

### RECORD OF BILLED SERVICES

LAST NAME:		FIRST NAME:	
DOB:		MEDICAID NUMBER:	
ADDRESS:		CITY:	ZIP:
PRIMARY DIAGNOSIS:			ICD-10 CODE:

CASE MANAGER NPI NUMBER:		AUTHORIZATION NUMBER:	
NUMBER OF AUTHORIZED SERVICES:	COMPREHENSIVE	FACE-TO-FACE FOLLOW-UP	TELEPHONE FOLLOW-UP
EFFECTIVE DATES FROM:		TO:	

<b>BILLED SERVICES</b>	
(ALL SERVICES USE PROCEDURE CODE G9012)	
<b>Service</b>	<b>Required Modifiers</b>
Comprehensive visit (in-person)	U2 and U5
Comprehensive visit (synchronous audiovisual)	U2, U5, and 95
Follow-up visit (in-person)	U5 and TS
Follow-up visit (synchronous audiovisual)	U5, TS, and 95
Follow-up visit telephone (audio-only)	TS and 93

DOS	POS	MODIFIERS	CASE MANAGER'S SIGNATURE	CLAIM STATUS		
				DATE FILED	PAID? Y or N	R&S #

DOS = DATE OF SERVICE      POS = PLACE OF SERVICE      R&S = REMITTANCE AND STATUS REPORT