

NEW YORK FAMILY PLANNING ENCOUNTER FORM

COMPLETE AT FIRST VISIT, UPDATE FOR CHANGES AND AT ANNUAL EXAM CLINIC NO. _____

CLIENT NUMBER _____ DATE OF BIRTH _____ SEX F M CONTACT STATUS OFFICE ONLY

NAME OFFICE ONLY LAST _____ FIRST _____ M.I. _____ PHONE OFFICE ONLY COUNTY _____

ADDRESS OFFICE ONLY CITY OFFICE ONLY ST _____ ZIP _____

MONTHLY INCOME _____ FAMILY SIZE _____

PREGNANCIES _____ BIRTHS _____ ANOTHER SOURCE OF HEALTHCARE Y N MEDICAID NO. BILLING ONLY (optional)

RACE (check all applicable) 1. White 2. Black / Afr. American 3. American Indian 4. Alaskan Native 5. Asian 6. Other 7. Pacific Islander / Hawaiian Native

HISPANIC Yes No

STUDENT STATUS Full Time Part Time No Highest Grade Completed _____

BILINGUAL STAFF / INTERPRETER NEEDED Yes No

COMPLETE AT EACH VISIT

3. VISIT DATE _____ - 2 / 0 / _____

8. PURPOSE OF VISIT (Check One)
 1-Initial Medical Exam 3-Method Check/Maintenance 4-Counseling
 2-Annual Medical Exam 6-Medical Problem/Follow-up 5-Pregnancy Test

5. ASSIGNED CHARGE CATEGORY (Check One)
 01 - No Charge 12 - Medicare
 04 - Private Insurance 05 - Full Fee (100% of Scale)
 02 - Title XIX (Medicaid) 06 - Partial Fee
 08 - Title XIX (Medicaid Managed Care) 07 - Other
 09 - Title XIX (Medicaid 24 Mo. Ext.) and Last Preg. Ended MO. _____ YR. _____
 10 - Family Planning Benefit Program
 11 - FPBP Presumptive Eligibility

5A. IF PRIVATE INSURANCE, IS PRIMARY CARE COVERED?
 Yes No

9. CONTRACEPTIVE METHODS (Two May Be Coded)

02 - Oral	04 - Diaphragm	20 - Abstinence
21 - Oral - Extend. Cycle	05 - Condom	13 - Cervical cap
14 - Hormonal Inj. - 3 mo.	06 - Spermicide	15 - Female Condom
11 - Implant	08 - NFP/FAM	01. Sterilization
03 - IUD/IUS	22 - LAM	09. Withdrawal/Other
17 - Contraceptive Patch	19 - Sponge	10. None
18 - Vaginal Ring		

Prior to A. This Visit _____ After B. This Visit _____

9C. IF NONE, GIVE REASON:
 1 - Pregnancy 6 - Other
 2 - Infertility 7 - Not Sexually Active
 3 - Seeking Pregnancy 0 - Same Sex Partner
 4 - Other Medical Reasons Relying on Male Method:
 5 - Relying on Female Method 8 - Vasectomy 9 - Condom

10. REFERRED FOR NON-FAMILY PLANNING SERVICES (Check All Applicable)
 1 - Pregnancy 4 - Medical Problem/Follow-up 9 - Other
 2 - Sterilization 5 - CBE F/U
 3 - Infertility 6 - Primary Care

11F. PROVIDER OF MEDICAL SERVICES (Check All Applicable)
 1 - Physician 3 - Other Clinician
 2 - PA / NP / CNM 4 - Non-Clinician

12B. PROVIDER OF COUNSELING SERVICES (Check All Applicable)
 1 - Physician 3 - Other Clinician
 2 - PA / NP / CNM 4 - Non-Clinician

VISIT CODES BILLING ONLY OTHER INS. BILLING ONLY

NEXT EXAM DATE BILLING ONLY AMOUNT PAID BILLING ONLY

11A. MEDICAL SERVICES PROVIDED (Check All Applicable)

Exam Procedures	Lab Services
<input type="checkbox"/> 02-Pap Smear	<input type="checkbox"/> 31-Hgb / Hct
<input type="checkbox"/> 03-Blood Pressure	<input type="checkbox"/> 32-Urine Dipstick
<input type="checkbox"/> 04-Hgt/Wgt.	<input type="checkbox"/> 33-Urinalysis
<input type="checkbox"/> 05-Thyroid Palp.	<input type="checkbox"/> 34-Urine Culture
<input type="checkbox"/> 06-Heart/Lung Ausc.	<input type="checkbox"/> 35-Repeat Pap Smear
<input type="checkbox"/> 07-Breast Exam	<input type="checkbox"/> 38-Wet Mount/ Gram Stain
<input type="checkbox"/> 08-Abdominal Palp.	<input type="checkbox"/> 40-Rubella Screen
<input type="checkbox"/> 09-Extremities	<input type="checkbox"/> 42-Sickle Cell Screen
<input type="checkbox"/> 10-Bimanual Pelvic	<input type="checkbox"/> 44-Other Lab
<input type="checkbox"/> 11-Vaginitis Rx	
<input type="checkbox"/> 12-Male Exam	
<input type="checkbox"/> 21-UTI Treatment	
<input type="checkbox"/> 23-Method Initiation	
<input type="checkbox"/> 27-Colposcopy	
<input type="checkbox"/> 29-Postpartum Check	
<input type="checkbox"/> 30-Other Medical	
<input type="checkbox"/> 46-Method Cessation	
<input type="checkbox"/> 47-Cryosurgery	
<input type="checkbox"/> 48-Emergency Contraception	
<input type="checkbox"/> 49-HPV Vaccine	

12A. COUNSELING SERVICES PROVIDED (Check All Applicable)

<input type="checkbox"/> 01-Contraceptive	<input type="checkbox"/> 06-WIC	<input type="checkbox"/> 12 - Breast Self Exam
<input type="checkbox"/> 02-Sterilization	<input type="checkbox"/> 09-STD/HIV	<input type="checkbox"/> 07 - Other
<input type="checkbox"/> 03-Infertility	<input type="checkbox"/> 10-Pre/Interconception	
<input type="checkbox"/> 04-Nutrition	<input type="checkbox"/> 11-Abstinence/ Abstinence Skills	
<input type="checkbox"/> 05-Pregnancy		

11B. PREGNANCY TEST
 1 - Negative 2 - Positive

IF POSITIVE, WAS PREGNANCY
 1 - Desired Now 2 - Desired Sooner 3 - Desired Later
 4 - Not Desired 5 - Unknown

11C. STD SERVICES (Check All Applicable)

<input type="checkbox"/> 01 - Gonorrhea Test	<input type="checkbox"/> 02 - Gonorrhea Treatment
<input type="checkbox"/> 03 - Syphilis Test	<input type="checkbox"/> 04 - Syphilis Treatment
<input type="checkbox"/> 05 - Herpes Diagnosis	<input type="checkbox"/> 06 - Herpes Treatment
<input type="checkbox"/> 07 - HPV Diagnosis	<input type="checkbox"/> 08 - HPV Treatment
<input type="checkbox"/> 09 - Chlamydia Test	<input type="checkbox"/> 10 - Chlamydia Treatment

11E. HIV COUNSELING AND TESTING

1. Pretest Counseling	<input type="checkbox"/> 1 - Yes	<input type="checkbox"/> 2 - No
2. HIV Test	<input type="checkbox"/> 1 - Yes	<input type="checkbox"/> 2 - No
3. HIV Test Result	<input type="checkbox"/> 1 - Positive	<input type="checkbox"/> 2 - Negative
4. Post Test Counseling	<input type="checkbox"/> 1 - Yes	<input type="checkbox"/> 2 - No

AGENCY USE							
	Clinic	Project	State		Clinic	Project	State
a.				d.			
b.				e.			
c.				f.			

New York CVR Specifications, 1/1/2018

Field Description	Format	Justif	Length	Record Position	Valid Codes for Each Field
Site/Clinic Number	Numeric	Right	7	001-007	Unique Clinic ID Number
Client Number	Numeric	Right	9	008-016	Nine-Digit Number used to identify the Client
Date of Visit, CCYYMMDD	Numeric	Right	8	017-024	Self-Explanatory
Purpose of Visit	Alphameric	Left	1	025-025	Values 1, 2, 3, 4, 5 or 6
Date of Birth, CCYYMMDD	Numeric	Right	8	026-033	Self-Explanatory
Medical Services Provided	Alphameric	Left	40	034-073	Values of 02,03,04,05,06,07,08,09,10,11,12,21,23,27,29,30 31,32,33,34,35,38,40,42,44, 46,47,48 or 49
Provider of Medical Services	Alphameric	Left	4	074-077	Values of 1, 2, 3, 4
Counseling Services Provided	Alphameric	Left	20	078-097	Values of 01,02,03,04,05,06,07,09,10,11 and 12
Provider of Counseling Services	Alphameric	Left	4	098-101	Values of 1, 2, 3, 4
Beginning Contraceptive Method	Alphameric	Left	4	102-105	Values 01,02,03, 04,05,06,08,09,10,11,13,14,15,17,18,19,20, 21 and 22
Ending Contraceptive Methods	Alphameric	Left	4	106-109	Values 01,02,03, 04,05,06,08,09,10,11,13,14,15,17,18,19,20, 21 and 22
Reason for No Method	Alphameric	Left	1	110-110	Values 0,1, 2, 3, 4, 5, 6, 7, 8, 9 or Blank
Pregnancy Test	Alphameric	Left	1	111-111	Values 1, 2, or Blank
If Positive, Was Pregnancy Referred Elsewhere	Alphameric	Left	10	112-122	Values 1,2,3,4,5, or Blank
Interpreter Needed	Alphameric	Left	1	123-123	Values 1 or 2 1=YES 2=NO
STD Services	Alphameric	Left	20	124-143	Values 01, 02, 03, 04,05, 06, 07, 08, 09, 10 or Blank
Race	Alphameric	Left	7	144-150	Values 1, 2, 3, 4, 5, 6 or 7
Primary Care Insurance Coverage	Alphameric	Left	1	151-151	Values 1, 2 or Blank 1=YES 2=NO
Ahlers Internal Use	Alphameric	Left	6	152-157	Blank
HIV Pretest Counseling	Alphameric	Left	1	158-158	Values 1, 2, or Blank
HIV Test	Alphameric	Left	1	159-159	Values 1, 2, or Blank
HIV Test Result	Alphameric	Left	1	160-160	Values 1, 2, or Blank
HIV Post Test Counseling	Alphameric	Left	1	161-161	Values 1, 2, or Blank
Number of Times Pregnant	Numeric	Right	2	162-163	Number of Times or Zero Fill
Number of Births	Numeric	Right	2	164-165	Number of Times or Zero Fill
Monthly Family Income	Numeric	Right	6	166-171	Self-Explanatory
Family Size	Numeric	Right	2	172-173	Number Supported b/Income
Zip Code	Numeric	Right	5	174-178	Self-Explanatory
Ahlers Internal Use	Alphameric	Left	1	179-179	Blank
Ethnicity	Alphameric	Left	1	180-180	Values 1 or 2 1=YES 2=NO
Gender	Alphameric	Left	1	181-181	Values 1 or 2 1=Female 2=Male
Highest Grade Completed	Numeric	Right	2	182-183	00-16
Student Status	Alphameric	Left	1	184-184	Values 1, 2, 3, or Blank
County of Residence	Numeric	Right	2	185-186	Values of 01-62 and 80-89
**Agency Use Row A	Numeric	Right	12	187-198	Your Unique Coding or Zero-Fill
**Agency Use Row B	Numeric	Right	12	199-210	Your Unique Coding or Zero-Fill
**Agency Use Row C	Numeric	Right	12	211-222	Your Unique Coding or Zero-Fill
**Agency Use Row D	Numeric	Right	12	223-234	Your Unique Coding or Zero-Fill
**Agency Use Row E	Numeric	Right	12	235-246	Your Unique Coding or Zero-Fill
**Agency Use Row F	Numeric	Right	12	247-258	Your Unique Coding or Zero-Fill
Filler	Numeric	Right	5	259-263	Zero-Fill
Another Source of Healthcare	Numeric	Right	1	264-264	Values 1, 2, or Zero
Medicaid Recipient Number ***	Alphameric	Left	11	265-275	Actual Number or Blank Fill
Amount Other Ins. Paid ***	Numeric	Right	5	276-280	Optional or Zero-Fill
Other Insurance ***	Alphameric	Left	2	281-282	2 Digit Medicaid Code or Blank
FPEP Last PG Ended,CYM	Numeric	Right	6	283-288	Date or Zero Fill
Version Code	Alphameric	Left	8	289-296	Value 20180201
Ahlers Internal Use	Alphameric	Left	2	297-298	Blank
Assigned Charge/Source of Payment	Alphameric	Left	2	299-300	01, 02, 04, 05, 06, 07, 08, 09, 10, 11, 12

****Agency Use Rows A-F are each comprised of six two-digit Numeric Fields**
All Alphameric Fields are Left-Justified and Blank Filled Unless Otherwise Specified
All Numeric Fields are Right-Justified and Zero-Filled Unless Otherwise Specified
All Fields Must be Completed on each record, according to Format
Please See Attachment A for Submitting CVR Items 5, 9, 11A and 11C
*****Used for Medicaid billing only; otherwise blank or zero-fill as noted**

Attachment A:	
CVR Item 11A: Medical Services Provided	
Please Use These Codes as Medical Services/Not CVR Codes	
01 - Pap Smear	29 - Other Medical
02 - Blood Pressure	30 - Hgb/Hct
03 - Height/Weight	31 - Urine Dipstick
04 - Thyroid Palp	32 - Urinalysis
05 - Heart/Lung Aus	33 - Urine Culture
06 - Breast Exam	34 - Repeat Pap Smear
07 - Abdominal Palp	37 - Wet Mount/Gram Stain
08 - Extremities	39 - Rubella Screening
09 - Bimanual Pelvic	41 - Sickle Cell Screening
10 - Vaginitis Rx	43 - Other Lab
11 - Male Exam Male Only	45 - Method Cessation
20 - UTI Treatment	46 - Cryosurgery
22 - Method Initiation	47 - Emergency Contraceptive
26 - Colposcopy	48 - HPV Vaccine
28 - Postpartum Check	
CVR Item 11A: Female Only Medical Services:	
01 - Pap Smear	28 - Postpartum Check
09 - Bimanual Pelvic	34 - Repeat Pap Smear
26 - Colposcopy	
CVR Item 11A: Male Only Medical Services:	
11 - Male Exam - Male Only	
CVR Item 9: Valid Female Contraceptive Methods:	
All Methods Allowed	
CVR Item 9: Valid Male Contraceptive Method	
01 - Sterilization	05 - Condoms
08 - NFP/FAM	09 - Other
10 - None	20 - Abstinence
CVR Item 5: Assigned Charge Category:	
01 - No Charge	07 - Other
02 - Title XIX-Medicaid	08 - Title XIX (Managed Care)
04 - Private Insurance	09 - Title XIX - FPEP
05 - Full Fee (100% of Scale	10 - F/P Benefit Program
06 - Partial Fee	11 - FPBP Presumptive Eligibility
	12-Medicare
CVR Item 11C: STD Services:	
01 - Gonorrhea Test	02 - Gonorrhea Treatment
03 - Syphilis Test	04 - Syphilis Treatment
05 - Herpes Diagnosis	06 - Herpes Treatment
07 - HPV Diagnosis	08 - HPV Treatment
09 - Chlamydia Test	10 - Chlamydia Treatment

NEW YORK FAMILY PLANNING DATA SYSTEM
ERROR MESSAGE MASTER FILE LIST PAGE 1

ERROR

ID	ERROR DESCRIPTION
1050	REJECT: VERSION NBR IS MISSING OR INVALID
1051	REJECT: CLINIC NUMBER INVALID
1052	REJECT: PROJECT IS INVALID FOR THIS CLINIC
2050	REJECT: PATIENT NUMBER MISSING/INVALID
3050	REJECT: DATE MISSING OR INVALID
3051	REJECT: DATE OF VISIT OVER 12 MONTHS OLD
3052	REJECT: DATE OF VISIT IS A FUTURE DATE
4050	REJECT: DATE OF BIRTH MISSING/INVALID
4051	REJECT: DATE OF BIRTH IS A FUTURE DATE
4054	REJECT: CLIENT'S AGE IS LESS THAN 10 YEARS
5050	REJECT: SOURCE OF PAY MISSING OR INVALID
5052	REJECT: LAST PREGNANCY MORE THAN 26 MONTHS AGO
5053	REJECT: SOP EQUALS '9' BUT DATE IS BLANK OR INVALID
5054	REJECT: DATE IS NOT BLANK BUT SOP IS NOT 9
5055	REJECT: PRIVATE INSURANCE MISSING/INVALID
5056	REJECT: SOP 9 PREG DATE IS GREATER THAN THE VISIT DATE
5057	REJECT: SOP 9 AND GENDER IS A MALE
6050	REJECT: HIGHEST GRADE MISSING/INVALID
8050	REJECT: VISIT ALREADY ON FILE FOR TRANSACTION
8054	REJECT: PURPOSE OF VISIT MISSING/INVALID
9150	REJECT: CONTRACEPTIVE METHOD MISSING/INVALID
9151	REJECT: MALE CLIENT HAS FEMALE CONTRACEPTIVE
9152	REJECT: FEMALE HAS MALE CONTRACEPTIVE
9153	REJECT: STERILIZATION FOR PATIENT UNDER 21
9250	REJECT: REASON FOR NO METHOD MISSING OR INVALID
10150	REJECT: *REFERRED ELSEWHERE INVALID
11150	REJECT: *MEDICAL SERVICES INVALID
11151	REJECT: MALE CLIENT HAS FEMALE SERVICES CODED
11152	REJECT: *POSITIVE PREGNANCY TEST, REASON INVALID
11153	REJECT: *STD SERVICES INVALID
11154	REJECT: FEMALE CLIENT HAS MALE SERVICES CODED
11156	REJECT: *PREGNANCY TEST RESULTS INVALID
11157	REJECT: *REASON FOR RESULTS INVALID
11163	REJECT: *HIV SERVICES INVALID
11252	REJECT: MEDICAL PROVIDER MISSING OR INVALID
12150	REJECT: *COUNSELING SERVICES INVALID
12151	REJECT: MALE CLIENT HAS FEMALE SERVICES CODED
12152	REJECT: COUNSELING INSISTENT W/SVCS. OR METHOD
12250	REJECT: COUNSELING PROVIDERS MISSING OR INVALID
13050	REJECT: GENDER REQUIRED

NEW YORK FAMILY PLANNING DATA SYSTEM
ERROR MESSAGE MASTER FILE LIST PAGE 2

ERROR

ID	ERROR DESCRIPTION
13052	REJECT: *GENDER CODE INVALID
13056	REJECT: GENDER DOES NOT MATCH MASTER FILE
14050	REJECT: RACE REQUIRED FOR EACH VISIT
14052	REJECT: *RACE CONTAINS INVALID DATA
15050	REJECT: ETHNICITY FIELD CONTAINS INVALID DATA
15051	REJECT: HISPANIC FIELD REQUIRED
16050	REJECT: ZIP CODE REQUIRED
16051	REJECT: SOP 9 BUT ZIP CODE INVALID, BLANK OR 99
16052	REJECT: *ZIP CODE CONTAINS INVALID DATA
17050	REJECT: COUNTY CODE REQUIRED
17051	REJECT: COUNTY CODE NOT 01-62 FOR SOP '09'
17052	REJECT: *COUNTY CODE CONTAINS INVALID DATA
18050	REJECT: INCOME REQUIRED
18052	REJECT: *INCOME CONTAINS INVALID DATA
18150	REJECT: FAMILY SIZE REQUIRED
18252	REJECT: *FAMILY SIZE CONTAINS INVALID DATA
19050	REJECT: PREGNANCY HISTORY REQUIRED
19150	REJECT: PREGNANCY HISTORY DATA INVALID
19250	REJECT: NUMBER OF PREGNANCIES ANSWERED BY MALE
19251	REJECT: NUMBER OF BIRTHS INCONSISTENT
19252	REJECT: NUMBER OF BIRTHS ANSWERED BY MALE
20150	REJECT: SOURCE OF HEALTHCARE FIELD IS INVALID
20151	REJECT: STUDENT STATUS CONTAINS INVALID DATA
22050	REJECT: MEDICAID NUMBER MISSING/INVALID**
22051	REJECT: INTERPRETER CONTAINS INVALID DATA
22052	REJECT: CPT CODE IS MISSING/INVALID**
22053	REJECT: PRIMARY DIAGNOSIS IS MISSING/INVALID**
22054	REJECT: ATTENDING/PERFORMING NPI IS MISSING/INVALID**

**USED FOR MEDICAID BILLING