



## BILLING SHEET

Clinician: \_\_\_\_\_ #: \_\_\_\_\_

Date: \_\_\_\_\_

### Billable Contacts

Case #	Client	Location Code (in person)	Location Code (telehealth)	Audio / Video	IDDT?	Units	Start Time	am pm	Stop Time	am pm	CPT Code

**Location Key for in person**

- |                      |                            |                           |                               |                                   |                              |
|----------------------|----------------------------|---------------------------|-------------------------------|-----------------------------------|------------------------------|
| 01 – Pharmacy        | 12 – Home                  | 20 – Urgent Care Facility | 31 – Skilled Nursing Facility | 41 – Ambulance/Land               | 54 – IFC/MR                  |
| 03 – School          | 13 – Asst. Living Facility | 21 – Inpatient Hospital   | 32 – Nursing Facility         | 51 – Inpatient Psych Facility     | 55 – Residential SA Facility |
| 09 – CCI/Jail/Prison | 14 – Group Home            | 22 – Outpatient Hospital  | 33 – Custodial Care Facility  | 52 – Psych Facility Partial Hosp. | 56 – Psych. Res. TX Facility |
| 11 – Office          | 16 – Phone Contact         | 23 – ER Hospital          | 40 – Homeless Shelter         | 53 – CMH                          | 99 – Other                   |

**Telehealth Location Codes**

- 2- Not Home
- 10 - Home

Entered by: \_\_\_\_\_

Verified by: \_\_\_\_\_

LEO: \_\_\_\_\_