

BILLING RECORD 07-01-06
Outpatient Version

Client: _____

InSyst #: _____

RU/Program: _____

Service Date: _____

(Print)

Clinician's Name:	Provider Staff ID #:	Co-Therapist's Name:	Provider Staff ID #:	# Clients in Group:	Date BR Entered:	Data Entry Initials:
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Complete this section if Dx changed DSM-IV-TR Diagnosis Code(s):	Location of Service (Check One)
	<input type="checkbox"/> 1 = Office <input type="checkbox"/> 2 = Field <input type="checkbox"/> 3 = Phone <input type="checkbox"/> 4 = Home <input type="checkbox"/> 5 = School <input type="checkbox"/> 6 = Satellite <input type="checkbox"/> 7 = Crisis Field <input type="checkbox"/> 8 = Jail <input type="checkbox"/> 9 = Inpatient <input type="checkbox"/> 10 = Homeless <input type="checkbox"/> 11 = Faith-based <input type="checkbox"/> 12 = Health Care/Primary Care <input type="checkbox"/> 13 = Age-Specific Community Center <input type="checkbox"/> 14 = Client's Job Site <input type="checkbox"/> 15 = Residential Care – Adults <input type="checkbox"/> 16 = Mobile Service <input type="checkbox"/> 17 = Non-Traditional Service Location <input type="checkbox"/> 18 = Other Community Location <input type="checkbox"/> 19 = Residential Care – Children <input type="checkbox"/> 20 = Telehealth <input type="checkbox"/> 21 = Unknown/Not Reported
ICD-9-CM Billing Code(s):	

I certify that the services shown on this sheet were provided _____
by me personally, and the services were medically necessary. Clinician Signature _____

Provider Service	InSyst Code	AB2726	CPT Code	HCPCS	CPT Modifier	Face to Face Minutes	Total Minutes
MENTAL HEALTH SERVICES							
Assessment	801	701	90801	H2015HE			
Individual (up to 44 min. face-to-face)	804	704	90804	H2015HE			
Individual (45-74)	806	706	90806	H2015HE			
Individual (75-90)	808	708	90808	H2015HE			
Family Therapy without Client	846	746	90846	H2015HE			
Family Therapy with Client	847	747	90847	H2015HE			
Multiple-Family Therapy	849	749	90849	H2015HE			
Other Collateral (including Team Meeting)	310	311	N/A	H2015HE		N/A	
Group Psychotherapy	853	753	90853	H2015HE			
Rehab / Individual	535	N/A	N/A	H2015HE		N/A	
Rehab / Group	536	N/A	N/A	H2015HE		N/A	
Rehab Evaluation / Adults Only	538	N/A	N/A	H2015HE		N/A	
Case Management/Brokerage	501	512	N/A	T1017HE		N/A	
INTERACTIVE MENTAL HEALTH SERVICES							
Assessment-Interactive	802	702	90802	H2015HE			
Individual Interactive (up to 44)	810	710	90810	H2015HE			
Individual Interactive (45-74)	812	712	90812	H2015HE			
Individual Interactive (75-90)	814	714	90814	H2015HE			
Group Psychotherapy -Interactive	857	757	90857	H2015HE			
OTHER SERVICES							
Crisis Intervention	370	371	N/A	H2011HE		N/A	
Neuropsych. Testing Battery – MD/PHD	840	740	96118	H2015HE			
Neuropsychological Testing Battery – TECH	841	718	96119	H2015HE			
Neuropsychological Testing Battery - PC	842	719	96120	H2015HE			
Psychological Testing – MD/PHD	835	735	96101	H2015HE			
Psychological Testing – TECH	833	716	96102	H2015HE			
Psychological Testing – PC	834	717	96103	H2015HE			
Assessment of Aphasia	836	736	96105	H2015HE			
Developmental Testing	837	737	96110	H2015HE			
Extended Development Testing	838	738	96111	H2015HE			
Review of Records (Assessment)	885	785	90885	H2015HE			
Interpretation of Exams/Data	887	787	90887	H2015HE			
Report Preparation	889	789	90889	H2019HE			
TBS	313	N/A	N/A	H2019HE		N/A	
No Show*	299	N/A	N/A	Do not claim		N/A	

CONFIDENTIAL PATIENT INFORMATION

See California W and I Code, Section 5328 - Fed. Regs. 42 CFR Part 2

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Non Billable Mental Health Services (Individual, Family, Group, Collateral) *	899	799	90899	Do not claim		N/A	
Non Billable Case Management*	560	515	N/A	Do not claim		N/A	
Non Billable Crisis Intervention*	218	216	N/A	Do not claim		N/A	
Other**							

*Please fill in services that are provided as these codes are used for tracking purposes.

**NOTE: This is not an all inclusive list. Use this space to list other procedure codes not listed above.

CPT & HCPCS Modifiers

21 Prolonged E & M	22 Unusual Procedural Services	52 Reduced Service
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