Psychological Evaluation- Billing Form

Email: billing@helptherapy.com | Fax: (858) 244-0990

Provider's Name: _____

Week Ending: _____ **Office Address:** _____

Client's Name	Date of Service	POS h/f/o/v	IF "V", WAS CLIENT AT HOME?	Address Video/ Facility*	90791	96130	96131	96136	CPT Other	ICD-10	Co-Pay & Method Cash/Ck
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BEHAVIORAL MENTAL HEALTH CODES

Initial visit Diagnostic Evaluation	90791
Psych Test, Evaluation and Scoring (first hour)	96130
Psycl Test, Evaluation, Scoring & Report (each additional hour)	96131
Administration of tests (by QHCP) - first 30 mins	96136
Administration of tests (by QHCP) - subsequent 30 mins	96137
Annual Depression Screening	G0444
Alcohol/Substance Abuse Screening (5-14 mins)	G2011
Alcohol/Substance Abuse Screening (15-30 mins)	G0396
Alcohol/Substance Abuse Screening (31+ mins)	G0397
Neuropsychological testing (report, assessment, scoring)	96132

CRISIS CODES

Interactive complexity	90785
Billed in addition to a psychotherapy code	
Psychotherapy for crisis, first 60 mins.	90839
Add-on for each additional	
30 minutes of psychotherapy for crisis	90840
Prolonged service 30-74 minutes	99354

HEALTH / BEHAVIORAL ASS. CODES

Initial Questionnaire (15 min)	96150
Re-Assessment health questionnaire	96151

NOTE: For place of service - if you were in your OFFICE while completing your telehealth visit, please indicate O/V in the place of service colum