PROVIDER NAME: **OFFICE LOCATION:**

CHECK HERE IF ALL CLAIMS ARE TELEHEALTH ☐ IF ONLY SOME CLAIMS ARE TELEHEALTH, ADD **-95** TO THE CPT CODE FOR EACH TELEHEALTH PATIENT.

SERVICE DATE (MM/DD/YY)	CLIENT FULL LEGAL NAME	CPT CODE	ADD-ON	PRIMARY DX	OTHER DX			PAYMENT AMT	CH#, CA, CC

CPT	DESCRIPTION	TIME	CPT	DESCRIPTION	TIME	CPT	DESCRIPTION	TIME
90791	Psychiatric Diagnostic Evaluation	N/A	90837	Individual Psychotherapy	53+ Min	99354	Prolonged Services add-on to 90837	75-104 Min
90834	Individual Psychotherapy	38-52 Min	90832	Individual Psychotherapy	16-37 Min	99355	Prolonged Services add-on to 99354	105+ Min
90839	Individual Crisis Psychotherapy	30-74 Min	90840	30 min add-on to 90839	75+ Min	90785	Interactive Complexity add-on	N/A
90847	Family Psychotherapy with Patient	26+ Min	90846	Family Psychotherapy without Patient	26+ Min	90849	Multi-family Group Psychotherapy	N/A