99395, 99386, 99396, 99387, 99397

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

Services are provided by a physician, advanced registered nurse practitioner or physician assistant.

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(A1, A2, A3, A4, A5), 04, 09, 23, 25, 29, 34, 37   **6000**

CPT CODES: 99215, 99214, 99213, 99212, 99211, 99205, 99204, 99203, 99202, 99201

CSR	EAR	Time	# Svc	Age	Sex	Race	FTTY	Res	Out	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.

Services are provided by a physician, advanced registered nurse practitioner or physician assistant.

SOCIAL WORK INTERVENTION   (UNIVERSAL)   **6030**

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

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.

SCHOOL HEALTH NOTE: School health staff with a bachelor's in social work (BSW), masters in social work (MSW) with or without clinical licensure, or human service worker may code social work services to 6030 Social Work Intervention when coding to School Health (PC 34). Code social work services to the SERVICE field. Coding to additional fields is optional.

PARAPROFESSIONAL ENCOUNTER   (UNIVERSAL)   **6500**

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

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 |

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

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 |

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

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 |

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

The provision and documentation of counseling services by professionals <u>other than</u> 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**

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

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.

- ◆ 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   **8015**
PC 21W1, 25, 26, 27, 29, 30, 31, 34, 37, 41, 82, 94

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

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**

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

Provide 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

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

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 21W1, 25, 26, 27, 29, 30, 31, 34, 41   8025

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

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

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

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
		99401, 99402

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

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 that 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

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

Counseling provided to an anonymous or confidential client after HIV screening to interpret results and refer for appropriate services.

County health department staff provides 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

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

The provision and documentation of counseling services by a health educator concerning identified risk factors and behavioral changes to reduce risks.

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

ORIENTATION/PRE-SERVICE TRAINING (UNIVERSAL)	8050

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

Time spent in providing or attending these categories of training.

- ◆ 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

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

Time spent in providing or attending staff meetings or job training or other types of in-service activities including strike team trainings.

- ◆ 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

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

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. (continues on the following page)

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

CODING NOTE: Code Child-Specific Training to the SERVICE and FTTY field only.

BREASTFEEDING EDUCATION: GROUP   (UNIVERSAL)   8125

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

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

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

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

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

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

`CSR` `EAR` `Time` ` ` `Age` `Sex` `Race` `FTTY` `Res` `Out` `Dir` `Sup`

Time spent preparing for health education sessions or in activities supporting health education.

Health education support time is 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

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

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

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

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

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

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.

Vision Referral: Parents/Guardian Non-Response or Refusal to Follow-Up / Student Withdrawn from School											
					PC 34				9510		

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

Document the number of students for whom you cannot obtain a completed vision referral outcome due to one of the following reasons:

- Parents/guardian non-response to three or more documented follow-up attempts to a vision screening referral.
- Parents/guardian refusal to obtain a comprehensive eye examination and corrective lenses or treatment for their child for an uncorrected vision problem.
- Student withdrawn from school.

If the student's abnormal vision screening result indicates possible disease of the eyes or poses a serious barrier to learning, seek the assistance of a school social worker, guidance counselor, or school principal to assist in obtaining parents/guardian response to the referral. If parents/guardian do not respond or refuse to follow up on a vision referral, at the end of the school year, code to 9510. This code is also used when a student withdraws from the school before school health staff is able to confirm parents/guardian follow-up to obtain further evaluation/treatment for the student.

Code by grade level to the FTTY field.

Hearing Referral: Parents/Guardian Non-Response or Refusal to Follow-Up / Student Withdrawn from School											
					PC 34				9515		

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

Document the number of students for whom you cannot obtain a completed hearing referral outcome due to one of the following reasons:

- Parents/guardian non-response to three or more documented follow-up attempts to a hearing screening referral.
- Parents/guardian refusal to obtain a hearing examination/testing and treatment (if needed) for their child's hearing.
- Student withdrawn from school.

If the student's abnormal hearing screening result indicates a possible disease or defect of the ears or poses a serious barrier to learning, seek the assistance of a school social worker, guidance counselor, or school principal to assist in obtaining parents/guardian response to the referral. If parents/guardian do not respond or refuse to follow up on a hearing referral, at the end of the school year, code to 9515. This code is also used when a student withdraws from the school before school health staff is able to confirm parents/guardian follow-up to obtain further evaluation/treatment for the student.

Code by grade level to the FTTY field.

Body Mass Index Underweight Referral: Parents/Guardian Non-Response or Refusal to Follow-Up / Student Withdrawn from School   PC 34   9522

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

Document the number of students for whom you cannot obtain a completed outcome for a body mass index (BMI) Underweight referral due to one of the following reasons:

- Parents/guardian non-response to three or more documented follow-up attempts to a BMI Underweight referral.
- Parents/guardian refusal to seek physician or nutritionist evaluation/treatment for their child for a BMI Underweight referral.
- Student withdrawn from school.

If the student's BMI Underweight result indicates a possible health condition or nutritional deprivation, seek the assistance of a school social worker, guidance counselor, or school principal to assist in obtaining parents/guardian response to the referral. If parents/guardian do not respond or refuse to follow up on a BMI Underweight referral, at the end of the school year, code to 9522. This code is also used when a student withdraws from school before school health staff is able to confirm parents/guardian follow-up to obtain further evaluation/treatment for the student.

Code by grade level to the FTTY field.

Body Mass Index Obese Referral: Parents/Guardian Non-Response or Refusal to Follow-Up / Student Withdrawn from School   PC 34   9524

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

Document the number of students for whom you cannot obtain a completed outcome for a body mass index (BMI) Obese referral due to one of the following reasons:

- Parents/guardian non-response to three or more documented follow-up attempts to a BMI Obese referral.
- Parents/guardian refusal to seek physician or nutritionist evaluation/treatment for their child for a BMI Obese referral.
- Student withdrawn from school.

If the student's BMI Obese result indicates a possible health condition or appears to be contributing to a health condition such as asthma, high blood pressure, or impacts student mobility, seek the assistance of a school social worker, guidance counselor, or school principal to assist in obtaining parents/guardian response to the referral. If parents/guardian do not respond or refuse to follow up on a BMI Obese referral, at the end of the school year, code to 9524. This code is also used when a student withdraws from the school before school health staff is able to confirm parents/guardian follow-up to obtain further evaluation/treatment for the student.

Code by grade level to the FTTY field.

Scoliosis Referral: Parents/Guardian Non-Response or Refusal to Follow-Up / Student Withdrawn from School   PC 34   9561

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

Document the number of students for whom you cannot obtain a completed scoliosis referral outcome due to one of the following reasons:

- Parents/guardian non-response to three or more documented follow-up attempts to a scoliosis screening referral.
- Parents/guardian refusal to follow-up with a health care provider to evaluate their child for scoliosis.
- Student withdrawn from school.

If the student's abnormal scoliosis screening result indicates possible scoliosis, seek the assistance of a school social worker, guidance counselor, or school principal to assist in obtaining parents/guardian response to the referral. If parents/guardian do not respond or refuse to follow up on a scoliosis referral, at the end of the school year, code to 9561. This code is also used when a student withdraws from the school before school health staff is able to confirm parents/guardian follow-up to obtain further evaluation/treatment for the student.

Code by grade level to the FTTY field.

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

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

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.

Chapter 6 – Special Coding

This chapter will provide instructions for coding under special, unusual, or unplanned situations. There are certain scenarios that require Time Coding that falls outside the normal coding protocols.

State Holidays Granted by the Governor's Office

In the event of a state holiday, all employees responsible for EAR Time Coding should code **0** hours for that date. The use of Annual Leave Code 9096 is **not** appropriate because it is not to be used for Compensatory time off (comp. time), leave without pay, or official State Holidays as referenced in DHP 50-20.

Staff should check the "Time Complete" box on the EAR Data Entry screen. This will ensure that employee's time sheet will be marked as complete for the pay period and time has been entered in HMS within the 7 calendar day time frame.

Office Closures

In the event of an office closure for disaster or emergency, all employees responsible for EAR Time Coding should code to their default work site number, Program Component 82, Service and Time code 9096, location 98, and total target hours for that day.

Cancel Page			Employee Activity Record							Save Page	?

Monday, April 1, 2013

TRAINING,SUPERVISOR T   PSN: 147852   Emp Preference

Print Form Option

Default Site# :   370204   Hours: 8   Days: sMTWTFs

☐ Mark all lines for deletion

Activity and Time Reporting by Program Component   Repeat Line

Del	Site#	PC	Code	#Service	#FTTY	Loc	Time	Cmts	Clr
	370204	82	9096			98	480	c	☐
	370204							c	☐
	370204							c	☐

Total Time   Hours: 8   Mins: 0   Time Completed: ☐

Employee Review

Group Coded Activities by Program Component   Max Num   Rept Line

Del	Site#	PC	Service	Age	Race	Gender	Ethnicity	#Srv	#FTTY	#Res	#OC	Loc	Clr
	370204												☐
	370204												☐
	370204												☐

Audit History

This Data Has Not Been Reviewed By The Employee
This Data Has Not Been Reviewed By The Supervisor

Disasters

In the event of a disaster all employees that conduct work activities related to the disaster should code time to Program Component 16 using the Service and Time code most applicable to duties assigned during the disaster. Please refer to Chapter 4; Detailed Program Component Descriptions.
Note: If during the disaster the CHD office is closed follow the instructions above for office closures to account for total target hours.

Cancel Page			Employee Activity Record							Save Page	?

Monday, April 1, 2013

TRAINING,SUPERVISOR T   PSN: 147852   Emp Preference

Print Form Option

Default Site# :   370204   Hours: 8   Days: sMTWTFs

☐ Mark all lines for deletion

Activity and Time Reporting by Program Component   Repeat Line

Del	Site#	PC	Code	#Service	#FTTY	Loc	Time	Cmts	Clr
	370204	16	7560			31	480	c	☐
	370204							c	☐
	370204							c	☐

Total Time   Hours: 8   Mins: 0   Time Completed: ☐

Employee Review

Group Coded Activities by Program Component   Max Num   Rept Line

Del	Site#	PC	Service	Age	Race	Gender	Ethnicity	#Srv	#FTTY	#Res	#OC	Loc	Clr
	370204												☐
	370204												☐
	370204												☐

Audit History

This Data Has Not Been Reviewed By The Employee
This Data Has Not Been Reviewed By The Supervisor

On Call Time

In People First, time in which an employee is in On Call status is coded to 1002. This reflects the number of hours an employee is in On Call status. This can be coded up to 24 hours in a day. The time coded to 1002 is a reflection of the Pay Additive, which the employee receives for the On Call period, <u>not</u> actual time worked.

Any actual time worked during this same *On Call* period is coded in People First to codes 1000, 1004, 1014, 1024, 1034, or 1044, whichever is applicable. This means that within a Pay Period, People First will potentially reflect more than 24 hours recorded in a single day time period.

However, HMS only allows 24 hours to be coded in a day. Therefore, when in *On Call* status, an employee only codes to their EAR the actual time they worked during that period. Time spent in On Call status is not considered actual work time for EAR Time reporting. The time reported on the EAR reflects actual time spent working which needs to be reviewed and certified by the employee and their supervisor.

Supervisor will need to reconcile the time coded on the EAR which the employee actually reported work hours in a pay period, with the time reported in People First coded to the 1xxx series of codes, excluding any time reported to Code 1002, which designates On Call status in People First.