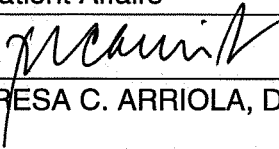


GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER		
TITLE: Patient Affairs Overview	POLICY NO: AD-PA-01	Page 1 of 3
RESPONSIBILITY: Patient Affairs		
APPROVED BY:  THERESA C. ARRIOLA, DIRECTOR	DATE OF ORIGINAL APPROVAL:	LAST REVIEWED/REVISED: 7/1/20

PURPOSE:

To provide an overview of Patient Affairs Business Office

POLICY:

- A. Patient Affairs, a section of the Director's Office, provides administrative services through a business office that handles payments, billings, collections, credentialing, and provider service agreements.

DEFINITIONS:

Business Office	A section of Patient Affairs that handles payments, billing/claims, collections and provider agreements.
Revenue	Total amount of income from authorized service areas.
GBHWC Fee Schedule	List of fees for provider services authorized by public laws, P.L. 31-239, P.L. 31-274, P.L. 33-63
Encounter Form/superbill	A form provided upon registration that contains consumer demographics, authorization for service, service descriptions and fees, codes and diagnoses, signature of service provider, and is also known as the superbill.
GBHWC Service Providers	Licensed staff such as psychiatrists, psychologists, pharmacists, social workers/counselors, nurses, licensed practical nurses. Also, non-licensed staff providing children's services such as wraparound, family support and training, youth peer services, and mental health home-based services.
Third Party Payors or Guarantors	Individuals, government, entities or insurance companies that guarantee payment for covered services through invoices, claims or court orders.
Credentialing	Payor review procedure where an applying or participating provider must meet payer network participation standards in order to begin, or continue participation, in the payer network.
Provider agreement	Contract between healthcare provider and an employee benefits plan

RESPONSIBILITIES:

Under the supervision of the Administrative Services Officer along with claims specialists and other administrative staff, the Business Office:

- A. Receives payments from consumers or 3rd party payors for direct services rendered by licensed GBHWC service providers;
- B. Provides financial assistance to consumers who are unable to make full or partial payments for authorized services rendered.
- C. Makes deposits of payments received to the Treasurer of Guam.
- D. Issues bill/claims to consumers or 3rd party payors for unpaid services.
- E. Collects unpaid consumer debts.
- F. Updates credentials of licensed service providers.
- G. Maintains current provider service agreements with 3rd party payors.
- H. Perform periodic review of billings and collections to assure compliance to CARF, pertinent local and/or federal regulations and best industry practices standards.

SCOPE:

- A. Revenue
Revenue is generated from the fees collected for services performed by medical, nursing, allied health professionals, and other billable services. It is determined from the services performed as indicated on the FAD-PA 01.1 Encounter Forms.
- B. Fee Schedule
A Fee schedule is adjudicated by (1) conducting a public hearing (2) filing with the Legislative Secretary and (3) then authorized by public law and other requirements of the fee setting regulation. The Fee Schedule is reviewed periodically set by Law to add or delete services, drugs, and/or supplies.
- C. Discounted Fees
Discounted fees are available for qualified uninsured consumers or registered "self-pay" based on the Federal Poverty Guidelines and the current Sliding Scale posted at the Business Office and GBHWC website for a discount of the current GBHWC Fee Schedule that ranges from 100% to 200% for a family of 1 to 20 members (reference AD-PA – Sliding Fee Discount Policy).
- D. Patient/Consumer Billing Information Process
GBHWC is responsible for the prompt processing and aggregation of charges for services provided to consumers in order to provide for the timely collection of charges. GBHWC bills the insurance carrier (payor) for most services. Co-pays and any other patient responsibility amounts are due at the time of service. The individual will be responsible for paying any charges for services not covered by insurance, which may include the entire amount charged. Once the patient's financial responsibility has been established, GBHWC will provide the consumer with information on options available to address the patient balances.
- E. Payment for Services
Payments are due or arranged upon registration (check-in) or discharge (check-out). The encounter forms will be reviewed by Business Office for charges incurred by the consumer. Payments are accepted from third party payors (HMO's, government agencies, etc.) through the filing of claims.

Payment arrangements under \$500.00 are available after consumer declaration or staff verification of inability to make full or partial payment, and approved by the Cashier/claims specialists, Administrative Services Officer, delegated official, Deputy Director or Director. Payment arrangements \$500.00 to \$1000.00 are subject to the approval of the Administrative Services Officer, Business Office Manager, or designee. Arrangements over \$1000.00 are subject to the review and approval of the deputy, director or designee, except for medications wherein the arrangement(s) can be made by the Administrative Services Officer, Business Office Manager, or designee to assure that no consumer is denied medication due to inability to pay. Director will be advised accordingly.

F. Receipts

Receipts will be issued for every payment made by the consumer, guardian, representative, insurance provider or other guarantors. GBHWC printed, numbered receipts show the payment date, consumer name, diagnosis code, payment amount, cashier and other pertinent information. Original given to consumer/payor, yellow copy to Treasurer of Guam, and pink copy kept by Business Office. Receipts are recorded daily on a Depositor's Report filed with the Treasurer of Guam and copy retained by Business Office.

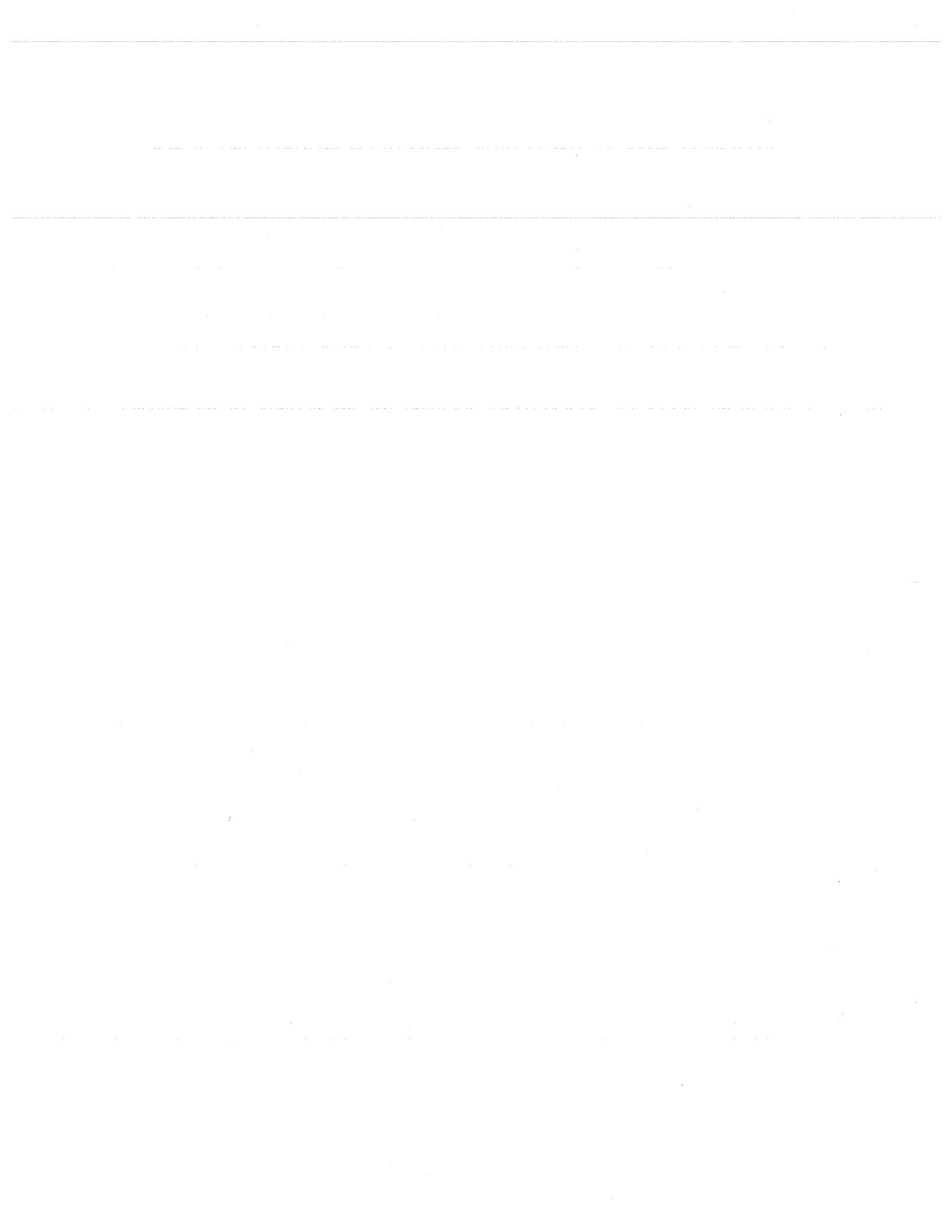
G. Collection of Unpaid Balances: Collection efforts for unpaid, past due, and/or delinquent balances are handled with the utmost tact using established "scripts" for telephone call follow up, and form letters for written communications. After the first thirty calendar (30) days or promised date, verbal or written efforts are started with follow-up every month until the 3rd month. Accounts without substantial or agreed payment installments three (3) months after service or promised date(s) are considered delinquent and a first collection letter/invoice will be sent or delivered through U.S. Mail, email or when the consumer comes in for visit or medication. After six (6) months without any payment, a second (2nd) collection letter for another three (3) months will be dispatched. After nine (9) months without any payment effort from the consumer, a report to the Director will be sent with a recommendation for merited compassionate waiver (charge off) from the accounts receivable books. Recurring appointments and/or medication refills are tracked and statements of accounts (invoices) are provided to the consumers as reminders during the times the consumers are at GBHWC. Efforts are recorded accordingly.

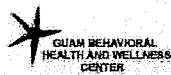
H. Credentialing: Professional staff that includes psychiatrists, psychologists, nurses, and social worker/counselors are credentialed with federal and local government assistance programs and health maintenance organizations annually or more frequently as necessary. Licenses and other documents are domiciled at the GBHWC Human Resources Office, Business Office, and at professional staff locations.

REFERENCE(S): 10 GCA, Section 96108 (f) (3); P.L. 31-239; P.L. 31-274; P.L. 33-63; and 10 GCA, Chapter 9.

ATTACHMENT(S):

FPA- Encounter Form





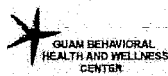
Behavioral Health Encounter Form

PART 1: TO BE COMPLETED BY CONSUMER

CONSUMER'S LAST NAME		FIRST NAME			
DATE OF BIRTH	MEDICAL RECORD NUMBER			GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female
MAILING ADDRESS					
CITY	STATE	ZIP CODE	Contact Number		
PRIMARY INSURANCE					
SUBSCRIBER'S LAST NAME, FIRST NAME, MIDDLE INITIAL					
SUBSCRIBER'S ID NUMBER			RELATIONSHIP TO SUBSCRIBER	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other:	
OTHER INSURANCE					
OTHER INSURED'S LAST NAME, FIRST NAME, MIDDLE INITIAL					
SUBSCRIBER'S ID NUMBER			RELATIONSHIP TO SUBSCRIBER	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other:	
REFERRING PROVIDER'S NAME			NPI # OF REFERRING PROVIDER		
I do hereby authorize treatment and expressly guarantee payment in full of any and all charges incurred for services rendered or to be rendered to me.					
INSURED'S OR AUTHORIZED PERSON'S SIGNATURE AND DATE:				ARRIVAL TIME: _____	APPOINTMENT TIME: _____
				TIME SEEN BY PROVIDER: _____	

PART 2: TO BE COMPLETED BY ATTENDING PROVIDER

Rev Acct 2301	INITIAL PSYCHIATRIC EVALUATION AND DIAGNOSTIC INTERVIEW PROCEDURES	CNSLR	Psychologist	Psychiatrist
<input type="checkbox"/> 90791	Psychiatric diagnostic evaluation (no medical services)	\$175.55	\$191.51	\$195.00
<input type="checkbox"/> 90792	Psychiatric diagnostic evaluation (with medical services)	\$175.55	\$191.51	\$195.00
<input type="checkbox"/> +90785	Interactive psychiatric diagnostic interview examination	\$191.46	\$208.86	\$215.00
Rev Acct 2301	OUTPATIENT PSYCHOTHERAPY	CNSLR	Psychologist	Psychiatrist
<input type="checkbox"/> 90832	Psychotherapy: 30 minutes with patient and/or family member	\$70.55	\$83.38	\$89.80
<input type="checkbox"/> E/M Code +90833	Psychotherapy: 30 minutes with patient and/or family member			\$111.00
<input type="checkbox"/> 90834	Psychotherapy: 45 minutes with patient and/or family member	\$92.21	\$108.98	\$117.36
<input type="checkbox"/> E/M Code +90836	Psychotherapy: 45 minutes with patient and/or family member			\$144.02
<input type="checkbox"/> 90837	Psychotherapy: 60 minutes with patient and/or family member	\$134.30	\$158.72	\$170.93
<input type="checkbox"/> E/M Code +90838	Psychotherapy: 60 minutes with patient and/or family member			\$199.57
Rev Acct 2301	OUTPATIENT INTERACTIVE PSYCHOTHERAPY	CNSLR	Psychologist	Psychiatrist
<input type="checkbox"/> 90832 and +90785	Psychotherapy: 30 minutes face-to-face with patient and/or family member	\$71.91	\$84.98	\$91.52
<input type="checkbox"/> E/M Code +90833 and +90785	Psychotherapy, 30 minutes with patient and/or family member			\$119.60
<input type="checkbox"/> 90834 and +90785	Psychotherapy, 45 minutes with patient and/or family member	\$101.52	\$119.98	\$129.21
<input type="checkbox"/> E/M Code +90836 and +90785	Psychotherapy, 45 minutes with patient and/or family member			\$156.95
<input type="checkbox"/> 90837 and +90785	Psychotherapy, 60 minutes with patient and/or family member	\$144.74	\$171.05	\$184.21
<input type="checkbox"/> E/M Code +90838 and +90785	Psychotherapy, 60 minutes with patient and/or family member			\$214.28
Rev Acct 2301	INPATIENT PSYCHOTHERAPY	CNSLR	Psychologist	Psychiatrist
<input type="checkbox"/> 90832	Psychotherapy: 30 minutes with patient and/or family member	\$58.22	\$68.81	\$74.10
<input type="checkbox"/> E/M Code +90833	Psychotherapy: 30 minutes with patient and/or family member			\$89.75
<input type="checkbox"/> 90834	Psychotherapy: 45 minutes with patient and/or family member	\$85.56	\$101.12	\$108.89
<input type="checkbox"/> E/M Code +90836	Psychotherapy: 45 minutes with medical evaluation and management services			\$127.85
<input type="checkbox"/> 90837	Psychotherapy: 60 minutes with patient and/or family member	\$126.29	\$149.25	\$160.73
<input type="checkbox"/> E/M Code +90838	Psychotherapy: 60 minutes with patient and/or family member			\$182.79
Rev Acct 2301	INTERACTIVE INPATIENT PSYCHOTHERAPY	CNSLR	Psychologist	Psychiatrist
<input type="checkbox"/> 90832 and +90785	Psychotherapy: 30 minutes with the patient and/or family member	\$64.50	\$76.23	\$82.10
<input type="checkbox"/> E/M Code +90833 and +90785	Psychotherapy: 30 minutes with the patient and/or family member			\$96.77
<input type="checkbox"/> 90834 and +90785	Psychotherapy: 45 minutes with the patient and/or family member	\$90.92	\$107.45	\$115.71
<input type="checkbox"/> E/M Code +90836 and +90785	Psychotherapy: 45 minutes with the patient and/or family member			\$133.10
<input type="checkbox"/> 90837 and +90785	Psychotherapy: 60 minutes with the patient and/or family member	\$130.42	\$154.13	\$165.99
<input type="checkbox"/> E/M Code +90838 and +90735	Psychotherapy: 60 minutes with the patient and/or family member			\$189.13
Rev Acct 2301	OTHER PSYCHOTHERAPY	CNSLR	Psychologist	Psychiatrist
<input type="checkbox"/> 90845	Psychoanalysis	\$87.44	\$103.34	\$111.29
<input type="checkbox"/> 90846	Family psychotherapy without the patient present	\$92.39	\$109.19	\$117.59
<input type="checkbox"/> 90847	Family psychotherapy, conjoint psychotherapy with the patient present	\$115.52	\$136.53	\$147.03
<input type="checkbox"/> 90849	Multiple-family group psychotherapy	\$43.89	\$43.89	\$43.89
<input type="checkbox"/> 90853	Group Psychotherapy (other than of a multiple-family group)	\$42.35	\$42.35	\$42.35
<input type="checkbox"/> 90853 and +90785	Interactive group Psychotherapy	\$49.23	\$49.23	\$49.23
Rev Acct None	PSYCHOTHERAPY FOR CRISIS	CNSLR	Psychologist	Psychiatrist
<input type="checkbox"/> 90839	Psychotherapy for crisis, first 60 minutes	N/A	N/A	N/A
<input type="checkbox"/> 90840	Add-on for each additional 30 minutes of psychotherapy for crisis	N/A	N/A	N/A



Behavioral Health Encounter Form

Rev Acct 2301	UNITS	OTHER PSYCHIATRIC SERVICES OR PROCEDURES	CNSLR	Psychologist	Psychiatrist	
<input type="checkbox"/> 99212/99213/99214 <input type="checkbox"/> +90863		Pharmacologic management		\$80.55	\$86.74	
<input type="checkbox"/> 90875		Individual psychophysiological therapy incorporating biofeedback training by any modality with psychotherapy: 30 min		\$75.83	\$81.67	
<input type="checkbox"/> 90876		Individual psychophysiological therapy incorporating biofeedback training by any modality with psychotherapy: 45 min		\$86.67	\$93.34	
<input type="checkbox"/> 90880		Hypnotherapy		\$128.49	\$138.38	
<input type="checkbox"/> 90885		Psychiatric evaluation of hospital records		\$130.00	\$140.00	
<input type="checkbox"/> 90887		Interpretation or explanation of results of psychiatric, or advising them how to assist patient			\$140.00	
<input type="checkbox"/> 90889		Preparation of reports of patient's psychiatric status, history, treatment, or for other physicians, agencies, or insurance carriers		\$119.17	\$119.17	
Rev Acct 2302	UNITS	HEALTH AND BEHAVIORAL ASSESSMENT/INTERVENTION	CNSLR	Psychologist	Psychiatrist	
<input type="checkbox"/> 96101		Psychological testing, interpretation, and reporting per hour		\$108.47		
<input type="checkbox"/> 96102		Psychological testing with qualified health care professional interpretation and report, administered by tech, per hour of tech time		\$107.30		
<input type="checkbox"/> 96103		Psychological testing administered by a computer, with qualified health care professional interpretation and report		\$90.90		
<input type="checkbox"/> 96105		Assessment of aphasia includes test admin, interpretation and report, per hour		\$139.95		
<input type="checkbox"/> 96110		Developmental screening, with interpretation and report, per standardized instrument form		\$130.00		
<input type="checkbox"/> 96111		Developmental testing with interpretation and report		\$165.45		
<input type="checkbox"/> 96116		Neurobehavioral status exam, per hour of the psychologist's or physician's time with patient, interpretation and report		\$119.11	\$119.11	
<input type="checkbox"/> 96118		Neuropsychological testing per hour of the psychologist's or physician's time, interpretation and report		\$125.32		
<input type="checkbox"/> 96119		Neuropsychological testing with qualified health care professional interpretation and report, administered by tech, per hour of tech time, face-to-face		\$100.22		
<input type="checkbox"/> 96120		Neuropsychological testing, administered by a computer, with qualified health care professional interpretation and report		\$128.69		
<input type="checkbox"/> 96125		Standardized cognitive performance testing administering test to the patient, interpretation, and results: per hour		\$135.60		
<input type="checkbox"/> 96150		Health and behavioral assessment, each 15 minutes face-to-face with the patient; initial assessment	\$22.87	\$27.03	\$27.03	
<input type="checkbox"/> 96151		Health and behavioral assessment, each 15 minutes face-to-face with the patient; re-assessment	\$22.12	\$26.14	\$26.14	
<input type="checkbox"/> 96152		Health and behavior intervention, each 15 minutes, face-to-face; individual	\$20.94	\$24.75	\$24.75	
<input type="checkbox"/> 96153		Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)	\$4.87	\$5.76	\$5.76	
<input type="checkbox"/> 96154		Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)	\$20.57	\$24.31	\$24.31	
<input type="checkbox"/> 96155		Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)	\$20.57	\$24.31	\$24.31	
<input type="checkbox"/> 98966		Telephone consult/order/intervention, brief (5 - 10 minutes)	\$15.00	\$17.73	\$17.73	
<input type="checkbox"/> 98967		Telephone consult/order/intervention, limited (11-20 minutes)	\$35.00	\$41.37	\$41.37	
<input type="checkbox"/> 98968		Telephone consult/order/intervention, intermediate (21 - 30 minutes)	\$55.00	\$65.00	\$65.00	
<input type="checkbox"/> 99075		Medical testimony		\$189.58	\$204.16	
<input type="checkbox"/> 80101		Drug and alcohol screening for presence of drug and/or alcohol		FEE: \$45.00		
Rev Acct 2304	UNITS	OFFICE OR OTHER OUTPATIENT VISIT		Fee: \$23.10		
<input type="checkbox"/> 99211		Office or other outpatient visit for the evaluation and management of an existing patient				
Rev Acct 2305		MEDICATION		FEE: AT COST +200%		
Quantity Administered	Quantity Pharmacy Dispensed	Drug Name and Strength	Quantity Taken Home	Quantity Total	Medication Price	Total Medication Price
DX 1 (DSM V / ICD 10 CODE)		DX 3 (DSM V / ICD 10 CODE)				
DX 2 (DSM V / ICD 10 CODE)		DX 4 (DSM V / ICD 10 CODE)				
Billable:	<input type="checkbox"/> No (Non Licensed Professional) <input type="checkbox"/> Yes (Licensed Professional)	Type of Provider	<input type="checkbox"/> MD - Psychiatrist <input type="checkbox"/> Psychologist <input type="checkbox"/> LMHC <input type="checkbox"/> MFT <input type="checkbox"/> LPC <input type="checkbox"/> Med Clinic <input type="checkbox"/> LBSW <input type="checkbox"/> LMSW <input type="checkbox"/> Non Licensed Psychologist/Counselor/Social Worker			
Provider Name (print):			NPI#:			
Signature:			Date:		Check-Out Time:	
Total Amount Due for Services:		Total Units	X	Fee(s)	\$	=Today's Charges: \$

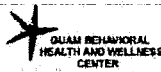
Check-In Time:



CHILDREN'S SERVICES ENCOUNTER FORM

PART 1: TO BE COMPLETED BY CONSUMER					
CONSUMER'S LAST NAME		FIRST NAME			
DATE OF BIRTH	MEDICAL RECORD NUMBER		GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female	
MAILING ADDRESS					
CITY	STATE	ZIP CODE	Contact Number		
PARENT'S NAME					
PARENT'S NAME					
CAREGIVER'S NAME					
LEGAL GUARDIAN'S NAME					
PRIMARY INSURANCE					
SUBSCRIBER'S LAST NAME, FIST NAME, MIDDLE INITIAL					
SUBSCRIBER'S ID NUMBER		RELATIONSHIP TO SUBSCRIBER	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other:		
OTHER INSURANCE					
OTHER INSURED'S LAST NAME, FIRST NAME, MIDDLE INITIAL					
SUBSCRIBER'S ID NUMBER		RELATIONSHIP TO SUBSCRIBER	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other:		
REFERRING PROVIDER'S NAME		NPI # OF REFERRING PROVIDER			
I do hereby authorize treatment and expressly guarantee payment in full of any and all charges incurred for services rendered or to be rendered to me.					
INSURED'S OR AUTHORIZED PERSON'S SIGNATURE:				DATE:	

PART 2: TO BE COMPLETED BY ATTENDING PROVIDER			
Rev Acct 2306	WRAPAROUND	UNIT	FEE
<input type="checkbox"/> H2021	Community-based Wraparound Service first 15 minutes	1	\$31.00
<input type="checkbox"/> Additional time	Community-based Wraparound Service per next 15 minutes		\$20.00 each
<input type="checkbox"/> Maximum time	Community-based Wraparound Service maximum 3 hours	1	\$251.00
Rev Acct 2307	FAMILY SUPPORT AND TRAINING	UNIT	FEE
<input type="checkbox"/> H2014	Family Support and Training first 15 minutes	1	\$15.00
<input type="checkbox"/> Additional time	Family Support and Training per next 15 minutes		\$10.00 each
<input type="checkbox"/> Maximum time	Family Support and Training maximum 1.5 hours	1	\$65.00
Rev Acct 2308	YOUTH PEER SPECIALIST	UNIT	FEE
<input type="checkbox"/> H0038	Youth Peer Specialist first 15 minutes	1	\$13.00
<input type="checkbox"/> Additional time	Youth Peer Specialist per next 15 minutes		\$10.00 each
<input type="checkbox"/> Maximum time	Youth Peer Specialist maximum 1.5 hours	1	\$63.00
Rev Acct 2309	MENTAL HEALTH HOME-BASED SERVICES	UNIT	FEE
<input type="checkbox"/> H0023	Mental Health Home-Based Services first 15 minutes	1	\$45.00
<input type="checkbox"/> Maximum time	Mental Health Home-Based Services 60 minutes	1	\$180.00
Rev Acct 2301	INITIAL PSYCHIATRIC EVALUATION AND DIAGNOSTIC INTERVIEW PROCEDURES	CNSLR	Other CASD Employee
<input type="checkbox"/> 90791	Psychiatric diagnostic evaluation (no medical services)	\$175.55	N/A
<input type="checkbox"/> 90792	Psychiatric diagnostic evaluation (with medical services)	\$175.55	N/A
<input type="checkbox"/> +90785	Interactive psychiatric diagnostic interview examination	\$191.46	N/A
Rev Acct 2301	OUTPATIENT PSYCHOTHERAPY	CNSLR	Other CASD Employee
<input type="checkbox"/> 90832	Psychotherapy: 30 minutes with patient and/or family member	\$70.55	N/A
<input type="checkbox"/> 90834	Psychotherapy: 45 minutes with patient and/or family member	\$92.21	N/A
<input type="checkbox"/> 90837	Psychotherapy: 60 minutes with patient and/or family member	\$134.30	N/A
Rev Acct 2301	OUTPATIENT INTERACTIVE PSYCHOTHERAPY	CNSLR	Other CASD



CHILDREN'S SERVICES ENCOUNTER FORM

<input type="checkbox"/> 90832 and +90785	Psychotherapy: 30 minutes face-to-face with patient and/or family member		\$71.91	Employee N/A
<input type="checkbox"/> 90834 and +90785	Psychotherapy, 45 minutes with patient and/or family member		\$101.52	N/A
<input type="checkbox"/> 90837 and +90785	Psychotherapy, 60 minutes with patient and/or family member		\$144.74	N/A
Rev Acct 2301	INPATIENT PSYCHOTHERAPY		CNSLR	Other CASD Employee
<input type="checkbox"/> 90832	Psychotherapy: 30 minutes with patient and/or family member		\$58.22	N/A
<input type="checkbox"/> 90834	Psychotherapy: 45 minutes with patient and/or family member		\$85.56	N/A
<input type="checkbox"/> 90837	Psychotherapy: 60 minutes with patient and/or family member		\$126.29	N/A
Rev Acct 2301	INTERACTIVE INPATIENT PSYCHOTHERAPY		CNSLR	Other CASD Employee
<input type="checkbox"/> 90832 and +90785	Psychotherapy: 30 minutes with the patient and/or family member		\$64.50	N/A
<input type="checkbox"/> 90834 and +90785	Psychotherapy: 45 minutes with the patient and/or family member		\$90.92	N/A
<input type="checkbox"/> 90837 and +90785	Psychotherapy: 60 minutes with the patient and/or family member		\$130.42	N/A
Rev Acct 2301	UNITS	OTHER PSYCHOTHERAPY	CNSLR	Other CASD Employee
<input type="checkbox"/> 90845		Psychoanalysis	\$87.44	N/A
<input type="checkbox"/> 90846		Family psychotherapy without the patient present	\$92.39	N/A
<input type="checkbox"/> 90847		Family psychotherapy, conjoint psychotherapy with the patient present	\$115.52	N/A
<input type="checkbox"/> 90849		Multiple-family group psychotherapy	\$43.89	N/A
<input type="checkbox"/> 90853		Group Psychotherapy (other than of a multiple-family group)	\$42.35	N/A
<input type="checkbox"/> 90853 and +90785		Interactive group Psychotherapy	\$49.23	N/A
Rev Acct None	UNITS	PSYCHOTHERAPY FOR CRISIS	CNSLR	Other CASD Employee
<input type="checkbox"/> 90839		Psychotherapy for crisis, first 60 minutes	N/A	N/A
<input type="checkbox"/> 90840		Add-on for each additional 30 minutes of psychotherapy for crisis	N/A	N/A
Rev Acct 2302	UNITS	HEALTH AND BEHAVIORAL ASSESSMENT/INTERVENTION	CNSLR	Other CASD Employee
<input type="checkbox"/> 96150		Health and behavioral assessment, each 15 minutes face-to-face with the patient; initial assessment	\$22.87	N/A
<input type="checkbox"/> 96151		Health and behavioral assessment, each 15 minutes face-to-face with the patient; re-assessment	\$22.12	N/A
<input type="checkbox"/> 96152		Health and behavior intervention, each 15 minutes, face-to-face; individual	\$20.94	N/A
<input type="checkbox"/> 96153		Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)	\$4.87	N/A
<input type="checkbox"/> 96154		Health and behavior intervention, each 15 minutes, face-to-face; family (with the patient present)	\$20.57	N/A
<input type="checkbox"/> 96155		Health and behavior intervention, each 15 minutes, face-to-face; family (without the patient present)	\$20.57	N/A
<input type="checkbox"/> 98966		Telephone consult/order/intervention, brief (5 - 10 minutes)	\$15.00	N/A
<input type="checkbox"/> 98967		Telephone consult/order/intervention, limited (11-20 minutes)	\$35.00	N/A
<input type="checkbox"/> 98968		Telephone consult/order/intervention, intermediate (21 - 30 minutes)	\$55.00	N/A
Rev Acct 2304	UNITS	OFFICE OR OTHER OUTPATIENT VISIT	Fee: \$23.10	
<input type="checkbox"/> 99211		Office or other outpatient visit for the evaluation and management of an existing patient		
DX1:			DX3	
DX2			DX4	
PROVIDER'S INFORMATION				
Type of Provider	<input type="checkbox"/> Care Coordinator <input type="checkbox"/> Key Family Coordinator <input type="checkbox"/> LPC <input type="checkbox"/> LMHC <input type="checkbox"/> MFT <input type="checkbox"/> Wraparound Coordinator <input type="checkbox"/> Youth Peer Specialist <input type="checkbox"/> Youth Care Coordinator <input type="checkbox"/> LBSW <input type="checkbox"/> LMSW <input type="checkbox"/> Social Worker <input type="checkbox"/> Other			
Billable:	<input type="checkbox"/> Yes (Applicable Employee) <input type="checkbox"/> Yes (Licensed Professional)	NPI#:		
Provider Name (print):			Check-Out Time:	
Signature:			Date:	
TOTAL AMOUNT DUE FOR SERVICES				
Total Units	X	Fee(s)	=Today's Charges:	
	x		\$	

Comments:



GUAM BEHAVIORAL HEALTH & WELLNESS CENTER

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REVIEW AND ENDORSEMENT CERTIFICATION

The signatories on this document acknowledge that they have reviewed and approved the following:

Policy Title: Patient Affairs Overview

Policy No: AD-PA-01

Initiated by: Patient Affairs

Date	Signature
6-16-2020	

Marilyn Aflague
Administrative Services Officer

Date	Signature
6.25.20	

Ms. Annie Unpingco LCSW, LPC
Child Adolescent Services Division Administrator

Date	Signature
6/17/2020	

Reina Sanchez, M/A
Clinical Administrator

Date	Signature
6/29/2020	

Dr. Ariel Ismael
Medical Director

Date	Signature
6-19-2020	

Leonora Urbano MSN, RN-BC
Nursing Administrator

Date	Signature
6/30/2020	

Carissa Pangelinan
Deputy Director

Date: 06-29-20-0137ml

