



Service Detail Form

Client ID: _____

Admission ID: _____

Client's name (first, middle, last): _____ Maiden name: _____

Birth date: ____/____/____ Medicaid ID # _____ County of service: _____

Primary Payment Source (Medical):	<input type="checkbox"/> Medicare	<input type="checkbox"/> private insurance	<input type="checkbox"/> uninsured
	<input type="checkbox"/> Medicaid/Title XIX	<input type="checkbox"/> self-pay/sliding scale	<input type="checkbox"/> other specify _____
	<input type="checkbox"/> presumptive eligibility	<input type="checkbox"/> Title V	

Primary Payment Source (Dental):	<input type="checkbox"/> Medicaid/Title XIX	<input type="checkbox"/> self-pay/sliding scale	<input type="checkbox"/> other specify _____
	<input type="checkbox"/> presumptive eligibility	<input type="checkbox"/> Title V	
	<input type="checkbox"/> private dental insurance	<input type="checkbox"/> uninsured	

Enter services and time below. More than one service may be entered for a date. Services are listed by service category in the chart on the next page.

Date	Service (see list)	Interaction Type (1) home visit (2) agency/clinic visit (3) oral health visit (4) phone	Time In	Time Out	Services Requiring Additional Information <i>Presumptive Eligibility, dental services and care coordination have additional questions to answer. Please fill out the appropriate box for those services.</i>
					<input type="checkbox"/> Presumptive Eligibility Determination (page 1) <input type="checkbox"/> Initial or periodic dental evaluation (page 2) <input type="checkbox"/> Care Coordination (page 2) <input type="checkbox"/> See client chart for documentation of service
Notes:	●List information/concerns shared with family				
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If Presumptive Eligibility Determination

Medicaid application status: Client chose to apply for full Medicaid Client declined to apply for full Medicaid
 Client explained she is eligible for ambulatory medical and dental services & verbalizes understanding
 Client requests assistance w/insurance coverage Copy of application in client's file Client given copy of NOA
 NOA #: _____

If Care Coordination Date: _____ Service provided by: _____
Place: _____ Spoke to (if other than client): _____
Link to Medicaid eligible service/provider: _____ Client verbalizes understanding
Other referrals provided: _____
Follow up: _____

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If Initial or periodic dental evaluation
Was decay present (obvious or suspicious)? yes no **Oral health risk level:** low moderate high
Restored teeth (fillings or crowns) present? yes no Name of dentist referred to: _____
Gingivitis (gum bleeding/swelling/pain)? yes no What is client's referral need? immediate 3mo 6mo 12mo

Shaded services below require input of time in and time out.

Service Category	Code	Service
Oral Health Services	D0190 CC	Initial screening evaluation by an RDH
	D0190	Periodic screening evaluation by an RDH
	D0190 CC TD	Initial screening evaluation by an RN
	D0190 TD	Periodic screening evaluation by an RN
	D0270	Bitewing radiograph-single film
	D0272	Bitewing radiograph-two films
	D0274	Bitewing radiograph-four films
	D1110	Prophylaxis-adult (age 13 and older)
	D1120	Prophylaxis-child (age 12 and under)
	D1206	Topical fluoride varnish by RDH (therapeutic app for moderate to high decay risks)
	D1206 TD	Topical fluoride varnish by RN (therapeutic app for moderate to high decay risks)
	D1310	Nutritional counseling by RDH (for the control and prevention of oral disease)
	D1310 TD	Nutritional counseling by RN(for the control and prevention of oral disease)
	D1320	Tobacco counseling by RDH (for the control and prevention of oral disease)
	D1320 TD	Tobacco counseling by RN (for the control and prevention of oral disease)
	D1330	Oral hygiene instruct/ RDH (hands-on demo)
	D1330 TD	Oral hygiene instruct by RN (hands-on demo)
	D1351	Sealant-per tooth (primary and permanent molars, premolars) up to age 18
Injection	90471	Administration fee for immunizations only
	90633	Hepatitis A pediatric /adolescent - 2 dose
	90649	Human Papilloma Virus - HPV
	90658	Influenza virus vaccine, age 3 years and older
	90707	Measles, mumps and rubella virus vaccine
	90710	Measles, mumps & rubella varicella (MMRV)
	90714	Tetanus,diphtheria toxoids (TD) 7 years and older preservative free
	90715	Tetanus,diphtheria toxoids & acellular pertussis
	90716	Varicella vaccine
	90718	Tetanus,diphtheria toxoids absorb (TD) 7 & up
	90734	Meningococcal conjugated vaccine
	90743	Hepatitis B vaccine; adolescent (two doses)
	90744	Hepatitis B vaccine; pediatric/adolescent (three doses)
	90746	Hepatitis B vaccine; adult, 20 or older
	90782	Injection of medication
90472	Administration oral or nasal	

Service Category	Code	Service
Care Coordination	H1002	Care Coordination
	T1016	Dental Care Coordination
	99999	Service Addendum
Health Ed Services	H1003	Health Education
Social Work Services	H0046	Mental health services
Maternity Care	99201	Self limited or minor approx 10 min.
	81025	Urine Pregnancy Test, by Visual Color Co
	T1001	Nursing Assessment
	99401	STI Education (15 minutes)
	99402	STI Education (30 minutes)
Nutrition Services	S9465	Diabetes services
	S9470	Nutrition counseling dietitian
Home Visit	S9123	Nursing visit in the home
	S9123LV	Nursing Listening Visit in the home
	S9127	Social Work visit in home
	S9127LV	Social Work Listening Visit in home
Local Transportation	A0080	Non-emergency transportation vehicle provided by volunteer
	A0100	Non-emergency transportation - taxi
	A0110	Non-emergency transportation - bus
	A0130	Non-emergency transportation - wheelchair van
	A0160	Non-emergency transportation - caseworker/social
	A0170	Transportation - parking fee, tolls other
Maternity Services	99408	Alcohol and substance abuse screening w/brief intervention
	H0049	Alcohol and/or drug screening, without intervention
	G0442	Annual alcohol misuse screening (without intervention)
	99420	Medicaid prenatal risk assessment
	99420DV	Screening for domestic violence
	G0444	Depression screening
Outreach	12345	Presumptive Eligibility Determination
Interpreter	T1013	Sign language or oral interpreter
	T1013 UC	Sign language or oral interpreter with UC modifier
	W5023	Telephonic oral interpreter