

CLIENT NAME _____ MR# _____ AGENCY: _____

Date/Year of Service		Provider	
Service Code		Location Code	
Face to Face Mins (Client Present)		Other Billable Service Time (Min)	
Language Provided in		Interpreted Name	
Groups Only		Groups: # of Clients	
Group Co-Provider: Face-to-Face		Group Co-Provider Name	

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

Date Signed

Co-Signature & License of Supervising Clinician

Date Signed

ACTIVITY CODES

- 2 - Crisis Intervention
- 5 - Assessment
- 50 - Assessment Group
- 6 - Plan Development
- 7 - Rehabilitation
- 70 - Rehabilitation Group
- 9 - Individual Therapy
- 10 - Therapy Group
- 41 - Family Therapy
- 12 - Collateral - Family/Significant Others
- 120 - Collateral Group
- 14 - MD/NP Initial Assessment

- 15 - Medication Support
- 150 - Medication Support Group
- 16 - Injection
- 17 - MD/NP Non Face-to-Face
- 19 - Risperdal Invega Injection
- 51 - Case Management

- 55 - Unclaimable Service
- 30 - TBS Assessment
- 58 - Therapeutic Behavioral Services
- ICC - Intensive Care Coord'n (Katie A)
- IHBS - Int Home Based Svcs. (Katie A)
- CFTICC - CFT Meeting

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
- P - Phone

- Q - Missed Visit (non-billable)
- R - Residential Care - Children
- S - School
- T - Telehealth
- V - 26.5 (Youth) Out-of-State
- W - IMD/MHRC (Lockout)

- X - Skilled Nursing Facility Psych (Lock)
- Y - PES (Lockout)
- Z - GPO - Jail/Yth Svcs Cntr
- 1 - Redwood House (Lockout)
- 2 - Redwood House Case Management