CENTRAL WASHINGTON COMPREHENSIVE MENTAL HEALTH

Mental Health Record of Service (Medical/Nursing Staff)

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: Place of Service **Type of Contact:** Type of Contact **Appointment Type:** Appointment Type **EPSDT Ref:** Yes/No

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

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

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