Authorization number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or write N/A if not applicable

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Start time | End time | units | CPT code | Description of Service | Humana | Passport | MHNet | Wellcare |  |
|  |  |  | 90791 | Diagnostic Evaluation \* | No time | No time | No time |  |  |
|  |  |  | 90887 | Collateral | 15 min | 15 min | 15 min | 15 min |  |
|  |  |  | 90832 | Individual Psychotherapy \* | 16 to 37 min | 16 to 37 min | 30 min | 16 to 37 min |  |
|  |  |  | 90834 | Individual Psychotherapy\* | 38 to 52 minutes | 38 to 52 minutes | N/A | 38 to 52 minutes |  |
|  |  |  | 90837 | Individual Psychotherapy\* | 53 to 75 minutes | 53 to 75 minutes | N/A | 53 to 75 minutes |  |
|  |  |  | 90785 | Interactive Complexity  Add on to codes with asterisk \* | No time | No time | No time | No time |  |
|  |  |  | 90847 | Family Therapy | 45 min | 45 min | 45 min | 45 min |  |
|  |  |  | 90846 | Family Therapy without client | 45 minutes | 45 minutes | 45 minutes | 45 minutes |  |
|  |  |  | 90853 | Group Therapy\* | Per session | 15 minutes | 15 minutes | 15 minutes |  |
|  |  |  | 90849 | Multi-family Therapy\* | Per session | 15 minutes | 15 minutes | 15 minutes |  |
|  |  |  | 90839 | Crisis Intervention | 30 to 74 minutes | 30 to 74 minutes | 30 to 74 minutes | 30 to 74 minutes |  |
|  |  |  | 90840 | Crisis after first hour of 90839 | 30 min | 30 min | 30 min | 30 min |  |
|  |  |  | H2021 | Community Support Services | 15 min | 15 min | 15 min | 15 min |  |
|  |  |  | T2023 | Targeted Case Management | 1 month | 1 month | 1 month | 1 month |  |
|  |  |  | H0032 | Mental Health Service Plan Development | 15 min | 15 min | 15 min | 15 min |  |
|  |  |  | 96101 | Psychological Testing | 1 hour | 1 hour | 1 hour | 1 hour |  |
|  |  |  | H002 | Behavioral Health Screening | 15 min | 15 min | 15 min | 15 min |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

Write in times and units used for the day per CPT code. Circle or write in the insurance company name