

Immunization Encounter Form Instructions

September 24, 2012

With the department moving towards billing for vaccinations administered in county health departments (CHD), removing immunization services off the current encounter form was necessary. With this change, three new encounter forms were developed to handle the required data elements to bill insurance companies. These encounter forms will be used when data will be entered into PHALCON. The three forms are:

Immunization Encounter Form for Ages 18 and Younger – Imm 1482

Immunization Encounter Form for Ages 19 and Older – Imm 1483

Immunization Encounter Form for Influenza – Imm 1484

These forms will allow us to capture the vaccine administered, the NDC number, the lot number and the expiration date of the vaccines. The information on these forms and changes coming in PHALCON will allow the department to bill insurance companies for vaccinations.

Immunization Encounter Form for Ages 18 and Younger – Imm 1482

This form is to be used for patients 0 through 18 years of age. Place a PHALCON label in the upper right hand corner of the form. For each dose administered select the corresponding line on the form for that vaccine and NDC number and enter the Lot Number and the Expiration Date. This information can be found on the vaccine vial and this information should match the same information written on the CHR-8. **It is important that the correct NDC number be selected.**

For International travel vaccines not listed on this encounter form, use the Immunization Encounter Form for Ages 19 and Older – Imm 1483. Two encounter forms might be utilized. Example: For a 17 year old receiving MMR and yellow fever vaccinations, the MMR would be documented on the Imm 1482 and the yellow fever on the Imm 1483.

Private Insurance Box

1. Check the “Bill Insurance” box if the patient has Blue Cross Blue Shield (BCBS) insurance. Make a copy of the patient’s insurance card which will be stored in the CHR. Information on the insurance card will later be entered into PHALCON.
2. Check the “Not Applicable” box for non-BCBS patients, the uninsured, and if the patient is only covered by Medicaid. Make a copy of the patient’s insurance card which will be stored in the

CHR. Information on the insurance card will later be entered into PHALCON. Counties will utilize local fee bills for these patients except those on Medicaid.

3. Check the “Do Not Bill Insurance” box when the patient indicates confidentiality issues.

Imm – Immunization Box

Provider - Enter the local provider ID currently assigned.

01 Initial – check this box if this is the patient’s first visit for vaccinations in the CHD clinic.

02 Revisit – check this box for all subsequent immunization visits.

Retain these forms for 3 years.

Immunization Encounter Form for Ages 19 and Older – Imm 1483

This form is to be used for patients 19 years of age and older. Place a PHALCON label in the upper right hand corner of the form. For each dose administered select the corresponding line on the form for that vaccine and NDC number and enter the Lot Number and the Expiration Date. This information can be found on the vaccine vial and this information should match the information written on the CHR-8.

It is important that the correct NDC number be selected.

Private Insurance Box

1. Check the “Bill Insurance” box if the patient has Blue Cross Blue Shield (BCBS) insurance. Make a copy of the patient’s insurance card which will be stored in the CHR. Information on the insurance card will later be entered into PHALCON.
2. Check the “Not Applicable” box for non-BCBS patients, the uninsured, and if the patient is only covered by Medicaid. Make a copy of the patient’s insurance card which will be stored in the CHR. Information on the insurance card will later be entered into PHALCON. Counties will utilize local fee bills for these patients except those on Medicaid.
3. Check the “Do Not Bill Insurance” box when the patient indicates confidentiality issues.

Imm – Immunization Box

Provider - Enter the local provider ID currently assigned.

01 Initial – check this box if this is the patient’s first visit for vaccinations in the CHD clinic.

02 Revisit – check this box for all subsequent immunization visits.

Travel Clinics

For county health departments with travel clinics and local fee bills that allow recouping vaccine cost, check the “Do Not Bill Insurance” box. Those CHDs will follow their local fee bills.

Retain these forms for 3 years.

Immunization Encounter Form for Influenza – Imm 1484

This form is to be used for patients of all ages who receive Influenza vaccine. Place a PHALCON label in the upper right hand corner of the form. For each dose administered select the corresponding line on the form for that vaccine and NDC number and enter the Lot Number and the Expiration Date. This information can be found on the vaccine vial and this information should match the information written on the CHR-8. **It is important that the correct NDC number be selected.**

If other vaccines are administered in addition to influenza, two encounter forms will be utilized. Example: If a 16 year old receives a Tdap and a flu shot, then both a 1484 and a 1482 will be used.

Private Insurance Box

1. Check the “Bill Insurance” box if the patient has Blue Cross Blue Shield (BCBS) insurance. Make a copy of the patient’s insurance card which will be stored in the CHR. Information on the insurance card will later be entered into PHALCON.
2. Check the “Not Applicable” box for non-BCBS patients, the uninsured, and if the patient is only covered by Medicaid. Make a copy of the patient’s insurance card which will be stored in the CHR. Information on the insurance card will later be entered into PHALCON. Counties will utilize local fee bills for these patients except those on Medicaid.
3. Check the “Do Not Bill Insurance” box when the patient indicates confidentiality issues.

Imm – Immunization Box

Provider - Enter the local provider ID currently assigned.

01 Initial – check this box if this is the patient’s first visit for vaccinations in the CHD clinic.

02 Revisit – check this box for all subsequent immunization visits.

Retain these forms for 3 years.

IMPORTANT

Begin using the new encounter forms on October 1, 2012. After the vaccinations are completed, secure the forms in a folder until you are notified that PHALCON revisions have been completed and the department is ready to bill for vaccinations given in county clinics. At that time pull the forms from the folder and enter them into PHALCON. It is anticipated the PHALCON revisions will be completed in early November 2012.