CENTRAL WASHINGTON COMPREHENSIVE MENTAL HEALTH

Mental Health Record of Service (Clinical Staff)

CPT Code	Description	Duration
☐ 90801	Dx Psychiatric Interview	
☐ 90804	Ind Therapy	20-30 min
☐ 90806	Ind Therapy	45-50 min
☐ 90808	Ind Therapy	75-80 min
☐ 90846	Family w/o patient	
☐ 90847	Family w/patient	
☐ 90853	Group	
☐ 96100	Psychological Testing	
☐	TOVA	

HCPC and Special Codes	
☐ T1016	Case Mgmnt – (C)
☐ T1019	Case Mgmnt – (L)
☐ T1016	Phone Contact (C)
☐ T1019	Phone Contact (L)
☐ T1016	Collateral Contact (C)
☐ T1019	Collateral Contact (L)
☐ Treatment Plan Update	
☐ Treatment Plan Review	
☐ Staffing	
☐ Incapacity Report	

EAP Procedures	
☐ 90801	EAP Assessment
☐ 90804	EAP Ind (20-30 min)
☐ 90806	EAP Ind (45-50 min)
☐ 90808	EAP Ind (75-80 min)
Specialty Consultations	
☐ Received/Provided	
☐ Interpretation	
☐ 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)**

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

Patient Name:		**Staff Name:**	Primary Secondary
		Clinic:	
Patient ID No.:		**Service:**	
		Program:	
CMH-544b 1/09/04 (Revised) electronic		**Protocol:**	