MaineHealth

April 2009

Reimbursement Tracking Sheet
Primary Care Mental Health

Provider _____

Place of Service _____

Date of Service	Service Code Billed	Reimbursement Factor	Insurance Factor	Total
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 & 90846 =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
MaineCare = 1	Medicare = 2	Commercial = 3	Self Pay = 1

Time to New Patient appointment: _____

Time to Established Patient appointment _____

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