

**ITASCA MEDICAL CARE
 MENTAL HEALTH DIAGNOSIS AND SERVICES PLAN
 MINNESOTACARE/IMCARE PATIENTS
 Fax Number 218-327-5545 Phone Number: 218-327-6188**

Name of person completing this form _____

Phone # of person completing this form _____

- Initial Change in Services Court Ordered MinnesotaCare

Date sent to IMCare:	Service START Date:	Service END Date:
Client Name:	PMI Number:	Date of Birth:
Client Referred by:		

DIAGNOSTIC INFORMATION

ICD 10 CODES	
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TREATMENT/SERVICES (See MA manual for description of billing units.)

UNITS	CODES	SERVICE DESCRIPTION	UNITS	CODES	SERVICE DESCRIPTION
	90791	Assessment		H2012	Day Treatment (1 hr units)
	90832	Individual (16-37 min.)		H2014	Skills Training (15 min unit)
	90833	Ind. w/med eval & mgmt (16-37 min)		H2015	Crisis Assistance (15 min unit)
	90834	Individual (38-52 min.)		H0046	Travel (1 min. unit) (Logs required upon request)
	90836	Ind. w/med eval & mgmt (38-52 min.)		H2019 U1	Individual DBT Therapy (15 min. unit) Individual DBT Therapy by clinical trainee (15 min. unit)
	90837	Individual (53+ min.)		H2019 U1 HN	Up to 26 hours (104 units) per 6 months
	90838	Ind. w/med eval & mgmt (53+ min.)		H2019 U1 HQ	Group DBT Skills Training (15 min. unit) Group DBT Skills Training by clinical trainee (15 min. unit)
	90846	Family w/o patient		H2019 U1 HQ HN	Up to 78 hours (312 units) per 6 months
	90847	Family w/patient		H2019 UA	Level 1 MHBA Therapeutic Behavioral Services Level 2 MHBA Therapeutic Behavioral Services Therapeutic Behavioral Services Direction of MHBA Limit 800 units per calendar year (15 min unit)
	90853	Group		H2019 UA HM	
	90887	Explanation of finding (1/2 hr units)		H2019 UA HE	
	96130	Testing (1 hr unit) _____			
		Medication Management			Other:
					Other:

Referred to:	Provider Name:
Facility Name:	Provider Signature
Facility NPI:	Provider NPI Number
Facility Phone Number:	Provider Phone Number:

FOR IMCARE OFFICE USE ONLY

MA/QA Review: _____	Date: _____
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