



HMS
Health Management System

School Health Program Coding Manual



2021 - 2022

Service and Time Coding and Pamphlet Changes for July 1, 2021

For non-school health information (new codes, new sub-program components (PC) and description updates in black) refer to DHP 50-20 at:

<https://floridahealth.sharepoint.com/sites/INFORMATIONTECHNOLOGY/CLINIC/HMSTraining/Documents/Service.and.Time/DHP50-20.pdf>

<u>Program</u>	<u>Description</u>	<u>Page</u>
34	Revisions to School Health Schedule C Scope of Work Screening Goals and Deadlines due to COVID-19	26
34	0526: COVID-19 Test: Antigen	22, 30, 44
34	0527: COVID-19 Test: PCR	22, 30, 44
23	5043: No Method – Delivered in the Last 2 Months	44, 49, 133
23	5044: No Method – Same Sex Partner	44, 49, 133
34	4010: COVID-19 Evaluation	22, 32, 51
34	8081: COVID-19 Prevention Education	23, 37, 66
<u>Description Updates</u>		
21W1	1300: Changed “checks/food checks” to EBT benefits	109
23	5036: No Method – Other Reason description update	47
21W1	4605: Update to Infant Certification Period	129
21W1	4610, 8130: Changed “Women Infants & Children Information Project Computer system” to FL-Wise	129, 182
34	0510, 0515, 0521, 0561, 0610, 0615, 0621, 0661, 9510, 9515, 9522, 9524, 9561: Update to include COVID-19 Instructions for remote learners	22, 23, 30, 31, 37, 38, 40 41, 43, 49, 50, 69, 70
<u>Inactive Codes</u>		
	Removal of 5340 (Nursing Director) category code	12

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 Used

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 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. In addition, EAR/Daily Activity Report (DAR) time to program coding is the basis for the FIRS payroll reallocation process and much federal grant reporting. This makes it critical that EAR/DAR time to program data be entered promptly and accurately.

Florida Statutes Guiding HMS Service and Time Coding

Service and Time Reporting for Planning and Data Analysis

The Department of Health (DOH) 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.

Most 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 EAR form to code time; employees who provide environmental health services use the 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.

Staff should code EAR/DAR time based on the work they do, not how their position is funded. Charging time to one program, such as a federally funded grant program, while working in another program is non-allowable. If discovered such actions can result in a significant payback. While staff may periodically be called upon to do tasks outside their regularly assigned program this situation can be handled through FIRS payroll reallocation process. FIRS payroll reallocation can be set so that time coded to a program other than the employee's regular program is charged to a revenue source such as non-categorical General Revenue or clinic fees and not the federal grant. While staff may periodically be called to do tasks outside their regularly assigned program this situation can be handled through FIRS payroll reallocation process. This will allow employees to periodically code their EAR time outside of their normal activities without inappropriately charging the cost.

Many staff support multiple CHDs and have questions as to whether they should code EAR/DAR time and services to multiple CHDs. Policy is that time and services should be coded to the CHD or CHDs that are covering the staffer's payroll cost. So, if a staffer is supporting multiple CHDs but is only being paid by a single host CHD time and services should only be coded to the host CHD. However, if a staffer is supporting multiple CHDs and each CHD is contributing to the staffer's payroll the staffer should code time and services to the multiple CHDs.

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 Other Personal Services (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 data should be entered into HMS within seven calendar days of the date of service provision. All Time data should be entered into HMS within one calendar day after the end of the pay period.

EAR Review and Certification

All employees (FTE and OPS) must review and certify time one day 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 under 18 years of age. Services, provided to clients, are nutrition assessment/counseling, nursing assessment/counseling, rheumatic fever, home assessment neonatal, drug issuance, 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 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 at least one of these code types. Many services will require multiple codes.

Code Type	Service
CPT	Used to provide and bill for medical services.
CDT	Used to 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 for locally provided services that do not use any of the codes listed above.

An example of the service description screen is below.

The screenshot shows a software interface titled "New Service Description". At the top right are "Cancel Page" and "Save Page" buttons. The main area contains several input fields and dropdown menus. On the left, there's a section for "SVC Description" with fields for "CPT Code" and "CDT Code". Below these are "Gender" and "Age Range" inputs. A "Svc Category" dropdown is followed by "Standard Fee" and "Medicare Fee" fields. To the right, there are fields for "HMC Code", "Loc Svc Code", "Age Range", "Confidential", "Service Type", "Lab Code", and "Assign Program Components". Further down, there are "Fee Aff. by Schedule" and "Medicaid Fee Indicator" checkboxes. On the far right, there are checkboxes for "Diagnosis Required", "Document Required", and "Dental Medical Diagnosis". A central panel is labeled "Diagnostic codes" and contains "NDC Code" and "Dosage" fields, along with "Add to NDC List", "Search NDC Code", and "Remove from NDC List" buttons. Below this is a "No Diagnosis Available" message with "ADD->" and "<REMOVE" buttons. At the bottom, there are "Start Date" and "End Date" fields, and an "Inactive" checkbox.

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.

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 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.

Employee Activity Record		Save Page	?																																																										
Cancel Page	Saturday, July 1, 2017			Print Form Option																																																									
STATE TEST,USER X		PSN : CONVUS			Emp Preference																																																								
Default Site# : 123456		Hours : 0	Days : sMTWTFs																																																										
<input type="checkbox"/> Mark all lines for deletion																																																													
Activity and Time Reporting by Program Component																																																													
Total Time	Hours : 0	Mins : 0	Time Completed : <input type="checkbox"/>																																																										
Employee Review																																																													
Group Coded Activities by Program Component																																																													
Audit History	Next Item	Rept Line																																																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Del</th> <th>Site#</th> <th>PC</th> <th>Service</th> <th>Age</th> <th>Race</th> <th>Gender</th> <th>Ethnicity</th> <th>#Srv</th> <th>#FTTY</th> <th>#Res</th> <th>#OC</th> <th>Loc</th> <th>Cir</th> </tr> </thead> <tbody> <tr> <td></td> <td>123456</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>123456</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>123456</td> <td></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>						Del	Site#	PC	Service	Age	Race	Gender	Ethnicity	#Srv	#FTTY	#Res	#OC	Loc	Cir		123456												<input type="checkbox"/>		123456												<input type="checkbox"/>		123456												<input type="checkbox"/>
Del	Site#	PC	Service	Age	Race	Gender	Ethnicity	#Srv	#FTTY	#Res	#OC	Loc	Cir																																																
	123456												<input type="checkbox"/>																																																
	123456												<input type="checkbox"/>																																																
	123456												<input type="checkbox"/>																																																

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 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 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.

<u>PROVIDER TYPE</u>	<u>CODE</u>
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 (APRN/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**
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 (IPO) (PC 25) and family planning services (FP) (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 web site <http://dcs-doh-ws10/ReportPortal/rdPage.aspx>. All 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:

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

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 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.

CD COVID-19 Vaccinations

Used to tract employee time related specifically to Coronavirus Disease 2019 (COVID-19) vaccinations. COVID-19 is a severe acute respiratory illness that can be spread among humans. All other employee time activities related specifically to COVID-19 should be coded under PC 06.

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 medical 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.
- CD COVID-19**
Used to track employee time activities related specifically to Coronavirus Disease 2019 (COVID-19); a severe acute respiratory illness that can be spread among humans. Time spent administering the COVID-19 vaccine should be coded under PC 01.
- ZK Zika Investigation, Surveillance, and Control**
Used when conducting epidemiological surveillance, investigation, outbreak control, trend analysis, and the initiation of prevention activities related specifically to Zika. Clinical testing, as well as counseling and education conducted with a patient who has accessed a CHD clinical program should be coded to the clinical program – Family Planning, Improved Pregnancy Outcome, Adult Health, etc.
-
- 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.
- TH Hepatitis Treatment**
Hepatitis treatment includes prescribing direct-acting antiviral medication for 8 to 12 weeks for persons living with hepatitis C through Patient Assistance Programs offered through various pharmaceutical companies. These medications may be mailed directly to the patient or sent to the CHD. Patients will require laboratory tests to monitor treatment impact and viral suppression.

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.

1S Child Supplemental Nutrition Assistance Program Education (SNAP-Ed)

Used when conducting SNAP-Ed programming to eligible low-income individuals and populations. The target audience is children. Interventions and strategies are focused on obesity prevention, nutrition education, social marketing and policy, systems, and environmental change. All county health departments receiving SNAP-Ed funding must report these and associated services to this program component.

10 Adult Obesity Prevention

Used when conducting SNAP-Ed programming to eligible low-income individuals and populations. The target audience is adults. Interventions and strategies are focused on obesity prevention, nutrition education, social marketing and policy, systems and environmental change. All county health departments receiving SNAP-Ed funding must report these and associated services to this program component.

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. Staff should code all preparedness and response activities to one of the subprograms below.

BS Preparedness Base

Activities related to local and regional public health preparedness efforts associated with meeting CHD Preparedness Expectations and activities performed to meet the preparedness cycle - planning, organizing, equipping, training, exercising, and evaluating for public health preparedness. Examples include creating planning documents such as an Emergency Operations Plan or Comprehensive Emergency Management Plans; conducting a jurisdictional risk assessment; participating in awareness trainings with community and faith-based partners on how to prevent, respond to, and recover from public health incidents; conducting quarterly staff notification drills for emergency duty workers; planning and training for special needs sheltering and building a special needs shelter cache; conducting or participating in a preparedness related exercise, etc. Staff funded under PHCP% and TERSM should code here (staff funded under PHEI% generally code to PC 06).

CR Preparedness Cities Readiness

Activities related to the counties that have a City Readiness Initiative. Activities for 16CR would be related to Medical Countermeasure (MCM) dispensing during an incident. Examples include creation of an MCM distribution plan; completing the required Operational Readiness Review (ORR); planning for and determining local

points of dispensing (POD), creating or participating in MCM and POD exercises. Staff funded in PHMC% must code here.

HP Hospital Preparedness

Activities specifically related to healthcare system preparedness. Examples include participation in healthcare coalition meetings and exercises, collaboration with healthcare coalitions in the creation of medical surge plans and exercises and medical reserve corps recruitment activities. Staff funded in HPHP% or HPMM% must code here.

DR Disaster Response – Federally Declared Emergencies

Time and activities associated with responding to a declared emergency. This includes staffing special needs shelters and any other time and services provided in response to a declared emergency. Staff who normally do not code EAR/DAR time should not code any disaster response time on EAR/DARs. Disaster response time for Administrative staff should be coded in People First.

ND Disaster Response – Non-Federally Declared Emergencies

Time and activities associated with responding to events that are not federally declared emergency. This could include time and services responding to wildfires, tornados, shootings, and other local events that are not federally declared emergencies. Staff who normally do not code EAR/DAR time should not code any disaster response time on EAR/DARs. Disaster response time for Administrative staff should only be coded in People First.

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 most 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. The peer counselor yields to the breastfeeding expert when the issue is out of the scope of practice of the peer counselor.

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 the provision of contraception to help women and men plan and space births, prevent unintended pregnancies and reduce the number of abortions; pregnancy testing and counseling services; assisting clients with conception; providing basic infertility services; providing preconception health services to improve infant and maternal outcomes and improving women's and men's health; providing STD screening and treatment services; and related preventive health services, as appropriate. Outreach is provided to educate populations in need of contraception services and the community about the benefits of family planning services.
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 Healthy Start Coalitions.
25	Improved Pregnancy Outcome
	County health departments provide prenatal and postpartum services to financially eligible pregnant women. Services include Healthy Start Screening, medical examinations, laboratory tests, counseling and education, high-risk identification, and referral for social and medical problems.
26	Healthy Start Prenatal (Non-County Health Department Providers)
	Non-county health department providers managed through Healthy Start Coalitions who conduct Healthy Start initial contacts, initial assessments, care coordination, and other Healthy Start services to pregnant women to assess potential risks as soon as possible, assure access to services as needed and to optimize pregnancy, health, and developmental outcomes. Healthy Start provides supports and services that complement, supplement, and assure continued participation in prenatal and child health care.
27	Healthy Start Prenatal (County Health Department and County Health Department Contracted Providers)
	County health department (CHD) providers, or CHD subcontracted providers, managed through Healthy Start Coalitions, who conduct Healthy Start initial contacts, initial assessments, care coordination, and other Healthy Start services to pregnant women to assess potential risks as soon as possible, assure access to services as needed and to optimize pregnancy, health, and developmental outcomes. Healthy Start provides supports and services that complement, supplement, and assure continued participation in prenatal and child health care.

29 Comprehensive Child Health

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

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

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

31 Healthy Start Child

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

32 Healthy Start Interconception Woman (County Health Department Provider)

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

E Enrollment Related Services for Student Evacuees

Services provided by county health department, school district and community partner school health staff to facilitate student evacuee enrollment and receipt of services. Activities include, but are not limited to enrollment procedures, record review, immunization follow-up, care plan development, child specific training, and staff/parent consultation.

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.

CB Breast and Cervical Cancer Program
These efforts are related to implementing activities to screen women 50-64 who are uninsured, underinsured and at or below 200% of the federal poverty level for breast and cervical cancer. Activities include but not limited to increased screening, diagnostic follow-up, care coordination, partnership building, maintain provider networks, client reminder calls, public and provider education, health systems change strategies, provider education, provider reminders, provider assessment and feedback, reducing structural barriers; implementation of supporting strategies that include small media, patient navigation; participation in programmatic data reporting, training, monitoring and evaluation activities of the Florida Department of Health Breast and Cervical Cancer Early Detection Program.

CO Colorectal Cancer Program
These efforts are related to implementing organized approaches to increasing colorectal cancer screening rates among patients age 50-75 years old in the health department clinic. The activities include, but are not limited to: developing and updating related policies, updating workflow and procedural documents, implementing evidence based interventions including patient reminders, provider reminders, provider assessment and feedback and reducing structural barriers; implementation of supporting strategies that include patient navigation, small media, health information technology and professional development/training; and participation in programmatic data reporting, monitoring and evaluation activities of the Florida Department of Health Colorectal Cancer Control Program.

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.

HV HIV Patient Care Dental Services

Used when providing dental services to HIV-infected patients in a clinic setting. This includes medical evaluation and dental preventive, diagnostic, restorative, and specialty services.

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, certain nursing supervisors, billing staff, and intake staff.

Detailed Program Component 34 Description

SCHOOL HEALTH SERVICES

PC 34

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
COVID-19 TEST: ANTIGEN	0526		Svs		Grade		Result	
COVID-19 TEST: PCR	0527		Svs		Grade		Result	
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				
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					
COVID-19 EVALUATION	4010		Svs					
LICENSED PRACTICAL NURSE SERVICE	4050		Svs					
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			
HEALTHY LIFESTYLE INTERVENTION	5054		Svs	FTTY	Grade		Result
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 CESSION COUNSELING/EDUCATION	8027	Time	Svs				
COUNSELING: HEALTH EDUCATION	8040		Svs				
CHILD SPECIFIC TRAINING OF SCHOOL STAFF	8080		Svs	FTTY			
COVID-19 PREVENTION EDUCATION	8081		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. Abnormal results are coded once per student, per COVID-19 test, when there is a determination of a positive result. 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)). Coding in the outcome field is not a requirement for COVID-19 Tests.
- **INCOMPLETE SCREENING REFERRALS:** At the end of the fiscal year, code screening specific incomplete screening referrals for all abnormal results (referrals) that do not result in additional evaluation and/or treatment for the detected health problem – if three or more attempts were made to obtain confirmation that the student received further evaluation and/or treatment. Enter an incomplete screening referral with a service date in the same fiscal year as when the abnormal result was coded. Refer to code 95XX page for complete instructions. For each screening type, the number of completed outcomes and the number of incomplete screening referrals should equal the number of abnormal results.
 - NUMBER OF COMPLETED OUTCOMES + NUMBER OF INCOMPLETE SCREENING REFERRALS = ABNORMAL RESULTS
- **SCHOOL HEALTH CODING IN THE AGE FIELD:** School health screenings require entering grade-level codes in the AGE field, as follows:

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

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

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. 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 starting with an "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 starting 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 starting 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 starting 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.

School Health Schedule C Scope of Work Screening Goals and Deadlines
(Updated due to COVID-19 related revisions to the Schedule C Scope of Work and Contract Attachment I)

School health screenings are performed pursuant to section 381.0056, Florida Statutes for students in grade levels specified in Florida Administrative Code Rule 64F-6.003. The Schedule C Scope of Work (SOW) outlines the school health services that must be performed in return for receipt of school health funding from the Florida Department of Health. The SOW has screening goals with deadlines to ensure that students are screened early enough in the school year to detect and follow-up on potential vision problems that can impact academic performance. The following is the schedule for completion of screenings, and submission and entry of screening data in the Health Management System:

Screening, Data Submission and Entry in Health Management System Schedule for 2021-2022					
Service	Perform Initial Screenings By:	CHD Receives Data by No Later Than:	CHD Enters Data in HMS By No Later Than:	Enter Data with Service Dates Between:	Screening Report Run Report Run By:
Screen 25% of On-Campus Students in Grades K,1,3,6 for Vision	March 31, 2022	April 14, 2022	April 22, 2022	July 1 - March 31, 2022	During week after the Friday night upload that follows April 22, 2022
Screen 25% of On-Campus Students in Grades K,1, 6 for Hearing	March 31, 2022	April 14, 2022	April 22, 2022	July 1 - March 31, 2022	During week after the Friday night upload that follows April 22, 2022
Screen 25% of On-Campus Students in Grade 6 for Scoliosis	March 31, 2022	April 14, 2022	April 22, 2022	July 1 - March 31, 2022	During week after the Friday night upload that follows April 22, 2022
Screen 25% of On-Campus Students in Grades 1, 3, 6 for Growth & Development	March 31, 2022	April 14, 2022	April 22, 2022	July 1 - March 31, 2022	During week after the Friday night upload that follows April 22, 2022
Screen 50% of On-Campus Students in Grades K,1,3,6 for Vision	June 30, 2022	July 15, 2022	July 22, 2022	July 1 – June 30, 2022	During week after the Friday night upload that follows July 22, 2022
Screen 50% of On-Campus Students in Grades K,1, 6 for Hearing	June 30, 2022	July 15, 2022	July 22, 2022	July 1 – June 30, 2022	During week after the Friday night upload that follows July 22, 2022
Screen 50% of On-Campus Students in Grade 6 for Scoliosis	June 30, 2022	July 15, 2022	July 22, 2022	July 1 – June 30, 2022	During week after the Friday night upload that follows July 22, 2022
Screen 50% of On-Campus Students in Grades 1, 3, 6 for Growth & Development	June 30, 2022	July 15, 2022	July 22, 2022	July 1 – June 30, 2022	During week after the Friday night upload that follows July 22, 2022

- **Paraprofessionals (Health Aides, School Staff, Other Unlicensed Assistive Personnel):** Below is a listing of service codes that are most 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) 245-4465.** 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., email the Bureau of Clinic Management help desk at DLHMSSupport
- 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 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 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 under cost-based reimbursement must be entered in the Client Service Record (CSR) component of HMS under Program 29 – Comprehensive Child Health, using School Location code 92.
- Services provided by school health staff to a student as a CHD client at a CHD clinic are entered in the CSR component of HMS under Program 34 for school health related service or another appropriate program component.

If 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.

Note: Local service codes will not be picked up unless linked to a valid HMC code.

Chapter 5 – Service Code Definitions for Personal Health Services

This listing includes all 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 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, 18
01XX (0XXX) See PC 01, 05, 09 and 17 pages	Other Immunizations	01, 05 (limited 09), 17, 18

Screening

0501	Healthy Start Initial Depression Screening	22, 26, 27, 30, 31, 32
0502	Health Start Follow-up Depression Screening	22, 26, 27, 30, 31, 32
0505	Hypertension Screening	01, 02, 03, 04, 29, 34, 37, 40
0507	Diabetes Screening	Universal
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
0526	COVID-19 Test: Antigen	34
0527	COVID-19 Test: PCR	34
0540	Dental Screening	34, 40
0561	Scoliosis Screening	34
0571	Pediculosis/Scabies Screening	34
0581	HIV Screening	Universal
0582	HIV Screening Rapid Test	Universal
0583	Tuberculin Screening TB Risk Factor Assessment and Skin Test	01, 03, 04, 05, 18, 23, 25, 29, 34, 37
86580		
0584	Tuberculin Screening: Interferon Gamma Release Assay (IGRA)	01, 03, 04, 05, 18, 23, 25, 29, 34, 37
86480		
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, 18, 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

3102	Initial Contact Participant Needs Assessment	22, 26, 27, 30, 31, 32
3103	Initial Contact Attempt to Contact	18, 22, 26, 27, 30, 31, 32
3110	Initial Contact Declines Services	18, 22, 26, 27, 30, 31, 32
3111	Initial Contact No Further Services Needed	22, 26, 27, 30, 31, 32
3113	Initial Contact Care Coord Not Healthy Start	22, 26, 27, 30, 31, 32
3114	Initial Contact Unable to Locate	22, 26, 27, 30, 31, 32
3115	Initial Contact Service units	22, 26, 27, 30, 31, 32
3116	No Show	18
3117	Insufficient Address	18
3118	Moved	18
3119	Initial Contact Unable to Complete Contact	22, 26, 27, 30, 31, 32
3201	IA Needs Tracking Only	22, 26, 27, 30, 31, 32
3202	IA Plan Ongoing Care Coordination	22, 26, 27, 30, 31, 32
3203	IA Attempt to Contact	22, 26, 27, 30, 31, 32
3210	IA Declines Services	22, 26, 27, 30, 31, 32
3211	IA No Further Services Needed	22, 26, 27, 30, 31, 32
3212	IA Care Coord From CMS EIP	22, 26, 27, 30, 31, 32
3213	IA Care Coord Not CMS EIP	22, 26, 27, 30, 31, 32
3214	IA Unable to Locate	22, 26, 27, 30, 31, 32
3215	IA Initial Assessment Service Units	22, 26, 27, 30, 31, 32
3219	IA Unable to Complete Assessment	22, 26, 27, 30, 31, 32
3303	OC Attempt to Contact	22, 26, 27, 30, 31, 32
3310	OC Declines Services	22, 26, 27, 30, 31, 32
3311	OC No Further Services Needed	22, 26, 27, 30, 31, 32
3312	OC Care Coord From CMS EIP	22, 26, 27, 30, 31, 32
3313	OC Care Coord Not CMS EIP	22, 26, 27, 30, 31, 32
3314	OC Unable to Locate	22, 26, 27, 30, 31, 32
3315	OC Ineligible for services	22, 26, 27, 30, 31, 32
3320	OC Face to Face Care Coord	22, 26, 27, 30, 31, 32
3321	OC Not Face to Face or Tracking	22, 26, 27, 30, 31, 32
3322	OC Initial Family Support	22, 26, 27, 30, 31, 32
3323	OC Update Family Support Plan	22, 26, 27, 30, 31, 32
3324	OC Transition	26, 27, 30, 31
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
4010	COVID-19 Evaluation	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
4810	HIV Treatment Adherence (Non-HIV Case Management)	03A3

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 Implant removal	23 11982
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, 03, 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
5701	PrEP Initial/Counseling	02, 03, 23, 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	Healthy Lifestyle 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	Preventive Medicine Visit Phy Initial Eval Under Age 1 Phy Periodic Eval Under Age 1 Phy Initial Eval Age 1-4 Phy Periodic Eval Age 1-4 Phy Initial Eval Age 5-11 Phy Periodic Eval Age 5-11 Phy Initial Eval Age 12-17 Phy Periodic Eval Age 12-17 Phy Initial Eval Age 18-39 Phy Periodic Eval Age 18-39 Phy Initial Eval Age 40-64 Phy Periodic Eval Age 40-64 Phy Initial Eval Over 65 Phy Periodic Eval Over 65	99381 99391 99382 99392 99383 99393 99384 99394 99385 99395 99386 99396 99387 99397	23, 24, 25, 29, 34, 37
5510	Postpartum Medical Visit	59430	23, 24, 25
5550	Refugee Health Assessment - Initiated		18
5551	Refugee Health Assessment – In Progress	99391 99392 99393 99394 99395 99396 99397	18
5552	Refugee Health Assessment – Completed	99391 99392 99393 99394 99395 99396 99397	18
5553	Refugee Health Assessment – Transfer	99391 99392 99393 99394 99395 99396 99397	18
5554	Refugee Health Assessment – Minimal Visit	99211	18
5555	Refugee Health Assessment – Immunization-only Visit		18
5600	Dental Treatment		03, 40
5650	Fluoride Varnish/Oral Evaluation		29
5702	PrEP Initiation/PrEP Rx		02, 03, 23, 29, 37
5703	PrEP Follow-up/Rx Refill		02, 03, 23, 29, 37
5705	nPEP Initiation/nPEP Rx		02, 03, 23, 29, 37
5706	nPEP Follow-up Visit		02, 03, 23, 29, 37

5707	Test and Treatment Initiation	03
5708	Test and Treatment Re-Established HIV Care	03
5710	STD Diagnosis and/or Treatment in Other CHD Program	02
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	Family Planning RN Limited Visit	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
7001	Food Bank/Home-Delivered Meals	03A3
7110	Benefits 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, 82
7559	Disaster Planning/Preparation	16
7560	Disaster Response	16
7570	COVID-19 Planning & Response	06CD
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	03A3, 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, 09, 21W1, 23, 25, 27, 29, 32, 37, 40, 41
8024	Domestic Violence Intervention	01, 02, 03, 04, 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, 09, 21W1, 23, 25, 27, 29, 32, 37, 40, 41
8030	Counseling: Pre-HIV Confidential and Anonymous Testing	Universal
8031	Psychosocial Support Services- Group	03A3
8033	Hepatitis Risk Screen	02, 03, 09
8034	Health Education-Risk Reduction	03A3
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
8081	COVID-19 Prevention Education	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
8175	Breastfeeding Peer Counseling Program Expert Individual Contact	21W2
9003	AIDS EPI Management	02

Miscellaneous

9010	Case Management	Universal
9011	Health Insurance/Cost Sharing Assistance – Premium	03A3
9012	Health Insurance/Cost Sharing Assistance – Copay	03A3
9013	Health Insurance/Cost Sharing Assistance – Deductible	03A3
9014	Short Term Housing – Assessment/Search	03A3
9015	Linguistic Services – In House	Universal
9016	Non-Medical Case Management – New Client	03A3
9017	Non-Medical Case Management – Existing Client	03A3
9018	Medical Case Management	03A3
9030	Eligibility	Universal
9040	Health Education Support	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 most personal health program components and 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
Diabetes Screening	0507
HIV Screening	0581
HIV Screening Rapid Test	0582
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
Quality Assurance	9695

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: practitioners, nurses, and 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).

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.

$\# \text{ COMPLETED VISION SCREENING OUTCOMES} \div \# \text{ ABNORMAL VISION SCREENING RESULTS} = \% \text{ COMPLETED VISION OUTCOMES}$

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

Parent/Guardian Non-Response or Refusal to Follow-up/Student Withdrawn from School: At the end of the fiscal year, code to the service field of **Parent/Guardian Non-Response or Refusal to Follow-up/Student Withdrawn from School** for each outcome that has not been completed. See 9510 for coding instructions.

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 hearing 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.

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

The hearing screening results and outcomes are recorded in or on the paper or electronic student cumulative health record.

Parent/Guardian Non-Response or Refusal to Follow-up/Student Withdrawn from School: At the end of the fiscal year, code to the service field of **Parent/Guardian Non-Response or Refusal to Follow-up/Student Withdrawn from School** for each outcome that has not been completed. See Code 9515 for coding instructions.

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

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

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

HEIGHT AND WEIGHT MEASUREMENTS NO LONGER NEED TO BE CODED (SERVICES AND FTTYS) TO 0520, unless your county's school health program wants to continue doing so, as an accuracy check against the numbers coded to the four BMI codes. Growth and development screening also require the calculation of BMI. Growth and development screening are required for students in 1st, 3rd and 6th grades; and optionally in 9th grade; and coded to the SERVICE FIELD and the age field codes 1st = E1, 3rd = E3, 6th = M6 and 9th = H9. Referrals must be done only for Underweight (< 5th percentile) and Obese (\geq 95th percentile).

Height and weight measurements are evaluated with BMI according to current Centers for Disease Control and Prevention (CDC) recommendations. The BMI results are calculated (**GRAPHING NO LONGER REQUIRED**) 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 and Development Screening	Range
0521	Growth and Development Screening: BMI Healthy Weight Results	(\geq 5 th to < 85 th percentile)
0522	Growth and Development Screening: BMI Underweight Results	(< 5 th percentile)
0523	Growth and Development Screening: BMI Overweight Results	(\geq 85 th to < 95 th percentile)
0524	Growth and Development Screening: BMI Obese Results	(\geq 95 th percentile)

NOTE: **The BMI percentile used for grouping students into the CDC quartile ranges for coding (do not use BMI score for grouping data for coding).** These percentiles can be calculated using school health software, functions on school district student information systems or using the following CDC Excel file that can calculate up to 2,000 student BMI percentiles at one time: <https://www.cdc.gov/healthyweight/xls/bmi-group-calculator-us-062018-508.xlsm>. DO NOT USE AN ONLINE BMI CALCULATOR THAT ONLY REQUIRES HEIGHT IN INCHES AND WEIGHT IN POUNDS. IF IT DOES NOT REQUIRE AGE IN YEARS AND MONTHS AND SEX (BOY/GIRL), IT IS ONLY FOR CALCUALTING ADULT BMI PERCENTILES.

SCHOOL HEALTH NOTE:

All growth and development 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).

The table on the following page shows how various growth and development screening activities are coded: Note that the BMI screenings are coded to the service field only and the FTTY field is not used.

Service Code	Services Field	Age Field	FTTY Field	Results Field	Outcome Field
Code 0521, 0522, 0523, or 0524: Initial Growth & Development Screenings	# of Initial Growth and development Screenings (coded after)	Grade Level of Students	-0-	-0-	-0-
Code 0522, or 0524 Growth & Development Referrals		Grade Level of Students	-0-	# of Abnormal Results	-0-
Code 0522 & 0524: Complete Growth & Development Outcomes	-0-	Grade Level of Students	-0-	-0-	# of Complete Growth and development Outcomes

Results:

BMI Results, Referrals and Outcomes are coded to the service field once per student per year. The results field is used to record the number of students referred for further evaluation and/or treatment that are underweight (< 5th percentile) or obese (\geq 95th percentile).

COMPLETED GROWTH & DEVELOPMENT SCREENING OUTCOMES + # OF COMPLETED HEALTHY LIFESTYLE INTERVENTION OUTCOMES \div # ABNORMAL GROWTH & DEVELOPMENT SCREENING RESULTS = % COMPLETED GROWTH & DEVELOPMENT OUTCOMES

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 (\geq 95th percentile) 0524. Information/literature sent home to a parent does not constitute a completed BMI outcome option. If unable to obtain a 0524 BMI Obese referral outcome, refer to instructions for use of 5054 Healthy Lifestyle 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).

The BMI percentiles, referral and follow-up are recorded in or on the paper or electronic student cumulative health record.

Parent/Guardian Non-Response or Refusal to Follow-up/Student Withdrawn from School: At the end of the fiscal year, code to the service field of **Parent/Guardian Non-Response or Refusal to Follow-up/Student Withdrawn from School** for each outcome that has not been completed. See Codes 9522 and 9524 for coding instructions.

COVID-19TEST: ANTIGEN**PC 34****0526****[CSR|EAR|Time|# Svc|Age|Sex|Race|FTTY|Res|Out|Dir|Sup]**

Provide SARS-CoV-2 antigen testing to clients, students, school staff or other persons requesting the services or when medically indicated.

The selection and interpretation of SARS-CoV-2 tests should be based on the context in which they are being used, including the prevalence of SARS-CoV-2 in the population being tested and the status (signs, symptoms, contacts) of the person being tested. Students and staff who have been evaluated and have been diagnosed with COVID-19 should stay home, isolate themselves from others, monitor their health, and follow directions from the county health department (CHD). As school health nurses become aware of students with laboratory-confirmed COVID-19, they are encouraged to maintain information in a spreadsheet regarding close contacts of the student that could be shared later with CHD epidemiology staff, if requested.

Special Instructions: Parental consent is required to administer a COVID-19 test to a student. COVID-19 rapid antigen tests (and results) performed on students or school staff in schools or alternative educational settings, should be entered by non-county health department and county health department staff in the testing results portal. To utilize the portal, email: COVID19PortalEnrollment@flhealth.gov or call 850-245-4744. Data entered in the testing results portal automatically uploads into Merlin, the state reportable disease reporting system.

COVID-19TEST: PCR**PC 34****0527****[CSR|EAR|Time|# Svc|Age|Sex|Race|FTTY|Res|Out|Dir|Sup]**

Provide SARS-CoV-2 PCR testing to clients, students, school staff or other persons requesting the services or when medically indicated.

The selection and interpretation of SARS-CoV-2 tests should be based on the context in which they are being used, including the prevalence of SARS-CoV-2 in the population being tested and the status (signs, symptoms, contacts) of the person being tested. Students and staff who have been evaluated and have been diagnosed with COVID-19 should stay home, isolate themselves from others, monitor their health, and follow directions from the county health department (CHD). As school health nurses become aware of students with laboratory-confirmed COVID-19, they are encouraged to maintain information in a spreadsheet regarding close contacts of the student that could be shared later with CHD epidemiology staff, if requested.

Special Instructions: Parental consent is required to administer a COVID-19 test to a student. COVID-19 PCR tests (and results) performed on students or school staff in schools or alternative educational settings, should be entered by non-county health department staff and county health department staff in the testing results portal. To utilize the portal, email: COVID19PortalEnrollment@flhealth.gov or call 850-245-4744. Data entered in the testing results portal automatically uploads into Merlin, the state reportable disease reporting system.

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 ensure 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 AND FOLLOW-UP**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 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:

Scoliosis screenings are required for all students in 6th grade and coded using age field codes: 6th = M6. 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 the fiscal year a scoliosis screening is provided to a student. The following table shows how various hearing screening activities are coded:

Service Code	Services Field	Age Field	FTTY Field	Results Field	Outcome Field
Code 0515: Initial Scoliosis Screening	# of Initial Scoliosis Screenings	Grade Level of Students	# of Students Receiving an Initial Scoliosis Screening	-0-	-0-
Code 0515: Scoliosis Re- screening	# of Scoliosis Re-screenings	Grade Level of Students	-0-	# of Abnormal Results	-0-
Code 0515: 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 corrections are confirmed, a completed scoliosis outcome is coded.

COMPLETED SCOLIOSIS SCREENING OUTCOMES ÷ # ABNORMAL SCOLIOSIS SCREENING RESULTS = % COMPLETED SCOLIOSIS OUTCOMES

The scoliosis screening results and outcomes are recorded in or on the paper or electronic student cumulative health record.

Parent/Guardian Non-Response or Refusal to Follow-up/Student Withdrawn from School: At the end of the fiscal year, code to the service field of **Parent/Guardian Non-Response or Refusal to Follow-up/Student Withdrawn from School** for each outcome that has not been completed. See Code 9561 for coding instructions.

PEDICULOSIS/SCABIES SCREENING	PC 34	0571
-------------------------------	-------	------

[CSR] [EAR] [Time] [# Svc] [Age] [Sex] [Race] [FTTY] [Res] [Out] [Dir] [Sur]

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**PC 01, 03(A1, A2, A3, A4, A5), 04, 05, 18, 23, 25, 29, 34, 37****0583****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.

The Mantoux skin test is used by the County Health Departments to identify clients with Latent TB Infection. The skin test service should be coded to the program providing the test. Persons with positive skin test reactions should be referred for further evaluation, usually provided by the TB Program.

TUBERCULIN SCREENING: INTERFERON GAMMA RELEASE ASSAY**PC 01, 03 (A1, A2, A3, A4), 04
05, 18, 23, 25, 29, 34, 37****0584****CPT CODE 86480, 86481**

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

Test targeted populations by Interferon Gamma Release Assay considered at high risk for TB.

The IGRA is used by the County Health Departments to identify clients with Latent TB Infection. The IGRA service should be coded to the program providing the test. Persons with positive IGRA results should be referred for further evaluation, usually provided by the TB Program.

PREGNANCY TEST**PC 02, 18, 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 should follow the guidance and training provided by the DOH Family Planning program. Clients with negative pregnancy tests should be referred for the diagnosis of the cause of delayed menses and referred, if appropriate, for family planning services. They should be offered a barrier method at this visit if the CHD is unable to provide a 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 | Dir | Sup]**

Review and assessment of student records to determine immunization and health status, and any significant health risks or problems.

This service may be performed by school nurses, health room aides, or other trained service providers. The Record Review (0598) includes a review and assessment of health related records to determine if each student meets school entry requirements (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
1 st 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 <u>not</u> received	-0-
Current (for current school year) student emergency contact/health information forms received	-0-	-0-	-0-	# of student emergency contact/health information forms <u>received</u>

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] [Dut] [Dir] [Sup]

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

- The parent/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.
- **Students are remote learners and parent/guardian will not bring them to campus for screening.**
- Code by grade level to the FTTY field.

This is to account for students who are not screened for vision for one of the following reasons: (1) the parent/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); (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; or (4) the parent/guardian will not bring their child onto campus due to COVID-19.

HEARING SCREENING:
Student Opted Out / Unscreenable / In Treatment

PC 34

0615

[CSR] [EAR] [Time] [# Svc] [Age] [Sex] [Race] [FTTY] [Res] [Dut] [Dir] [Sup]

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

- The parent/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.
- **Students are remote learners and parent/guardian will not bring them to campus for screening.**
- Code by grade level to the FTTY field.

This is to account for students who are not screened for hearing for one of the following reasons: (1) the parent/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); (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; or (4) the parent/guardian will not bring their child onto campus due to COVID-19.

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 parent/guardian actively opted them out of growth and development screening with BMI).
- Due to profound disability or illness the student is unable to be screened for growth and development screening with 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.
- **Students are remote learners and parent/guardian will not bring them to campus for screening.**
- Code by grade level to the FTTY field.

This is to account for students who are not screened for growth and development for one of the following reasons: (1) the parent/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); (3) they are already diagnosed with a disease or health condition that impacts weight and are currently under the care of a physician for evaluation and treatment; or (4) the parent/guardian will not bring their child onto campus due to COVID-19.

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 parent/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.
- **Students are remote learners and parent/guardian will not bring them to campus for screening.**
- Code by grade level to the FTTY field.

This is to account for students who are not screened for scoliosis for one of the following reasons: (1) the parent/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); (3) they are already diagnosed with scoliosis and are currently under the care of a health care provider; or (4) the parent/guardian will not bring their child onto campus due to COVID-19.

PARAPROFESSIONAL RESPONSE TO STUDENT'S PHYSICAL COMPLAINTS

PC 34

4000

CSR | EAR | Time | # Svc | Age | Sex | Race | FTTY | Res | Dut | 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 include observation for visible signs of illness, asking questions regarding the nature of the health concern, listening to student's responses, documenting information, and providing a response to referral based on protocols.

Special Instructions: Activities related to consultation with school personnel, the parent/guardian or health care provider should be coded under 5051, School Health Staff Consultation. Activities that reflect an independent encounter by a trained UAP to ascertain that appropriate action has been taken, (i.e. follow-up up on medical suggestions), should be coded to 6500, Paraprofessional Encounter. Under training, direction and delegation of the registered school nurse, routine vision, hearing, and growth and development screenings performed 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.)

COVID-19 EVALUATION

PC 34

4010

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

Provision of screening and evaluation activities by county health department, school district and community partner school health staff as they relate to student's physical complaints and/or risk of exposure to an infectious agent or its toxins, resulting in a response and/or referral.

Screening and evaluation include observation for visible signs of COVID-19, asking questions associated with the nature of the health concern, listening to students' responses, documenting information, and providing a response including mitigation measures/education and/or referral based on protocols. Referral for further evaluation and/or testing is at the discretion of the professional registered school nurse and/or written local policy.

Special Instructions: **For the 2021-2022 school year, the services reflected are specific only to symptoms of COVID-19 and/or COVID-19 variants. Referrals to public or private services are an integral**

part of this activity if applicable. Activities related to consultation with school personnel, the parent/guardian or health care provider should be coded under 5051, School Health Staff Consultation.

LICENSED PRACTICAL NURSE SERVICE
PC 01, 02, 03 (A1, A2, A3, A4, A5), 04, 25, 29, 34, 37

4050

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
PC 03 (A1, A2, A3, A4, A5), 04, 10, 23, 25, 29, 34, 37

4500

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.

This code is used by Advanced Practice Registered Nurses and Registered Nurses only as described in the Nurse Practice Act, Chapter 464 F.S.

School Health Note: This code is used by Advanced Practice Registered Nurses 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] [Time] # Svc Age Sex Race FTTY Res Dut 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 cardiopulmonary resuscitation (CPR) following accident or sudden illness to minimize further injury and/or insult to the student.

The first aid and CPR 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 CPR and know how to access 911 or other community emergency medical services. The provision of first aid and/or CPR should include an evaluation of the student's condition, the administration of first aid and/or CPR, and documentation in the student's cumulative health record.

COMPLEX MEDICAL PROCEDURE

PC 34

5032

[CSR] [EAR] [Time] # Svc Age Sex Race FTTY Res Dut 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.

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 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 first-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.

HEALTHY LIFESTYLE INTERVENTION**PC 34****5054**

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

The registered school nurse provides or facilitates direct services outlined in an individualized health care plan that specifies health counseling, health education and action-oriented activities that promote a healthy lifestyle.

This code is for non-physician/nutritionist Healthy Lifestyle Interventions that provide students, whose BMI is at or above the 95th percentile, with enhanced access to health counseling, health education and opportunities for physical activity directly related to the management of obesity. Once the parent/guardian consent for a Healthy Lifestyle Intervention has been obtained, the registered school nurse (RN) develops an individualized health care plan (IHP) for a nursing diagnosis of *Nutrition: More than Body Requirements, Imbalanced*. This IHP outlines nursing assessment, diagnosis, interventions, outcomes and evaluation. If a student, that did not have a physician/nutritionist outcome coded to 0524, achieves one or more of the IHP goals (i.e. five servings per day of fruits and vegetables, two hours or less per day of recreational screen time, one or more hours per day of physical activity or zero sweetened beverages per day), a completed outcome may be coded to 5054. For Healthy Lifestyle Interventions not provided as part of follow-up to a screening result at or over the 95th percentile **only** code services and FTTYs to 5054.

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

School Health Notes:

- Code to the FTTY and outcome fields once per student per year.
- Code care plan development to 5053.
- Nutrition, physical activity and obesity related information/literature sent home to a parent does not constitute a Healthy Lifestyle Intervention.
- Provision of Healthy Lifestyle Intervention services is at local discretion.

BASIC SCHOOL VISITS	PC 34
ELEMENTARY	5061
MIDDLE/JR. HIGH	5062
SENIOR HIGH	5063
OTHER	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 Basic school health guidelines.

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

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

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

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

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

PREVENTIVE MEDICINE VISIT

PC 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 |

Preventive medicine visits are for provision of preventive health services and referral of those with health problems. 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 family planning new established (annual) visits and initial prenatal examination for pregnant women.

Family Planning (23)

County health departments provide family planning services including the provision of contraception to help women and men plan and space births, prevent unintended pregnancies and reduce the number of abortions; pregnancy testing and counseling services; assisting clients with conception; providing basic infertility services; providing preconception health services to improve infant and maternal outcomes and improving women's and men's health; providing STD screening and treatment services; and related preventive health services, as appropriate. Services are provided as outlined in the Florida Title X Family Planning Clinical Manual.

Improved Pregnancy Outcome (25)

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

Comprehensive Child Health (29)

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

School Health (34)

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

MEDICAL MANAGEMENT **PC 02, 03(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.

Clients Infected with or Suspected to have Gonorrhea:

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

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

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

Clients Infected with or Suspected to have Chlamydia:

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

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

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

Clients Infected with or Suspected to have Syphilis:

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

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

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

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

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

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

Clients Infected with or Suspected to Have HIV/AIDS:

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

AIDS (GENERAL)

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

Ryan White HIV Services (Medical Case Management- including treatment adherence)

Coordination of services and adherence to treatment provided by medical case managers that cover a range of client-centered services linking new or existing HIV clients with health care, psychosocial, and other services provided by trained professionals, including both medically credentialed and other health care staff.

Note: Ryan White service coding must be based on the services for which your county health department is funded. Please ensure your department is contracted to provide this service before utilizing the code listed. Contact your lead agency, Community Programs representative and/or the Patient Care Reporting Unit if you have any questions or concerns.

TUBERCULOSIS CONTROL SERVICES

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

FAMILY PLANNING SERVICES

County health departments provide medical management with a medical doctor, physician assistant, advanced registered nurse practitioner, nurse midwife, or doctor of osteopathy for diagnosis and treatment for those family planning clients found to need such services. It also includes those visits for IUD and diaphragm checks exclusive of annual visits, problems with the family planning method prescribed, and/or follow-up of any abnormal results, such as repeat Pap smears. Indicated laboratory studies should be done and referrals made when appropriate.

IMPROVED PREGNANCY OUTCOMES

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

COMPREHENSIVE CHILD HEALTH

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

SCHOOL HEALTH SERVICES

School with school-based health centers may have medical management services that are provided by a physician, advanced registered nurse practitioner or physician assistant.

COMPREHENSIVE ADULT HEALTH SERVICES

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

SOCIAL WORK INTERVENTION

(UNIVERSAL)

6030

[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 other than nutritionists, nurses and social workers. (Counseling is incorporated in codes 4500 for nutritionists, 5000 for registered nurses, 4050 for licensed practical nurses, and 6030 for social workers.)

NUTRITION EDUCATION: GROUP

(UNIVERSAL)

8010

[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	Dut	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	Dut	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, 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, 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 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.

- 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**COVID-19 PREVENTION EDUCATION**

PC 34

8081

[CSR] [EAR] [Time] # Svc [Age] [Sex] [Race] [FTTY] [Res] [Out] [Dir] [Sup]**Provide an education session using information from approved sources with one or more persons having common informational needs.**

A minimum of one participant is needed to hold a "class" or "educational session." An individual, small group or class presentation or session are appropriate. The focus of these sessions is on risk factors for COVID-19, methods of preventing the spread of COVID-19 and how to avoid acquiring COVID-19. Class curricula or information relayed to participants should be developed from approved sources and course content should be approved by the school administration and/or the supervising registered nurse.

These educational sessions may be provided by staff employed by county health departments, school districts or contracted providers.

Special Instructions: School health staff use code 8081 for a formal, planned or education session with approved information to students, parents, school staff, or health professionals having common informational needs.

- Under number of services, enter the number of educational sessions.
- Under FTTY, enter the number attending.
- Document in participant roster or cumulative health record, as appropriate.

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| # Svc|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 service 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:**PC 34****9510****Parents/Guardian Non-Response or Refusal to Follow-Up / Student Withdrawn from School****[CSR] [EAR] [Time] # Svc Age Sex Race [FTTY] [Res] [Dut] [Dir] [Sup]**

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

- Parent/guardian non-response to **one** or more documented follow-up attempts to a vision screening referral.
- Parent/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.
- **Comprehensive eye exam not available due to lack of resources and/or insurance, lack of local state contract funded vision service provider, parent lack of transportation, health care provider closures due to COVID-19 or other COVID-19 related circumstance.**
- Code by grade level to the service field.

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 parent/guardian response to the referral. If parent/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 can confirm parent/guardian follow-up to obtain further evaluation/treatment for the student.

HEARING REFERRAL:**PC 34****9515****Parents/Guardian Non-Response or Refusal to Follow-Up / Student Withdrawn from School****[CSR] [EAR] [Time] # Svc Age Sex Race [FTTY] [Res] [Dut] [Dir] [Sup]**

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

- Parent/guardian non-response to **one** or more documented follow-up attempts to a hearing screening referral.
- Parent/guardian refusal to obtain a hearing examination/testing and treatment (if needed) for their child's hearing.
- Student withdrawn from school.
- **Audiology exam not available due to lack of resources and/or insurance, parent lack of transportation, health care provider closures due to COVID-19 or other COVID-19 related circumstance.**
- Code by grade level to the service field.

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 parent/guardian response to the referral. If parent/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 can confirm parent/guardian follow-up to obtain further evaluation/treatment for the student.

BODY MASS INDEX REFERRAL	PC 34	9522
Parents/Guardian Non-Response or Refusal to Follow-Up / Student Withdrawn from School		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 growth and development referral outcome due to one of the following reasons:

- Parent/guardian non-response to **one** or more documented follow-up attempts to a growth and development screening referral.
- Parent/guardian refusal to follow-up with a health care provider for their child's underweight or obese BMI percentile.
- Student withdrawn from school.
- **Physician or nutritionist consultation not available due to lack of resources and/or insurance, parent/guardian lack of transportation, health care provider closures due to COVID-19 or other COVID-19 related circumstance.**
- Code by grade level to the service field.

If the student's Underweight or Obese result indicates a possible health condition or nutritional deprivation 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 parent/guardian response to the referral. At the end of the school year, if parent/guardian do not respond or refuse to follow up on a referral, code to 9522 for a BMI Underweight referral outcome not obtained or 9524 for a BMI Obese referral outcome not obtained. This code is also used when a student withdraws from the school before school health staff can confirm parent/guardian follow-up to obtain further evaluation/treatment for the student.

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

[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:

- Parent/guardian non-response to **one** or more documented follow-up attempts to a scoliosis screening referral.
- Parent/guardian refusal to follow-up with a health care provider to evaluate their child for scoliosis.
- Student withdrawn from school.
- **A physician or chiropractic postural/scoliosis exam not available due to lack of resources and/or insurance, parent lack of transportation, health care provider closures due to COVID-19 or other COVID-19 related circumstance.**
- Code by grade level to the service field.

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 parent/guardian response to the referral. If parent/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 can confirm parent/guardian follow-up to obtain further evaluation/treatment for the student.

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 not code 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 the employee's time sheet will be marked as complete for that day and time has been entered in HMS within the reporting timeframe for the pay period.

Employee Activity Record

Saturday, July 1, 2017

Print Form Option

STATE TEST,USER X

PSN : CONVUS

Default Site# : 123456

Hours : 0

Days : sMTWTFs

Mark all lines for deletion

Activity and Time Reporting by Program Component

Del	Site#	PC	Code	#Service	#FTTY	Loc	Time	Cmts	Clr	Repeat Line
								c	<input type="checkbox"/>	
								c	<input type="checkbox"/>	
								c	<input type="checkbox"/>	

Total Time Hours : 0 Mins : 0 Time Completed :

Employee Review

Office Closures

In the event of an office closure for disaster or emergency, all employees responsible for EAR Time Coding should check the "Time Complete" box on the EAR Data Entry screen. This will ensure the employee's time sheet will be marked as complete for that day and time has been entered in HMS within the reporting timeframe for the pay period.

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.

Employee Activity Record

Saturday, July 1, 2017

Print Form Option

STATE TEST,USER X

PSN : CONVUS

Default Site# : 123456

Hours : 0

Days : sMTWTFs

Mark all lines for deletion

Activity and Time Reporting by Program Component

Del	Site#	PC	Code	#Service	#FTTY	Loc	Time	Cmts	Clr	Repeat Line
		16						c	<input type="checkbox"/>	
								c	<input type="checkbox"/>	
								c	<input type="checkbox"/>	

Total Time Hours : 0 Mins : 0 Time Completed :

Employee Review

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 reflects the Pay Additive, which the employee receives for the On-Call period, not 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 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.