

St. Lucie Public Schools BEHAVIORAL SERVICES LOG for MEDICAID BILLING

School Social Worker Provider # 1831265735

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

Medicaid #: _____ Diagnosis Code _____

Provider's Name: _____ Place 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 Behavioral Services (Circle Code)	(2-10) Group Behavioral Services (Circle Code)	Group Size	Total Minutes (Daily Total)	Required for Therapy and Counseling Sessions
_____ Signature Credentials Date	_____ Signature Credentials Date	H0031HO H2019HO H0031HN H2019HN	H2019HOHQ H2019HNNHQ			Date: _____ ___ Mastered ___ Continue ___ Progress ___ Initiate New Objective ___ No Change ___ Return to Previous Stage ___ Objective Met of therapy
_____ Signature Credentials Date	_____ Signature Credentials Date	H0031HO H2019HO H0031HN H2019HN	H2019HOHQ H2019HNNHQ			Date: _____ ___ Mastered ___ Continue ___ Progress ___ Initiate New Objective ___ No Change ___ Return to Previous Stage ___ Objective Met of therapy
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Individual Codes
H0031HO/Eval - Social Worker, Masters/Marriage & Family Therapist/Mental Health & Guidance Counselors H2019HO/All Else - Social Worker, Masters/Marriage & Family Therapist/Mental Health & Guidance Counselors H0031HN/Eval - Social Worker, Bachelors H2019HN/All Else - Social Worker, Bachelors

Group Codes
H2019HOHQ- Social Worker, Masters/Marriage & Family Therapist/Mental Health & Guidance Counselors H2019HNNHQ - Social Worker, Bachelors