

**SERVICE RENDERED DOCUMENT – FOR MD USE**

Santa Clara County Health and Hospital System  
Behavioral Health Services Department

Psychiatrist: \_\_\_\_\_ Psychiatrist ID. #: \_\_\_\_\_  
Printed Name  
Client Name: \_\_\_\_\_ Client ID #: \_\_\_\_\_  
Printed Name

1. SERVICE DATE: \_\_\_\_\_ START TIME: \_\_\_\_\_ : \_\_\_\_\_ DURATION: \_\_\_\_\_ : \_\_\_\_\_ RPT UNIT: \_\_\_\_\_  
mm/dd/yyyy Hour:Minutes Hour:Minutes

2. PROCEDURE LIST (check one) *Documentation and medical records must support services selected.*

Psychiatric Evaluation MD (New) 90792  
 Medication Management E&M (Est.) 99212  
 Medication Management E&M (Est.) 99213  
 Medication Management E&M (Est.) 99214  
 Medication Management E&M (Est.) 99215  
 Medication Refill Non-Face to Face  
 Medication Injection  
 Case Mgmt/Brokerage  
 Preparation of Report for Other Phy/Agencies  
 Review of Hospital Records, Reports, Labs  
**Other Services Infrequently Used**  
 Plan Development  
 Collateral (Significant support person, not family)  Collateral (Family w/out Patient)  
 Collateral (Family w/Patient)  Collateral (Multi Family Group)  
 Rehabilitation  
 Group Rehabilitation \_\_\_\_\_ # clients  
 Individual Treatment  
 Family Treatment with client  
 Group Treatment \_\_\_\_\_ # clients  
 Crisis Intervention  
 Institutions / IMD

3. CLINICAL PLACE OF SERVICE (Check one)

<input type="checkbox"/> 100 Office	<input type="checkbox"/> 180 Non-Traditional service location	<input type="checkbox"/> 500 Field	<input type="checkbox"/> 1100 EPS
<input type="checkbox"/> 110 Homeless/Emergency Shelter	<input type="checkbox"/> 190 Other Community location	<input type="checkbox"/> 600 Phone	
<input type="checkbox"/> 120 Faith-based	<input type="checkbox"/> 200 Home	<input type="checkbox"/> 700 School	
<input type="checkbox"/> 130 Health Care/Primary Care	<input type="checkbox"/> 210 Residential – Adults	<input type="checkbox"/> 800 Urgent Care	
<input type="checkbox"/> 140 Age-Specific Community Center	<input type="checkbox"/> 215 Residential – Children	<input type="checkbox"/> 999 Unknown	
<input type="checkbox"/> 150 Client’s Job Site	<input type="checkbox"/> 220 Telehealth	<input type="checkbox"/> 1000 Jail/Correctional Facility	
<input type="checkbox"/> 170 Mobile Service	<input type="checkbox"/> 400 Inpatient Facility	<input type="checkbox"/> 5000 SNF/IMD	

4. SERVICE DELIVERY METHOD (Check one)

100 Face-to-Face  101 Telephone Contact  104 Consultation  60 Other Method  SS600 Activity

5. DIAGNOSTIC CODE: \_\_\_\_\_ (ICD-10 Code) 6. MODIFIER CODE:  59  76  77

7. EVIDENCED-BASED PRACTICES / SERVICE STRATEGIES: # \_\_\_\_\_, # \_\_\_\_\_, # \_\_\_\_\_

8. DOCTOR’S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

9. CO-STAFF NAME (Print) \_\_\_\_\_ DURATION: \_\_\_\_\_

10. Entry Clerk Initials: \_\_\_\_\_

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**6. MODIFIER CODES & DESCRIPTIONS**

59	Distinct Procedural Service	A service where the procedure is different (a different CPT code for example) but is grouped under the same procedure code for claiming purposes.
76	Repeat Procedure by Same person	A service where the same procedure is repeated one or more times in the same day by the same person and is claimed using the same NPI for each service.
77	Repeat Procedure by Different person	A service where the same procedure is repeated one or more times in the same day by a different person or different people, but is claimed using the same NPI for each service, such as an organizational NPI or a supervising clinician's NPI.

**7. EVIDENCED- BASED PRACTICES / SERVICE STRATEGIES (Select up to three)**

<b>Evidenced-Based Practices</b>	
01 = Assertive Community Treatment	07 = Medication Management
02 = Supportive Employment	08 = New Generation Medications
03 = Supportive Housing	09 = Therapeutic Foster Care
04 = Family Psychoeducation	10 = Multisystemic Therapy
05 = Integrated Dual Diagnosis Treatment	11 = Functional Family Therapy
06 = Illness Management and Recovery	
<b>Service Strategies</b>	
50 = Peer and/or Family Delivered Services	56 = Delivered in Partnership with Social Services
51 = Psychoeducation	57 = Delivered in Partnership with Substance Abuse Services
52 = Family Support	58 = Integrated Services for Mental Health and Aging
53 = Supportive Education	59 = Integrated Services for Mental Health and Developmental Disability
54 = Delivered in Partnership with Law Enforcement (includes court, probation, etc.)	60 = Ethnic-Specific Service Strategy
55 = Delivered in Partnership with Health Care	61 = Age-Specific Service Strategy
<b>Santa Clara County Evidence – Based Practices</b>	
100 = Motivational Interviewing	103 = Incredible Years
101 = Cognitive Behavioral Therapy	104 = Parent-Child Interactive Therapy
102 = Aggression Replacement Therapy	105 = Brief Strategic Family Therapy
99 = Unknown Evidenced-Based Practice / Service Strategy	