



GUIDE To The 2011 RSR
(Ryan White HIV/AIDS Services Report)

Version 3 = January 9, 2012

**A Question-by-Question Guide to Locate RSR
Information in AIRS**

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INTRODUCTION

Health Resources and Services Administration (HRSA) is responsible for the:

- Administration and allocation of funds,
- Evaluation of programs for the population served, and
- Improvement of the quality of care for all Ryan White HIV/AIDS Program 'Parts' funded under the "Ryan White HIV/AIDS Treatment Modernization Act".

Accurate records of the clients and services rendered continue to be critical to the:

- Implementation of legislation and
- Necessary for HRSA to fulfill its responsibilities.

In order to address the deficiencies associated with aggregate data reporting, RW providers will use a relatively new reporting system for their programs and the clients they serve. The reporting is called **the Ryan White HIV/AIDS Program Services Report** or **RSR** which began in 2009.

The goal is to build a client-level data reporting system that:

1. Monitors the outcomes achieved on behalf of HIV/AIDS clients and their impacted families receiving care and treatment,
2. Addresses the disproportionate impact of HIV in communities of color by assessing organizational capacity and service utilization in minority communities,
3. Monitors the use of Ryan White HIV/AIDS Program funds for its appropriate use, and
4. Addresses the needs and concerns of U.S. Congress and the Department of Health and Human Services Secretary concerning the HIV/AIDS epidemic and the Ryan White HIV/AIDS Program.

NOTE: Changes & Additions from the 2010 RSR Guide are seen in bold Red.

ABOUT THE RSR

The RSR includes three components. There is the **Grantee** Report, **Provider** Report, and the **Client** Report.

1) **Grantee Report**: This report is the responsibility of the Grantee (below) for all Ryan White (RW) Part A, B, C, and D funded Programs. This includes the Adolescent Initiative and MAI.

- Part A Grantee = NYCDOH-Public Health Solutions (City)
 - Part B Grantee = NYSDOH-AIDS Institute (State)
 - Part C Grantee = Individual Provider
 - Part D Grantee = Individual Provider
- Collects basic information about the grantee organization and the service provider contracts that are RW *funded* during the reporting period.
 - **Agency Responsibility** = NONE unless Part C or D Grantee.

2) **Provider Report**: This report will be completed by the Grantee.

- Collects basic information about the service provider and the services *delivered* under its RW contracts.
- **Agency Responsibility** =
 - Agencies funded by 'Part B' and/or 'Part A Subcontract to the AIDS Institute' will be required to submit an **AIDS Institute Extract** to the AIDS Institute (Grantee).
 - **Update the "Agency Information" screen and enter/update the "RDR/RSR Information" and "RDR/RSR Service Information" screens for the 1/1/11 – 12-31/11 report period.**
 - Part C and/or Part D funded agencies need to **update (if it already exists) or enter (if it does not yet exist)** their 'Provider Report' on HRSA's EHB site.

- 3) **Client Report**. Also referred to as *Client-level Data* or **CLD**. It is to be completed by the Provider.
- Every agency that provides Services funded by RW must collect and electronically submit client information to their Grantee or HRSA (If Part C or D data are not included in AIRS). The Grantee will review and electronically forward the information to the federal government.
 - The client report should contain one record ('row' of data in a file) for each client who received a RW-funded Service during the reporting period.
 - Each record includes the client's encrypted unique identifier, basic demographic data, and information about the core and/or support services received. A client's record may also include HIV clinical information.
 - Service data received at your agency that was NOT paid for by the Ryan White Program is not to be included.
 - **Agency Responsibility:** The basic steps to follow are:
 1. Run the **RSR Client List** report to identify the RSR client population. These are the clients who will be reported to HRSA.
 2. If they have been identified as being a "Medical Client", the Clinical Information section (Questions 46-66) will also be reported.
 3. The next step is to check the completeness of each of the Medical Client's information. This can be accomplished by printing the **Client RSR Detail Report** for Medical Clients or by accessing the **RSR Completeness Assessment** screens in AIRS. Update the information.
 - Updating may entail entering Services, adding information to the history screens (Lab Tests, Diagnoses, TB Status, Pregnancy, etc.), or adding answers to the questions in the "RSR Completeness Assessment" form.
 4. When complete, run the **RSR Extract** (Extracts menu).
 5. Submit to the AIDS Institute (and any other Grantees).

UNDERSTANDING THE CLIENT REPORT

(Where do I find the RSR Information in AIRS?)

The following will help you find and identify the **AIRS Programs included, Client Population, and** fields in AIRS which directly relate to the client-level data fields in the 2011 RSR.

* AIRS PROGRAMS THAT ARE INCLUDED IN THE RSR:

The entire year of the Client & Service data will be included in the RSR if the following holds true:

➤ FOR AI PROGRAMS:

➔ The Program was funded by Ryan White at any time during the Reporting Period (1/1/11 – 12/31/11).

(This is new functionality in V8.8 for AIDS Institute Programs.)

- Ryan White Funding: Applies to Programs with *Eligibility Type = Ryan White* and a *Funding Type* that includes Part A, Part B, Part C, Part D, MAI Part A, MAI Part B, MAI Part C, MAI Part D, or the Part A Subcontract to AI.
- To determine if the Program received Ryan White money, check the Program Eligibility & Funding History table which can be seen by clicking on the View Eligibility & Funding History link on the *Program Information* screen.

➤ FOR NON-AI PROGRAMS:

➔ The *Current Eligibility Type = Ryan White* AND the *Current Funding Type = Part A, Part B, Part C, Part D, MAI Part A, MAI Part B, MAI Part C, MAI Part D, or Part A Subcontract to AI.*

(This is the current functionality.)

* CLIENTS TO BE INCLUDED IN THE RSR:

Only clients with the following HIV Statuses as of the End Date of the ‘reporting period’ will be included.

01	=	HIV-Positive, Not AIDS
02	=	HIV-Positive, AIDS Status Unknown
05	=	HIV-Infected (Pediatric)
06	=	HIV-Vertical (Perinatal) Exposure
07	=	HIV-Negative Seroreverter
09	=	HIV-Affected (Pediatric)
10	=	HIV-Positive, CDC-Defined AIDS

A) *SYSTEM VARIABLES*

Field Description

SV1 Reporting Period

New York State agencies are responsible for the *Annual* (12 month) report.

- Report Period 6 = January 1, 2011 - December 31, 2011

SV2 Unique Provider ID

This was automatically generated by HRSA when each provider was entered into the Ryan White Data Report (RDR) system.

SV3 Unique client ID (UCI)

The Unique Client ID (UCI) is a unique encrypted 40-character alphanumeric code that distinguishes one Ryan White client from all others and is the same for the client across all provider settings. This effectively “de-identifies” the client.

- This will be automatically created by AIRS using a routine provided by HRSA.
- The UCI is derived using the first and third letters of a client’s first and last name, their date of birth (MM/DD/YY), and a code for gender (1=male 2=female 3=Transgender 9=Unknown). The last character, “A” to “Z”, is added if a provider needs to distinguish between two clients with the same basic UCI. The UCI is then converted and encrypted to a 40 character string.

B) CLIENT DEMOGRAPHICS

RSR Question

Q1—Date of the client's *First Service* visit at this provider

The RSR will report the client's first Service Date entered in AIRS.

- The RSR will report the dates equal to the client's *Intake Date*. Therefore, any archived data from URS or AIRS will not be excluded if AIRS were only to look at the current Services found.
- This can be before the start of the RSR Reporting Period.
- Can be from any Program. Is not limited to RW-funded Programs.
- This may or may not be the date the client first received a Ryan White-funded service.
- This may or may not be the same date reported in Item 47 (date of first outpatient/ambulatory care visit).
- This date does not change in subsequent reports.

Q2—What was the client's vital/*Enrollment Status* at the end of the reporting period?

AIRS will automatically report the client in one of the Enrollment categories based on their status in the agency using the information entered in the STATUS CHANGES screen.

Q3—If “Deceased” in Question 2, what was the client's *Date of Death*?

Reported from STATUS CHANGES screen where the *Reason for Closure* is “Death” and the *Date of Death* has been entered.

Q4—Client's *Year of Birth*

The Year is reported using the *DOB* entered in the client's AGENCY INTAKE screen.

Q5—What is the client's *Ethnicity*?

Hispanic or *Non-Hispanic* Ethnicity is reported from the client's AGENCY INTAKE screen.

Q6—What is the client's *Race*?

Race is reported from the client's AGENCY INTAKE screen.

- More than one race will be reported if multiple races are identified.

Q7— What is the client’s current *Gender*?

Gender is reported from the client’s AGENCY INTAKE screen.

Q8— If “Transgender” in Question 7, what is the client’s transgender subgroup, if known?

Gender is reported from the client’s AGENCY INTAKE screen.

Q9— Client’s percent of the Federal *Poverty Level* at the end of the reporting period

The *Household Size* and *Total Annual Household Income* information entered in the “Household Data” section of the AGENCY INTAKE (for new clients) is compared to the 2011 Federal Poverty Guidelines (Household Size and Poverty Level). Based on the entries, the client is counted in one of the RSR categories.

- In V8.8, the “Household Data” seen in the Intake can be updated in the new FINANCIAL INFORMATION screen.
 - NOTE: For the 2012 RSR, a 2012 dated record in the historical FINANCIAL INFORMATION screen will be used.
- The client is counted in the RSR “Unknown” category when any of the following occurs.
 - If *Client Refused to Answer* is selected
 - **Household Size = 0 & Total Annual Household Income = 0**
 - **Household Size is equal to or greater than 1 & Total Annual Household Income = 0**
 - **Incarcerated persons: The U.S. Census indicates that the client is identified as having a “poverty status which cannot be determined”. Although “Not Applicable” is not a RSR option, HRSA has stated that some level of Unknown data is acceptable. This would be an example of such.**

Q10— Client’s *Housing Status* at the end of the reporting period

The *Housing* information entered in AGENCY INTAKE (for new clients) ‘rolls up’ and is counted in the corresponding RSR category.

- In V8.8, the “Housing” information seen in the Intake can be updated in the new HOUSING INFORMATION screen.
 - NOTE: For the 2012 RSR, a 2012 dated record in the historical HOUSING INFORMATION screen will be used.

Q11— What was the *Geographic Unit code* of the client's residence at the end of this reporting period?

The first 3 digits of the client's *Zip code* entered in client's AGENCY INTAKE screen.

Q12— What was the client's *HIV/AIDS Status* at the end of the reporting period?

This is the client's *Status* that was effective at the end of the reporting period.

- **HIV+, not AIDS (RSR Code 2):**
 - When there is no CD4 Lab Test with Count < 200 (or < 14% or Range < 200) or Diagnosis considered an AIDS Indicator.
- **HIV-positive, AIDS status unknown (RSR Code 3):**
 - When there is no CD4 Lab Test with Count < 200 (or < 14% or Range < 200) or Diagnosis considered an AIDS Indicator.
- **CDC-defined AIDS (RSR Code 4):**
 - HIV Status record equal to **HIV-Positive, CDC-Defined AIDS** (code 10)
--- Or ---
 - Any AIRS HIV Status record (not limited to "Positive" Statuses) with any of the following 4 **entries within the reporting year**.
 - CD4 Lab Test with a *Count* less than 200 (entered in the LABORATORY & PSYCHOLOGICAL TESTS screen)
- Or -
 - CD4 Lab Test with a *Percentage* less than 14 (entered in the LABORATORY & PSYCHOLOGICAL TESTS screen)
- Or -
 - **CD4 Lab Test with a Range equal to "< 200" (entered in the LABORATORY & PSYCHOLOGICAL TESTS screen)**
- Or -
 - *Diagnosis* (entered in the DIAGNOSES INFORMATION screen) that has an associated "*HIV ICD9*" Code (indicating it is an AIDS-defining condition).
- **HIV Indeterminate (Infants only) (RSR Code 5):**
 - Clients who are **less than 2 years old** having an HIV Status = 06 (HIV-Vertical (Perinatal) Exposure)
- **Unknown (RSR Code 6):**
 - Clients who are **2 years & older** having an HIV Status = 06 (HIV-Vertical (Perinatal) Exposure). These clients have aged out and require an updated HIV Status.

Q13— If client’s HIV/AIDS Status is “CDC-defined AIDS” in Question 12, what is the Year of the client’s AIDS diagnosis?

AIRS will report the earliest date found when looking at the HIV STATUS INFORMATION, LAB TEST, and DIAGNOSIS HISTORY based on the following.

- HIV Status equal to **HIV-Positive, CDC- Defined AIDS** (code 10).
-- Or --
- Any HIV Status record (not limited to “Positive” Statuses) with any of the following **3 entries**.
 - **CD4 Lab Test** with a *Count* less than 200 (entered in the LABORATORY & PSYCHOLOGICAL TESTS screen)
- Or -
 - *CD4 Lab Test* with a *Percentage* less than 14 (entered in the LABORATORY & PSYCHOLOGICAL TESTS screen)
-Or –
 - *Diagnosis* (entered in the DIAGNOSES INFORMATION screen) that has an associated **HIV ICD9 Code** (indicating it is an AIDS-defining condition).

Q14— What is the client’s Risk factor for HIV infection?

This is based on what is entered in the HIV/AIDS RISK HISTORY screen.

- A record for “MSM” and a separate record for “IDU” will be included for clients who have their HIV/AIDS Risk identified as “MSM & IDU”.
- More than one record can be reported if there are multiple HIV/AIDS Risk records entered with *Effective Dates* within the reporting period.

Q15— Indicate all sources of the client’s health Insurance during this reporting period.

This is based on what is entered in the INSURANCE HISTORY screen.

- More than one can be reported if the client has multiple insurance records in the reporting period.
- AIRS will first look to see if there are any Insurance History records. If there are none, AIRS will look at what was selected for the *Insurance Status* in the Intake.

BACKGROUND INFORMATION FOR CORE & SUPPORT SERVICES

The RSR reports data for clients who received services that have been funded by Ryan White. Therefore, Clients and their Services are included in the RSR only if the following 3 conditions are met.

1. Client received at least one Ryan White *Eligible Service*

a. ‘Ryan White Eligible Services’ are identified in AIRS based on the RDR “mapping” Categories.

- i. “Mapping” means that if the AIRS *Service Category--Encounter Type--Service* combination is entered, AIRS will report it in the proper RDR/RSR Category.
 1. For an example, see the RDR Category column in **Figure 1** on the next page. Service 225 (Emergency Cash Grant Given) is “mapped” to RDR Category 33P. Question 33P in the RDR is the “Emergency Financial Assistance” Service Category. This, in turn, is mapped to Question 31 (Emergency Financial Assistance) in the RSR (see Page 12).
 2. Note: If the *Service Category--Encounter Type--Service* combination does not have an RDR Category associated, it is not considered RW-eligible and is not reported in the RDR or RSR.
- ii. **Because the RSR “Categories of Service” are an exact match to the RDR Service Categories (Question 33 of Section 3), the RSR will use the same “mappings” as the RDR.**
- iii. See **Appendix 1** for information on how to identify the 1) RDR Category for each Service Category—Encounter Type—Service or 2) Service Category—Encounter Type—Service for each RDR Category.

2. Service was *funded* by Ryan White

- a. “Ryan White” Eligible Programs in AIRS are identified with **Funding Type** equal to **Part A, Part B, Part C, Part D, MAI Part A, MAI Part B, MAI Part C, MAI Part D, or Part A Subcontract to AI.**
- b. “HIV Counseling & Testing” Eligible Programs in AIRS are identified with **Funding Type** equal to **Ryan White Funded.**
- c. NOTE: “Ryan White” Eligible Programs with HUD, HOPWA, and Other (for example, COBRA) Funding Types are not reported in the RSR.

3. Service *occurred* during the Reporting Period

Date: 12/05/2008

Time: 12:17:55

Version:	8.1.204
Version Date:	07/01/2008

AIDS INSTITUTE Test System
 AIRS - AIDS Institute Reporting System
AIRS ENCOUNTERS AND SERVICES LISTING

Selection Criteria: Active Only

Service Category: Supportive Services



Encounter:	Active	RDR Category	RDR2 Category
45 Direct Emergency Assistance	Yes		
Service:			
85 Child Care/Safety Items Distribution	Yes		
115 Clothing Distribution	Yes		
135 Consultation	Yes	33P	
224 Emergency Cash Grant Denied	Yes	33P	
225 Emergency Cash Grant Given	Yes	33P	
226 Emergency Clinical Response	Yes	33Y	
227 Emergency Food Package	Yes	33Q	
228 Emergency Grant Application	Yes	33P	
230 Emergency Transportation	Yes	33V	
261 Financial Assessment	Yes	33P	
264 Financial Reassessment	Yes	33P	
439 Intake/Assessment	Yes	33P	
630 Petty Cash	Yes	33P	
631 Petty Cash Denied	Yes	33P	
722 Renovations (or Renovations/Weatherization)	Yes	33S	
723 Rental Arrears	Yes	33S	
724 Rental Assistance	Yes	33S	
853 Utility Assistance	Yes	33S	

Figure 1

Example of the “AIRS Encounters And Services Listing”
Supportive Services Service Category – *Direct Emergency Assistance* Encounter

C) *CORE SERVICE VISITS*

For each client, the Number of Visits in each Category for each Quarter in the Reporting Period for services your agency has been funded to provide is reported.

The following are the mappings for the RSR using the RDR Categories.

	<u>RDR Category</u>
Q16 —Outpatient ambulatory health services	33A
Q17 —Oral health care	33C
Q18 — Early intervention services (Parts A and B)	33D
Q19 — Home health care	33F
Q20 — Home and community-based health services	33G
Q21 — Hospice services	33H
Q22 — Mental health services	33I
Q23 —Medical nutrition therapy	33J
Q24 —Medical case management (including treatment adherence)	33K
Q25 —Substance abuse services—outpatient	33L

D) CORE & SUPPORT SERVICES DELIVERED

The Service data your agency has been funded to provide is reported. The following questions report whether the client received the service each quarter during this reporting period.

	<u>RDR Category</u>
Q26 —Local AIDS Pharmaceutical Assistance (APA, not ADAP)	33B
Q27 —Health Insurance Program (HIP) funding	33E
Q28 — Case management (non-medical) services	33M
Q29 — Child care services	33N
Q30 — Developmental assessment/early intervention services	33O
Q31 — Emergency financial assistance	33P
Q32 — Food bank/home delivered meals	33Q
Q33 — Health education/risk reduction	33R
Q34 — Housing services	33S
Q35 — Legal services	33T
Q36 — Linguistic services	33U
Q37 — Transportation services	33V
Q38 — Outreach services	33W
Q39 — Permanency planning	33X
Q40 — Psychosocial support services	33Y
Q41 — Referral for health care/supportive services	33Z
Q42 — Rehabilitation services	33AA
Q43 — Respite care	33AB
Q44 — Substance abuse services—residential	33AC
Q45 — Treatment adherence counseling	33AD

E) CLINICAL INFORMATION

Outpatient/ambulatory medical care providers must report clinical data for their HIV-positive and HIV-indeterminate clients who received a Ryan White funded Medical Service in the Reporting Period.

- ➔ An *Outpatient/Ambulatory Care Visit* is defined as a Service that is mapped/associated with the RDR Service Category equal to “33A”.
- ➔ An *HIV-indeterminate client* is a child less than 2 yrs of age who has an HIV Status of (06) HIV-Vertical (Perinatal) Exposure or (07) HIV-Negative Seroreverter.

Q46— Was HIV Risk Reduction Screening/Counseling provided to this client during this reporting period?

- Yes will be included in the RSR if there is a SERVICE entered in the report period for **Service ID = 334 (HIV Transmission Prevention Education/Counseling), 330 (HIV Risk Reduction/Education), or 331(HIV Risk Reduction/Education Group)**.
 - See Appendix 2 to identify the Service Categories and Encounters for this Service in AIRS.
- *Unknown* will be included in the RSR if nothing is entered and agency has not selected *No* in the “RSR Completeness Assessment” form.

Q47— Date of the client’s First Outpatient /Ambulatory Care Visit at this provider agency

- Earliest Date of any Service associated with an RDR Category equal to “33A”. This can be from any Program.

Q48— List all the Dates of the client’s Outpatient/Ambulatory Care Visits in this provider’s HIV care setting with a clinical care provider during this reporting period

- All the Services with dates in the reporting period that are mapped to “33A”.

Q49— Report all *CD4 Counts* and their *Dates* for this client during this report period

- Counts are reported for the **CD4 (T-Helper Tests)** entered in the LABORATORY & PSYCHOLOGICAL TESTS screen from **all** the dated CD4 Test records within the reporting period.
 - **If the 'CD4 Test' is entered without a Count, it will not be included in the RSR.**

Q50— Report all *Viral Load Counts* and their *Dates* for this client during this report period

- Counts are reported for data entered for the **HIV Detection/Antigen/Viral/Load Test** in the LABORATORY & PSYCHOLOGICAL TESTS form when the *Test Date* is within the reporting period.
 - **If the 'Viral Load Test' is entered without a Count, it will not be included in the RSR unless the Test Result is entered as *Undetectable* (code 6). In this case, the RSR will include a code representing an "Undetectable" Viral Load when the *Test Date* is within the reporting period.**

Q51— Was the client prescribed *PCP Prophylaxis* at any time during this reporting period?

- Yes will be included in the RSR if there is a SERVICE in the report period for **Service ID = 1037 (PCP Prophylaxis)**.
 - *See Appendix 2 to identify the Service Categories and Encounters for this Service in AIRS.*
- *Unknown* will be included in the RSR if nothing is entered and agency has not selected *No, Not Medically Indicated*, or *No, Client Refused* in the "RSR Completeness Assessment" form.

Q52— Was the client prescribed HAART at any time during this reporting period?

- Yes will be included in the RSR if there is an ARV Therapy Type equal to **02 (HAART)** in the MEDICATION HISTORY screen having one of the following characteristics.
 - A *Start Date* within the report period, or
 - An *End Date* within the report period, or
 - A *Start Date* and *End Date* that fall outside the report period but spans the reporting period, or
 - **Due to the physical and functional changes to the screen in V8.8 (see below), the following 2 statements are no longer true in the 2011 RSR.**
 - ➔ No *End Date* but has a *Start Date* within 2 years of the Report Start Date.
 - ➔ The *Continuation of a prior ARV Therapy* flag is checked and the “Date Verified” is within the past 2 years of the “Start Date” of the report.

Instead, for the information to be included the RSR, the following are now true.

- ➔ **The information must be verified (using the “Verified” feature) with a date that is within the RSR Reporting Year. In this case, 2011.**
 - **NOTE: The *Continuation of a prior ARV Therapy* flag and the *Date Verified* field have been 1) used to create a “Verified Date” and 2) removed from the screen.**

The screenshot shows a web form titled "ARV Therapy Type Medication". At the top, it says "Verify that the information below is correct". Below this, there is a field for "Last Verified" with the value "09/15/2011" and a "Verify" button with a red 'X' icon. To the right of this field is the text "Add new or Verify by: 03/15/2012". Below this section, there is a question "Is client currently on ARV Therapy?" with radio buttons for "Yes" (selected) and "No". Underneath, there is a "Reason" field. The "ARV Therapy Type" is set to "02 HAART". The "ARV Start Date" is "07/01/2010". The "ARV End Date" and "Recent Prescription Fill Date" are both set to "//".

Continues on the next page →

- *Unknown* will be included in the RSR if the **Is client currently on ARV Therapy question = “No” or** Nothing is entered AND your agency has not selected *Not Medically Indicated, Not ready (as determined by clinician), Client Refused, Intolerance (side-effect, toxicity), Payment Assistance Unavailable, or Other Reason* in the “RSR Completeness Assessment” form.
 - **Although the Reasons for “No” will not be considered in the 2011 RSR, the AIDS Institute will determine if they can be used in the 2012 RSR.**

Q53— Was the client *Screened for TB* during this reporting period?

- Yes will be included in the RSR if there is a:
 - SERVICE in the report period for **Service IDs = 452 (TB Screen (PPD/Anergy)), 815 (TB Test Indicated), or 1205 (TB Screen (QuantiFeron))**
 - *See Appendix 2 to identify the Service Categories and Encounters for these Services in AIRS.*
 - Or -
 - TB STATUS HISTORY record indicating the **PPD was performed** during the reporting period.
 - Or -
 - LABORATORY & PSYCHOLOGICAL TESTS record indicating a **QuantiFeron TB (QF)** screening occurred during the reporting period **but was not identified as “Not Medically Indicated”**.
- **Not Medically Indicated will be included in the RSR if the client’s ‘Laboratory & Psychological Test’ record for QuantiFeron (QF) during the Report Period is flagged as “Not Medically Indicated”.**
 - **This assumes there is 1) no Service, 2) no ‘TB Status History’ record and 3) no other ‘Lab Test’ record not flagged as “Not Medically Indicated” within the reporting period.**
 - **“Not Medically Indicated” can also be manually selected from the “RSR Completeness Assessment” when no applicable Service, TB Lab Test, or PPD record is seen in AIRS during the reporting period.**
- *Unknown* will be included in the RSR if nothing is entered and agency has not selected *No* or *Not Medically Indicated* in the “RSR Completeness Assessment” form.

Q54— If response is “No” or “Not medically indicated” in Q53, then answer: Has the client been **Screened for TB since his/her HIV Diagnosis?**

- *Unknown* will be included in the RSR if agency has not selected Yes, No, or Not Medically Indicated in the “RSR Completeness Assessment” form.

Q55— Was the client **Screened for Syphilis** during this reporting period? (exclude all clients under the age of 18 who are not sexually active)

- Yes will be included in the RSR if there is a:
 - SERVICE in the report period for **Service ID = 451 (Lab Test: RPR/Syph Serology)** or **761 (Screening/Testing for Syphilis Blood Test)**.
 - See Appendix 2 to identify the Service Categories and Encounters for these Services in AIRS.
 - Or -
 - LABORATORY & PSYCHOLOGICAL TESTS record indicating a **Syphilis Test (SY)** occurred during the reporting period **but was not identified as “Not Medically Indicated”**.
- **Not Medically Indicated will be included in the RSR if the client’s ‘Laboratory & Psychological Test’ record for the Syphilis Test (SY) during the Report Period is flagged as “Not Medically Indicated”**.
 - **This assumes there is 1) no Service and 2) no other ‘Lab Test’ record not flagged as “Not Medically Indicated” within the reporting period.**
 - **“Not Medically Indicated” can also be manually selected from the “RSR Completeness Assessment” when no applicable Service or ‘Lab Test’ record is seen during the reporting period.**
- *Unknown* will be included in the RSR if nothing is entered and agency has not selected No or Not Medically Indicated in the “RSR Completeness Assessment” form.

Q56— Was the client Screened for Hepatitis B during this reporting period?

- Yes will be included in the RSR if there is a:
 - SERVICE in the report period for **Service ID = 358 (Hepatitis Panel)** or **757 (Screening/Testing for Hepatitis B)**.
 - See Appendix 2 to identify the Service Categories and Encounters for these Services in AIRS.
 - Or -**
 - LABORATORY & PSYCHOLOGICAL TESTS record indicating a **Hepatitis B Screening (HB)** occurred in the reporting period **but was not identified as “Not Medically Indicated”**.
- **Not Medically Indicated will be included in the RSR if the client’s ‘Laboratory & Psychological Test’ record for the Hepatitis B Test (HB) during the Report Period is flagged as “Not Medically Indicated”.**
 - **This assumes there is 1) no Service and 2) no other ‘Lab Test’ record not flagged as “Not Medically Indicated” within the reporting period.**
 - **“Not Medically Indicated” can also be manually selected from the “RSR Completeness Assessment” when no applicable Service or ‘Lab Test’ record is seen during the reporting period.**
- *Unknown* will be included in the RSR if nothing is entered and agency has not selected *No* or *Not Medically Indicated* in the “RSR Completeness Assessment” form.

Q57— If response is “No” or “Not medically indicated” in Q56, then answer: Was the client Screened for Hepatitis B since his/her HIV Diagnosis?

- *Unknown* will be included in the RSR if agency has not selected *Yes*, *No*, or *Not Medically Indicated* in the “RSR Completeness Assessment” form.

Q58— Has the client *Completed the Vaccine Series for Hepatitis B?*

AIRS will look for “Hepatitis Status / Vaccination History” information before considering the Service.

- Yes will be included in the RSR if there is a:
 - **HEPATITIS STATUS / VACCINATION HISTORY** record where **Type = Hepatitis B** and:
 - **Status = 4 (Vaccination completed)**
- Or -
 - **Status = 8 (Vaccination completed, non-responder).**
Note: Status = 8 will be added in V8.8.
- Or -
 - There are **no HEPATITIS STATUS / VACCINATION HISTORY** records for **Hepatitis B** within the report period **but there is a SERVICE** in the report period for **Service ID = 356 (Hepatitis B Vaccine Administered)**.
 - *See Appendix 2 to identify the Service Categories and Encounters for this Service in AIRS.*
- **No will be included in the RSR if there is a HEPATITIS STATUS / VACCINATION HISTORY** record where **Type = Hepatitis B** and:
 - **Status = 1 (Susceptible, vaccination initiated)**
- Or -
 - **Status = 2 (Susceptible, vaccination refused).**
- **Not medically indicated** will be included in the RSR if there is a **HEPATITIS STATUS / VACCINATION HISTORY** record where **Type = Hepatitis B** and:
 - **Status = 3 (Susceptible, vaccination contraindicated)**
- Or -
 - **Status = 5 (Immune due to natural infection)**
- Or -
 - **Status = 6 (Infected (acute))**
- Or -
 - **Status = 7 (Infected (chronic))**
- Or -
 - **Status = 11 (Immune due to previous vaccination)**
Note: Status = 11 will be added in V8.8.
- *Unknown* will be included in the RSR if nothing **applicable** is entered and agency has not selected *No* or *Not Medically Indicated* in the “RSR Completeness Assessment” form.

Q59— Was the client Screened for Hepatitis C during this reporting period?

- Yes will be included in the RSR if there is a:
 - SERVICE in the report period for **Service ID = 358 (Hepatitis Panel), 759 (Screening/Testing for Hepatitis C), 1161 (HCV Genotype), or 1199 (HCV Viral Load (Diagnostic))**
 - See Appendix 2 to identify the Service Categories and Encounters for these Services in AIRS.
 - Or -
 - LABORATORY & PSYCHOLOGICAL TESTS record indicating a **Hepatitis C Screening (HC)** occurred in the reporting period **but was not identified as “Not Medically Indicated”**.
- **Not Medically Indicated will be included in the RSR if the client’s ‘Laboratory & Psychological Test’ record for the Hepatitis C Test (HC) during the Report Period is flagged as “Not Medically Indicated”.**
 - **This assumes there is 1) no Service and 2) no other ‘Lab Test’ record not flagged as “Not Medically Indicated” within the reporting period.**
 - **“Not Medically Indicated” can also be manually selected from the “RSR Completeness Assessment” when no applicable Service or ‘Lab Test’ record is seen during the reporting period.**
- *Unknown* will be included in the RSR if nothing is entered and agency has not selected *No* or *Not Medically Indicated* in the “RSR Completeness Assessment” form.

Q60— If response is “No” or “Not medically indicated” in Q59, then answer: Has the client been Screened for Hepatitis C since his/her HIV Diagnosis?

- *Unknown* will be included in the RSR if agency has not selected *Yes*, *No*, or *Not Medically Indicated* in the “RSR Completeness Assessment” form.

Q61— Was the client Screened for Substance Use (alcohol and drugs) during this reporting period?

- Yes will be included in the RSR if there is a SERVICE in the report period for **Service ID = 798 (Substance Use Assessment)**.
 - See Appendix 2 to identify the Service Categories and Encounters for this Service in AIRS.
- *Unknown* will be included in the RSR if nothing is entered and agency has not selected *No* or *Not Medically Indicated* in the “RSR Completeness Assessment”.

Q62— Was the client Screened for Mental Health during this reporting period?

- Yes will be included in the RSR if there is a SERVICE in the report period for **Service ID = 693 (Psychological Assessment), 694 (Psychological Assessment/Testing), or 698 (Psychosocial Assessment)**.
 - See Appendix 2 to identify the Service Categories and Encounters for these Services in AIRS.
- *Unknown* will be included in the RSR if nothing is entered and agency has not selected *No* or *Not Medically Indicated* in the “RSR Completeness Assessment” form.

Q63— (For HIV+ females only) Did the client receive a Pap Smear during this reporting period?

- Yes will be included in the RSR if there is a:
 - SERVICE in the report period for **Service ID = 289 (GYN: Pelvic Exam and Pap Smear), 290 (GYN: Pelvic Exam with Pap Smear), or 622 (Pelvic Exam With Pap Smear)**.
 - See Appendix 2 to identify the Service Categories and Encounters for these Services in AIRS.
- Or -
- LABORATORY & PSYCHOLOGICAL TESTS record indicating a Cervical Pap Smear (PS) occurred in the reporting period **but was not identified as “Not Medically Indicated”**.
- **Not Medically Indicated will be included in the RSR if the client’s ‘Laboratory & Psychological Test’ record for the Cervical Pap Smear (PS) during the Report Period is flagged as “Not Medically Indicated”.**

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- **This assumes there is 1) no Service and 2) no other ‘Lab Test’ record not flagged as “Not Medically Indicated” within the reporting period.**
- **“Not Medically Indicated” can also be manually selected from the “RSR Completeness Assessment” when no applicable Service or ‘Lab Test’ record is seen during the reporting period.**
- *Unknown* will be included in the RSR if nothing is entered and agency has not selected *No* or *Not Medically Indicated* in the “RSR Completeness Assessment” form.

Q64— (For HIV+ females only) Was the client *Pregnant* during this reporting period?

- Yes will be included in the RSR when:
 - The **Actual Delivery Date** (found in the PREGNANCY HISTORY screen) is within the reporting period
 - Or --
 - The **Actual Delivery Date** is after the reporting period but indicates that the client was pregnant at any time during the reporting period
 - Or --
 - If the **Actual Delivery Date is not entered**, AIRS will subtract 9 months from the **Estimated Date of Confinement** (found in the PREGNANCY HISTORY screen) to determine if the client was pregnant at any time during the reporting period.
- **No will be included when the “Not Pregnant” box (added in V8.8) is checked and the “Information Confirmed Date” is within the reporting period.**
 - **This assumes there are no other PREGNANCY HISTORY records that indicate the client was pregnant at any time within the reporting period.**
- *Not Applicable* will be included if the client’s age is not between 11 and 50.
- *Unknown* will be included in the RSR if nothing is entered and agency has not selected *No* or *Not Medically Indicated* in the “RSR Completeness Assessment” form.

Q65— (For HIV+ females only) If response is “Yes” in Q64, then answer: When did the client enter *Prenatal Care*?

- The Trimester reported is based on the entry of the ***Pregnancy Month When Prenatal Care Started*** found in the PREGNANCY HISTORY screen.
- *Not Applicable* will be included when the ***Pregnancy Outcome*** entry is “Spontaneous fetal death” or “Induced Abortion”.
- *Unknown* will be included in the RSR if nothing is entered.

Q66— (For HIV+ females only) If response is “Yes” in Q64, then answer: Was the client *Prescribed Antiretroviral Therapy* to prevent maternal to child (vertical) transmission of HIV?

- Yes will be included if the ***Mother Received ARV Tx During Pregnancy*** OR ***Mother Received ARV Tx During Labor/Delivery*** is identified in the PREGNANCY HISTORY screen.
- *Not Applicable* will be included when the ***Pregnancy Outcome*** entry is “Spontaneous fetal death” or “Induced Abortion”.
- *Unknown* will be included in the RSR if *No* is not entered and agency has not selected *No* or *Not Applicable* in the “RSR Completeness Assessment” form.

APPENDIX 1

How to find the Services that are “Mapped” to the RDR Categories

To see which AIRS Encounters and Services are ‘mapped’ to which RDR Category, the following choices differ by how the information is grouped.

1. In AIRS, go to the ***AIRS Encounters and Services Listing*** report. This is found under the *Activities & Services* option of the *Reporting* Module.
 - ***Be sure to change the “Report Selection” from “All” to “Active Only”.***
 - This report will provide you with the RDR Category for all the Encounters and Services grouped by each AIRS Service Category.
 - See Figure 1 on Page 10 for an example.
 - Note: If the *Service Category--Encounter Type--Service* combination does not have an RDR Category associated, it is not considered RW-eligible and is not reported in the RDR or RSR.
 - The RDR Category mappings have been updated in the V8.3 Upgrade.
2. Refer to the ***RDR-2010-ServiceMappings.PDF*** document that you can download from www.airсны.org web site.
 - NOTE: The mappings for the Case Management Service Category (with associated Encounters and Services) have been changed (back) to the “*Case Management (non-medical)*” RSR category which is the RDR Map Category 33M. It was previously mapped to RDR Category 33K (*Medical Case Management (including Treatment Adherence)*)”.
 - Unlike the *AIRS Encounters and Services Listing* (above), the *RDR-2010-ServiceMappings.PDF* document groups the active AIRS Service Category-Encounter Type-Services by each RDR Service Category.
 - Each RDR Category is listed by a question number (33A, 3AB,33B, 33C,...33Z) which is then “mapped” to (or reported in) the RSR Service Category.
 - Note: If the *Service Category--Encounter Type--Service* combination does not have an RDR Category associated, it will not be included in this report.

APPENDIX 2

Where to find the Services in AIRS for Questions 46 - 66

Q46 Service ID = 334 (HIV Transmission Prevention Education/Counseling)

Service Category	Encounter (with code in parenthesis)
Primary Care	(34) Clinical Trial Follow-Up (35) Clinical Visit (General Clinic Rate) (243) Initial Visit (General) (244) Interim Visit (General)
Primary Medical Care 5 Tier	(213) HIV Monitoring (5 Tier) (219) Initial/Annual Comprehensive HIV Medical Evaluation
Primary Medical Care 7 Tier	(103) Initial Visit (7 Tier) (106) Intermediate Visit (7 Tier) incl Focus Hx and Exam (165) Routine Visit (7 Tier) (180) Subsequent Annual Comprehensive (7 Tier) (190) Therapeutic Visit (7 Tier)

Service ID = 330 (HIV Risk Reduction/Education)

Service Category	Encounter (with code in parenthesis)
Adult Day Health Care	(14) Attendance
Care Coordination	(56) Education/Risk Reduction
Mental Health	(56) Education/Risk Reduction
Medical Case Management	(69) Face To Face (130) Other

Service ID = 331 (HIV Risk Reduction/Education Group)

Service Category	Encounter (with code in parenthesis)
Adult Day Health Care	(14) Attendance
Care Coordination	(56) Education/Risk Reduction
Mental Health	(56) Education/Risk Reduction

Q51 Service ID = 1037 (PCP Prophylaxis)

Service Category	Encounter (with code in parenthesis)
Primary Care	(34) Clinical Trial Follow-Up (35) Clinical Visit (General Clinic Rate) (243) Initial Visit (General) (244) Interim Visit (General)
Primary Medical Care 5 Tier	(213) HIV Monitoring (5 Tier) (219) Initial/Annual Comprehensive HIV Medical Evaluation
Primary Medical Care 7 Tier	(103) Initial Visit (7 Tier) (106) Intermediate Visit (7 Tier) incl Focus Hx and Exam (165) Routine Visit (7 Tier) (180) Subsequent Annual Comprehensive (7 Tier)

Q53 Service ID = 452 (TB Screen (PPD/Anergy))

Service Category	Encounter (with code in parenthesis)
Primary Care	(34) Clinical Trial Follow-Up (35) Clinical Visit (General Clinic Rate) (243) Initial Visit (General) (244) Interim Visit (General)
Primary Medical Care 5 Tier	(213) HIV Monitoring (5 Tier) (219) Initial/Annual Comprehensive HIV Medical Evaluation
Primary Medical Care 7 Tier	(103) Initial Visit (7 Tier) (106) Intermediate Visit (7 Tier) incl Focus Hx and Exam (165) Routine Visit (7 Tier) (180) Subsequent Annual Comprehensive (7 Tier)

Service ID = 1205 (TB Screen (QuantiFeron))

Service Category	Encounter (with code in parenthesis)
Primary Care	(34) Clinical Trial Follow-Up (35) Clinical Visit (General Clinic Rate) (243) Initial Visit (General) (244) Interim Visit (General)
Primary Medical Care 5 Tier	(213) HIV Monitoring (5 Tier) (219) Initial/Annual Comprehensive HIV Medical Evaluation
Primary Medical Care 7 Tier	(103) Initial Visit (7 Tier) (106) Intermediate Visit (7 Tier) incl Focus Hx and Exam (165) Routine Visit (7 Tier) (180) Subsequent Annual Comprehensive (7 Tier)

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Service ID = 815 (TB Test Indicated)**NOTE: Users can no longer enter this. It is not an "active" Service in AIRS.**

Service Category	Encounter (with code in parenthesis)
Primary Care	(34) Clinical Trial Follow-Up
	(35) Clinical Visit (General Clinic Rate)
	(243) Initial Visit (General)
	(244) Interim Visit (General)
	(287) Initial Hepatitis C Medical Evaluation and Treatment Evaluation
Primary Medical Care 5 Tier	(288) Hepatitis C Treatment Monitoring
	(213) HIV Monitoring (5 Tier)
Primary Medical Care 7 Tier	(219) Initial/Annual Comprehensive HIV Medical Evaluation
	(103) Initial Visit (7 Tier)
	(106) Intermediate Visit (7 Tier) incl Focus Hx and Exam
	(165) Routine Visit (7 Tier)
	(180) Subsequent Annual Comprehensive (7 Tier)

Q55 Service ID = 451 (Lab Test: RPR/Syph Serology)

Service Category	Encounter (with code in parenthesis)
Primary Care	(34) Clinical Trial Follow-Up
	(35) Clinical Visit (General Clinic Rate)
	(243) Initial Visit (General)
	(244) Interim Visit (General)
	(213) HIV Monitoring (5 Tier)
Primary Medical Care 5 Tier	(219) Initial/Annual Comprehensive HIV Medical Evaluation
	(103) Initial Visit (7 Tier)
Primary Medical Care 7 Tier	(106) Intermediate Visit (7 Tier) incl Focus Hx and Exam
	(165) Routine Visit (7 Tier)
	(180) Subsequent Annual Comprehensive (7 Tier)

Service ID = 761 (Screening/Testing for Syphilis Blood Test)

Service Category	Encounter (with code in parenthesis)
Primary Care	(34) Clinical Trial Follow-Up
	(35) Clinical Visit (General Clinic Rate)
	(164) Routine GYN Visit
	(243) Initial Visit (General)
	(244) Interim Visit (General)
Primary Medical Care 5 Tier	(213) HIV Monitoring (5 Tier)
	(219) Initial/Annual Comprehensive HIV Medical Evaluation
Primary Medical Care 7 Tier	(103) Initial Visit (7 Tier)
	(106) Intermediate Visit (7 Tier) incl Focus Hx and Exam
	(165) Routine Visit (7 Tier)
	(180) Subsequent Annual Comprehensive (7 Tier)

Q56 Service ID = 358 (Hepatitis Panel)

Service Category	Encounter (with code in parenthesis)
Primary Care	(34) Clinical Trial Follow-Up
	(35) Clinical Visit (General Clinic Rate)
	(243) Initial Visit (General)
	(244) Interim Visit (General)
Primary Medical Care 5 Tier	(213) HIV Monitoring (5 Tier)
	(219) Initial/Annual Comprehensive HIV Medical Evaluation
Primary Medical Care 7 Tier	(103) Initial Visit (7 Tier)
	(106) Intermediate Visit (7 Tier) incl Focus Hx and Exam
	(165) Routine Visit (7 Tier)
	(180) Subsequent Annual Comprehensive (7 Tier)

Service ID = 757 (Screening/Testing for Hepatitis B)

Primary Care	(34) Clinical Trial Follow-Up
	(35) Clinical Visit (General Clinic Rate)
	(89) Hepatitis Screening, Testing, Treatment
	(164) Routine GYN Visit
	(188) TB Services
	(243) Initial Visit (General)
	(244) Interim Visit (General)
	(287) Initial Hepatitis C Medical Evaluation and Treatment Evaluation
Primary Medical Care 5 Tier	(288) Hepatitis C Treatment Monitoring
	(213) HIV Monitoring (5 Tier)
Primary Medical Care 7 Tier	(219) Initial/Annual Comprehensive HIV Medical Eval
	(103) Initial Visit (7 Tier)
	(106) Intermediate Visit (7 Tier) incl Focus Hx and Exam
	(165) Routine Visit (7 Tier)
	(180) Subsequent Annual Comprehensive (7 Tier)

Q58 Service ID = 356 (Hepatitis B Vaccine Administered)

Service Category	Encounter (with code in parenthesis)
Primary Care	(34) Clinical Trial Follow-Up
	(35) Clinical Visit (General Clinic Rate)
	(89) Hepatitis Screening, Testing, Treatment
	(164) Routine GYN Visit
	(188) TB Services
	(243) Initial Visit (General)
	(244) Interim Visit (General)
	(287) Initial Hepatitis C Medical Evaluation and Treatment Evaluation
	(288) Hepatitis C Treatment Monitoring
	(296) Hepatitis C Pre-Treatment Evaluation
Primary Medical Care 5 Tier	(213) HIV Monitoring (5 Tier)
	(219) Initial/Annual Comprehensive HIV Medical Eval
Primary Medical Care 7 Tier	(103) Initial Visit (7 Tier)
	(106) Intermediate Visit (7 Tier) incl Focus Hx and Exam
	(165) Routine Visit (7 Tier)
	(180) Subsequent Annual Comprehensive (7 Tier)

Q59 Service ID = 358 (Hepatitis Panel)

Service Category	Encounter (with code in parenthesis)
Primary Care	(34) Clinical Trial Follow-Up
	(35) Clinical Visit (General Clinic Rate)
	(243) Initial Visit (General)
	(244) Interim Visit (General)
Primary Medical Care 5 Tier	(213) HIV Monitoring (5 Tier)
	(220) Initial/Annual Comprehensive HIV Medical Evaluation
Primary Medical Care 7 Tier	(103) Initial Visit (7 Tier)
	(106) Intermediate Visit (7 Tier) incl Focus Hx and Exam
	(165) Routine Visit (7 Tier)
	(180) Subsequent Annual Comprehensive (7 Tier)

Service ID = 759 (Screening/Testing for Hepatitis C)

Primary Care	(34) Clinical Trial Follow-Up
	(35) Clinical Visit (General Clinic Rate)
	(89) Hepatitis Screening, Testing, Treatment
	(164) Routine GYN Visit
	(188) TB Services
	(243) Initial Visit (General)
	(244) Interim Visit (General)

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Primary Medical Care 5 Tier	(213) HIV Monitoring (5 Tier)
	(219) Initial/Annual Comprehensive HIV Medical Evaluation
Primary Medical Care 7 Tier	(103) Initial Visit (7 Tier)
	(106) Intermediate Visit (7 Tier) incl Focus Hx and Exam
	(165) Routine Visit (7 Tier)
	(180) Subsequent Annual Comprehensive (7 Tier)

Service ID = 1161 (HCV Genotype)

Service Category	Encounter (with code in parenthesis)
Primary Care	(287) Initial Hepatitis C Medical Evaluation and Treatment Evaluation

Service ID = 1199 (HCV Viral Load (Diagnostic))

Service Category	Encounter (with code in parenthesis)
Primary Care	(89) Hepatitis Screening, Testing, Treatment
	(287) Initial Hepatitis C Medical Evaluation and Treatment Evaluation

Q61 Service ID = 798 (Substance Use Assessment).

Service Category	Encounter (with code in parenthesis)
Primary Care	(34) Clinical Trial Follow-Up
	(35) Clinical Visit (General Clinic Rate)
	(164) Routine GYN Visit
	(243) Initial Visit (General)
	(244) Interim Visit (General)
	(287) Initial Hepatitis C Medical Evaluation and Treatment Evaluation
	(288) Hepatitis C Treatment Monitoring
	(296) Hepatitis C Pre-Treatment Evaluation
	(297) Hepatitis C Post-Treatment Evaluation
Primary Medical Care 5 Tier	(213) HIV Monitoring (5 Tier)
	(219) Initial/Annual Comprehensive HIV Medical Evaluation
Primary Medical Care 7 Tier	(103) Initial Visit (7 Tier)
	(106) Intermediate Visit (7 Tier) incl Focus Hx and Exam
	(165) Routine Visit (7 Tier)
	(180) Subsequent Annual Comprehensive (7 Tier)
	(190) Therapeutic Visit (7 Tier)

Q62 Service ID = 693 (Psychological Assessment)

Service Category	Encounter (with code in parenthesis)
Psychological Counseling	(40) Counseling (Psychological)

Service ID = 694 (Psychological Assessment/Testing)

Service Category	Encounter (with code in parenthesis)
Mental Health	(157) Psychiatric Services (158) Psychological Services

Service ID = 698 (Psychosocial Assessment)

Service Category	Encounter (with code in parenthesis)
Primary Care	(34) Clinical Trial Follow-Up (35) Clinical Visit (General Clinic Rate) (243) Initial Visit (General) (244) Interim Visit (General) (288) Hepatitis C Treatment Monitoring (296) Hepatitis C Pre-Treatment Evaluation
Mental Health	(157) Psychiatric Services (158) Psychological Services
Primary Medical Care 5 Tier	(213) HIV Monitoring (5 Tier) (219) Initial/Annual Comprehensive HIV Medical Evaluation
Primary Medical Care 7 Tier	(103) Initial Visit (7 Tier) (106) Intermediate Visit (7 Tier) incl Focus Hx and Exam (165) Routine Visit (7 Tier) (180) Subsequent Annual Comprehensive (7 Tier) (190) Therapeutic Visit (7 Tier)

Q63 Service ID = 289 (GYN: Pelvic Exam and Pap Smear)

Service Category	Encounter (with code in parenthesis)
Medical Subspecialty Care	(114) Medical Subspecialty Services

Service ID = 290 (GYN: Pelvic Exam with Pap Smear)

Service Category	Encounter (with code in parenthesis)
Medical Subspecialty Care	(115) Medical Subspecialty Services - Follow-up

Service ID = 622 (Pelvic Exam With Pap Smear)

Service Category	Encounter (with code in parenthesis)
Primary Care	(34) Clinical Trial Follow-Up
	(35) Clinical Visit (General Clinic Rate)
	(164) Routine GYN Visit
	(243) Initial Visit (General)
Primary Medical Care 5 Tier	(244) Interim Visit (General)
	(213) HIV Monitoring (5 Tier)
	(219) Initial/Annual Comprehensive HIV Medical Evaluation
Primary Medical Care 7 Tier	(103) Initial Visit (7 Tier)
	(106) Intermediate Visit (7 Tier) incl Focus Hx and Exam
	(165) Routine Visit (7 Tier)
	(180) Subsequent Annual Comprehensive (7 Tier)