

Antonio E. Puente, Ph.D.
Coding and Scheduling Information Sheet

Date: _____

Name: _____

INS: _____ CP: _____

DOB: _____

Policy #: _____

Diagnosis: _____

CLINICAL SERVICES

<u>Activity</u>	<u>Code</u>	<u>Units</u>	<u>Activity</u>	<u>Code</u>	<u>Units</u>
Psychiatric Diagnostic Evaluation			CNS Assessment/Tests		
Psychiatric Interview	90791	_____	Psychological Testing – Professional	96101	_____
Interactive Complexity (add-on)	90785	_____	Psychological Testing – Technician	96102	_____
Psychotherapy; Office			Psychological Testing – Computer	96103	_____
Individual – 30'	90832	_____	Neurobehavioral Status Exam	96116	_____
Individual – 45'	90834	_____	Neuropsychological Testing – Professional	96118	_____
Individual – 60'	90837	_____	Neuropsychological Testing – Tech. - _____	96119	_____
Interactive Complexity (add-on)	90785	_____	Neuropsychological Testing – Computer	96120	_____
Other			Physical Medicine and Rehabilitation		
Crisis Intervention - First 30-74'	90839	_____	- 15' increments		
Crisis Intervention – Each additional 30'	90840	_____	Development of Cognitive Skills	97532	_____
Evaluation of Records - _____	90885	_____	Health/Behavior Assessment/Intervention		
Interpretation of Results	90887	_____	Initial Assessment (Each unit = 15')	96150	_____
Preparation of Report	90889	_____	Reassessment (Each unit = 15')	96151	_____
Family Psychotherapy			Intervention, Individual (Each unit = 15')	96152	_____
Family (Without patient)	90846	_____	Case Management Services		
Family (With patient); Couples therapy	90847	_____	Team Medical Conference – 30'	99361	_____
Multiple-family group therapy	90849	_____	Team Medical Conference – 60'	99362	_____
Group Psychotherapy			Phone Call – Physician to Patient	99371	_____
Interactive Complexity (add-on)	90853	_____	Phone Call – Intermediate	99372	_____
	90785	_____	Phone Call – Complex or Lengthy	99373	_____
Biofeedback – Any Modality - _____	90901	_____	PQRS Dementia Measures Group		

Applicable (see reverse side) Not Applicable

Treatment Plan/Notes:

Antonio E. Puente, Ph.D.

Griffin P. Sutton, Ph.D.

Charge/Filing Information:

Billed Amount: \$ _____

Filed: _____

Claim #: _____

Payment Information:

Account Balance: \$ _____

Account Payment: \$ _____

Mastercard Visa

Check# _____ Cash

<u>PQRS Dementia Measures</u>		<u>Code</u>	<u>Applicable</u>
Cognitive Assessment (#281)			
	Cognition assessed and reviewed (Neuropsychological testing)	1494F	<input type="checkbox"/>
96118	Documentation of medical reason for not assessing/reviewing cognition	1494F 1P	<input type="checkbox"/>
	Documentation of patient reason for not assessing/reviewing cognition	1494F 2P	<input type="checkbox"/>
	Cognition not assessed and reviewed, reasons NOS	1494F 8P	<input type="checkbox"/>
Neuropsychiatric Symptom Assessment (#283)			
96118	Neuropsychiatric symptoms assessed and reviewed	1181F	<input type="checkbox"/>
	Neuropsychiatric symptoms not assessed nor reviewed, reason NOS	1181F 8P	<input type="checkbox"/>
Screening for Depressive Symptoms – patient and caregiver (#285)			
96118	Screening for depression performed	3725F	<input type="checkbox"/>
	Screening for depression not performed, reason NOS	3725F 8P	<input type="checkbox"/>
Functional Status Assessment (#282)			
96116	Functional status for dementia assessed and reviewed	1175F	<input type="checkbox"/>
	Documentation of medical reason for not assessing and reviewing	1175F 1P	<input type="checkbox"/>
	Functional status not assessed nor reviewed, reason NOS	1175F 8P	<input type="checkbox"/>
Management of Neuropsychiatric Symptoms (#284)			
	One or more neuropsychiatric symptoms present	G8947	<input type="checkbox"/>
	Neuropsychiatric intervention ordered	4525F	<input type="checkbox"/>
96116	Neuropsychiatric intervention received	4526F	<input type="checkbox"/>
	Neuropsychiatric intervention not ordered, reason NOS	4525F 8P	<input type="checkbox"/>
	Neuropsychiatric intervention not received, reason NOS	4526F 8P	<input type="checkbox"/>
	No neuropsychiatric symptoms	G8948	<input type="checkbox"/>
Counseling regarding Safety Concerns – patient and caregiver (#286)			
	Safety counseling provided	6101F	<input type="checkbox"/>
	Safety counseling ordered	6102F	<input type="checkbox"/>
96116	Documentation of medical reasons for not providing counseling	6101F 1P	<input type="checkbox"/>
	Documentation of medical reasons for not ordering counseling	6102F 1P	<input type="checkbox"/>
	Safety counseling not provided, reason NOS	6101F 8P	<input type="checkbox"/>
	Safety counseling not ordered, reason NOS	6102F 8P	<input type="checkbox"/>
Counseling regarding Risks of Driving and Alternatives to Driving (#287)			
96116	Counseling provided	6110F	<input type="checkbox"/>
	Documentation of medical reason for not counseling	6110F 1P	<input type="checkbox"/>
	Counseling not provided, reason NOS	6110F 8P	<input type="checkbox"/>
Caregiver Education and Support (#288)			
96116	Caregiver provided with education	4322F	<input type="checkbox"/>
	Documentation of medical reason for not providing education or referral	4322F 1P	<input type="checkbox"/>
	Caregiver not provided with education nor referred, reason NOS	4322F 8P	<input type="checkbox"/>
Staging of Dementia (#280)			
96116	Mild	1490F	<input type="checkbox"/>
	Moderate	1491F	<input type="checkbox"/>
	Severe	1493F	<input type="checkbox"/>
	Dementia severity not classified, reason NOS	1490F 8P	<input type="checkbox"/>