

St. Lucie Public Schools
BEHAVIORAL SERVICES LOG for MEDICAID BILLING
School Psychologist Provider # 1194891093

Student Name: _____ Student ID # _____ D.O.B. _____

Medicaid #: _____ Diagnosis Code _____

Provider's Name: _____ Palce of Service: Home School # _____

Please Print

Not to Exceed 32 Units Per Provider Per Day (Please Record Time in <i>Minutes</i>)		DESCRIPTION OF SERVICE			PROGRESS TOWARD GOALS, if established
Date of Service	Description of tests, assessments, observations, record reviews, consultative or referral activities, counseling sessions and compiling evaluative reports	Individual or Group (Circle Code)	Group Size	Total Minutes (Daily Total)	Required for Therapy and Counseling Sessions
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="display: flex; justify-content: space-between; font-size: x-small;"> Signature Credentials Date </div>		96150AH 96152AH 96153AH			Date: _____ <input type="checkbox"/> Mastered <input type="checkbox"/> Continue <input type="checkbox"/> Progress <input type="checkbox"/> Initiate New Objective <input type="checkbox"/> No Change <input type="checkbox"/> Return to Previous Stage <input type="checkbox"/> Objective Met of therapy
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="display: flex; justify-content: space-between; font-size: x-small;"> Signature Credentials Date </div>		96150AH 96152AH 96153AH			Date: _____ <input type="checkbox"/> Mastered <input type="checkbox"/> Continue <input type="checkbox"/> Progress <input type="checkbox"/> Initiate New Objective <input type="checkbox"/> No Change <input type="checkbox"/> Return to Previous Stage <input type="checkbox"/> Objective Met of therapy
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="display: flex; justify-content: space-between; font-size: x-small;"> Signature Credentials Date </div>		96150AH 96152AH 96153AH			Date: _____ <input type="checkbox"/> Mastered <input type="checkbox"/> Continue <input type="checkbox"/> Progress <input type="checkbox"/> Initiate New Objective <input type="checkbox"/> No Change <input type="checkbox"/> Return to Previous Stage <input type="checkbox"/> Objective Met of therapy
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="display: flex; justify-content: space-between; font-size: x-small;"> Signature Credentials Date </div>		96150AH 96152AH 96153AH	Total	_____	Date: _____ <input type="checkbox"/> Mastered <input type="checkbox"/> Continue <input type="checkbox"/> Progress <input type="checkbox"/> Initiate New Objective <input type="checkbox"/> No Change <input type="checkbox"/> Return to Previous Stage <input type="checkbox"/> Objective Met of therapy

Description of Service - Individual Codes
96150AH/Eval - School Psychologist 96152AH/All Else - School Psychologist

Description of Service - Group Codes
96153AH - School Psychologist