



### Mental Health Progress Note

Client Name & MR#		Agency	
Date of Service		Provider	
Did client participate in this appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Service Time	
Did caregiver participate in this appointment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client is not Dependent Adult or Minor		Documentation Time	
Service Charge Code		Travel Time	
Add-On Code		Non-Billable Time	
Location Code		Interpreter Name	
Language Provided in			
If follow up appointment was scheduled, please mark what type of appointment was offered for next appointment? <input type="checkbox"/> In-person <input type="checkbox"/> Phone <input type="checkbox"/> Telehealth			
<b>Groups Only</b>			
Groups: # of Clients			

Printed Name/Signature & License or Job Title of Clinician Providing Service/Writing Note

Date Signed

Co-Signature & License of Supervising Clinician

Date Signed





# BEHAVIORAL HEALTH & RECOVERY SERVICES

## SERVICE CHARGE CODES

**2CA** – Crisis Intervention  
**5CA** – Assessment: Non-MD  
**6CA** – Plan Development: Non-MD  
**7CA** – Rehabilitation  
**70CA** – Rehabilitation Group  
**90832CA** – Individual Therapy 16-37 mins  
**90834CA** – Individual Therapy 38-52 mins  
**90837CA** – Individual Therapy 53-60 mins  
**10CA** – Therapy Group 1-15 mins

**41CA** – Family Therapy 1-50 mins  
**14CA** – MD/NP Initial Assessment 1-15 mins  
**99212CA** – Medication Visit (in-person/video) 10-19 mins  
**99213CA** – Medication Visit (in-person/video) 20-29 mins  
**99214CA** – Medication Visit (in-person/video) 30-39 mins  
**99215CA** – Medication Visit (in-person/video) 40-54 mins

**150CA** – Medication Support Group  
**16CA** – Injection 1-15 mins  
**17CA** – Medication Support  
**99347CA** – Medication Home Visit 10-20 mins  
**99348CA** – Medication Home Visit 21-35 mins  
**99349CA** – Medication Home Visit 36-50 mins  
**99350CA** – Medication Home Visit 51-70 mins  
**51CA** – Case Management  
**55** – Unclaimable Service

**H0038** – Peer Support Services  
**H0025** – Peer Support Group Services  
**58CA** – Therapeutic Behavioral Services  
**ICC\_CA** – Intensive Care Coord'n (Katie A)  
**CFTICC\_CA** – CFT Meeting

## ADD-ON CODES

**Add G2212** for any service over maximum time limit or **add G2212G** for any group service over maximum time limit.  
**T1013** - Sign Language or Oral Interpretive

## LOCATION CODES

**A** – Office  
**B** – Field (unspecified)  
**C** – Jail/Yth Services Center  
**D** – Hospital/IMD/SNF  
**E** – Homeless/Emerg Shelter  
**G** – HealthFac/PCP/non-psych SNF  
**H** – Home

**J** – Client's Job Site  
**K** – Vmail/Email/Fax (non-billable)  
**L** – Residential Care - Adults  
**O** – Other Community Location  
**Q** – Missed Visit (non-billable)  
**R** – Residential Care - Children  
**S** – School

**T** – Telehealth other than home  
**V** – 26.5 (Youth) Out-of-State  
**W** – IMD/MHRC (Lockout)  
**X** – Skilled Nursing Facility Psych (Lock)  
**Y** – PES (Lockout)  
**Z** – GPO – Jail/Yth Srvcs Cntr  
**1** – Redwood House (Lockout)

**2** – Redwood House Case Management  
**8** – Telehealth Home  
**11** – Phone - Client home  
**12** – Phone - Client not at home  
**13** – IHBS Home Visit  
**17** – Phone - Non-Client Contact

