|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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** | | | | | | | | | | | | | | | | |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Title

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

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