

Provider Name	
Report Period	7/1/2025 - 6/30/2026
Report Date	See dates due on quarterly report

These are unduplicated client counts and should match the numbers served in the demographics tab (next tab).

Service Code	Modifier	Service Name	State Fiscal Year 2026 (July 1, 2025 - June 30, 2026)				Unduplicated Total for Report Period
			Unduplicated Client Counts Per Quarter				
			Q1	Q2	Q3	Q4	
90832		Psychotherapy (90832)					
90834		Psychotherapy (90834)					
90837		Psychotherapy (90837)					
T1016		Case Management (T1016)					
H2011	U2	Crisis Intervention - Face-to-Face (H2011 U2)					
H2011	U1	Crisis Intervention - by Telephone (H2011 U1)					
H0031		Comprehensive Assessment (H0031) (if applicable)					
90791		Psychiatric Diagnostic Evaluation (90791) (if applicable)					
90847		Family Psychotherapy with patient present (90847)					
90846		Family Psychotherapy without patient present (90846)					
90853		Group Psychotherapy (90853)					
T1007		Treatment Plan (T1007)					
		Outreach Liaising and Support (number of persons engaged)					
		Number of Trainings (Provided by In-House Staff to In-House Staff); and, Number in each Training (example: 2 trainings; 8 in one training and 10 in second training)					
		Number of Trainings (provided to the community); and Number in Trainings (example: 3 trainings; 10 in one training; 15 in second training; 10 in third training)					
		Media Campaign Implementation (if applicable)					
		Presentation(s) (number of presentations and number in each presentation) (Example: 5 Duty to Report Presentations - 7, 5, 6, 6, 10 attendees) (if applicable)					
		Prevention: Media Messaging (if applicable) # billed					
		Research Development Media (if applicable) # billed					
		Programmatic Supplies and Expenses (Amount Spent)					
		Other services provided					
Unduplicated Total			8	10			

