|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| CPT Code | Description |   | CPT Code | Description |  | E & M Telephone Calls |
| **[ ]**  | 90801 |  Diagnostic Psychiatric Interview |   | E & M Established Patient |  | [ ]  | 99371 | Phone – Brief |
| **[ ]**  | 90805 |  Ind w/ E&M |  20-30 min |   | **[ ]**  | 99211 |  Est Office Visit -Minimal |  | [ ]  | 99372 | Phone – Intermediate |
| **[ ]**  | 90807 |  Ind w/ E&M | 45-50 min |   | **[ ]**  | 99212 |  Est Office Visit -Problem focused |  | [ ]  | 99373 | Phone - Complex |
| **[ ]**  | 90809 |  Ind w/ E&M | 75-80 min |   | **[ ]**  | 99213 |  Est Office Visit-Expanded |  | **Reportable Codes** |
| **[ ]**  | 90846 |  Family without patient |   | **[ ]**  | 99214 |  Es Office Visit-Detailed |  | [ ]  | 99361 | Medical Staffing |
| **[ ]**  | 90847 |  Family with patient |   | **[ ]**  | 99215 |  Est Office Visit-Comprehensive |  | [ ]  | Case Management |
| Medication Management |   | Office Consultations |  | [ ]  | Staffing |
| [ ]  | 90862 |  Medication Mgt |   | [ ]  | 99241 | Brief |  | [ ]  | Tx Plan Update |
| [ ]  | Brief Med Mgt  |   | [ ]  | 99242 | Limited |  | [ ]  | Tx Plan Review  |
| [ ]  | Med Mgt with TD Check |   | [ ]  | 99243 | Intermediate |  |  | Phone Contact  |
| [ ]  | TD Check |   | [ ]  | 99244 | Detailed |  |  |  [ ]  (C) [ ]  (L) |
| [ ]  | Injection |  | [ ]  | 99245 | Comprehensive |  |  | Collateral Contact  |
| [ ]  | Rx supervision |  | [ ]  | 90887 | Medical Results - Family |  | [ ]  |  [ ]  (C) [ ]  (L) |
| [ ]  | Rx Training/Support |   | [ ]  | 90889 | Report Preparation |  | [ ]  |  Other: |

|  |
| --- |
| Provide one selection for each category below |
| **Place of Service:** |  | **Type of Contact:** |  |  **Appointment Type:** |  |  **EPSDT Ref:** |  |

|  |
| --- |
| **Progress Notes** |
| **Date:** |       | **Time:** |       | **Duration:** |       | **(Time spent with client)** |
| **T:**       | **P:**       | **R:**       | **BP: Sitting:**       | **Standing:**       | **WT:**       | **HT:**       | **AIMS:**  |
| **Diagnosis Code** | ICD-9 (Axis I): |

|  |
| --- |
|  |

 |
| **🢥** Axis I **required for billing.** Write in ICD-9 Code and description. | ICD-9 (Axis II): |       |
| ICD-9 (Axis III): |       |
| Axis IV: |       |
| Axis V: |  [ ]  GAF [ ]  CGAS [ ]  DC03 Current       Highest Past Year       |
|  **🞸 [ ]  Change diagnosis in the record 🞸 [ ]  Add Additional Diagnosis to the record** |

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 Signature Title

|  |  |  |  |
| --- | --- | --- | --- |
|  |       | **Staff Name:** |       |
| **Patient Name:** |       | **Clinic:** |       |
| **Patient ID No.:** |       | **Service:** |       |
|  | **Program:** |       |
| **Protocol:** |       |

CMH-544a 1/08/04 Revised (electronic)