

Medicaid Direct Service Claims

Licensed Professional Counselor

Provider Type 87

SCHOOL DISTRICT: _____

PROVIDER NAME: _____

STUDENT NAME: _____

PROVIDER ID: _____

AHCCCS ID: _____

Diagnosis Code or SPED Category: _____

Circle Appropriate Month: → July Aug Sept Oct Nov Dec Jan Feb Mar Apr May June

Day	Units	Service Code	Comments	Code	Description
1				H0031	Comprehensive multidisciplinary eval, initial or re-eval 30 min
2				H0004	Individual Therapy/Counseling
3				H0004HR	Family Therapy/Counseling with student present 15 min
4				H0004HS	Family Therapy/Counseling with student present 15 min
5				H0004HQ	Group Therapy/counseling 15 min
6				90801	Psychiatric diagnostic interview exam
7				90802	Interactive Psychiatric diagnostic interview exam
8				90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive in an office or outpatient facility, 20-30 min.
9					
10				90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive in an office or outpatient facility, 45-50 min.
11					
12				90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive in an office or outpatient facility, 75-80 min.
13					
14				90810	Individual psychotherapy, interactive, play equipment, physical devices, or mechanisms of non-verbal communication, 20-30min
15					
16				90812	Individual psychotherapy, interactive, using equipment, physical devices, or mechanisms of non-verbal communication, 45-50min
17					
18				90814	Individual psychotherapy, interactive, using equipment, physical devices, or mechanisms of non-verbal communication, 75-85min
19					
20				90847	Family psychotherapy, with patient present
21				90846	Family psychotherapy, without patient present
22				90849	Multiple-family group psychotherapy
23				90853	Group psychotherapy (other than family group)
24				90857	Interactive Group psychotherapy
25				90875	Individual psychophysiological therapy incorporating biofeedback training by any modality, with therapy, 20-30 min
26					
27				90876	Individual psychophysiological therapy incorporating biofeedback training by any modality, with therapy, 45-50 min
28					
29				90885	Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes
30					
31				90887	Interpretation or explanation of results of psychiatric, other medical examinations and procedures or data to family
				90889	Preparation of report of patient's status, history, treatment, or progress for other physicians, agencies, or insurance
				90901	Biofeedback training by and modality
				96110	Developmental testing; limited with interpretation and report
				96111	Developmental testing; extended with interpretation and report
				97532	Development of cognitive skills to improve attention, memory, problem solving, direct patient contact (one-on-one).

I certify that the services indicated above were performed by me and are indicated in the IEP.
SIGNATURE: _____ **DATE:** _____