

Reimbursement Tracking Sheet Mental Health Integration

Provider _____

Place of Service _____

| Date of Service | Service Code Billed | Reimbursement Factor | Insurance Factor | Total |
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| Total | | | | |

Reimbursement Codes and Values

| Mental Health Codes | Health and Behavior Codes | E&M Codes | Non-Billable Activities |
|--|---|---|--|
| 90801 = 4 Initial Assessment | 96150 = 2-4 H&B Assessment | 99201-99205 = 1-4 New Pt. | DI - Dual Interview with Physician = 0 |
| 90804 = 2 Ind Therapy | 96151 = 1-4 H&B Reassessment | 99211-99215 = 1-2 Established Pt. | PO – Parents only before 90801 = 0 |
| 90806 = 4 Ind Therapy | 96152 & 96153 = 1-4 H&B Intervention | 99401-99404 = 1-4 Prev Med Ind Counseling | C - Consult to Provider = 0 |
| 90846 & 90847 = 4 Family Tx with and without Pt | 96154 = 1-4 H&B Intervention with Family and Pt. | 99411-99412 = 2-4 Prev Med Grp Counseling | M – Meeting = 0 |
| | | | O – Other non-bill |
| MaineCare = 1 | Medicare = 2 | Commercial = 3 | Self Pay = 1 |

Time to New Patient appointment: _____
 Time to Established Patient appointment _____