## JNS Counseling Services, Inc.

Provider: **ERIK AKSELBAND CASAC-T**Date of Service: **08/09/13** 

MRN: 3519 Patient's Name: RUSSELL, JEROME

D.O.B. **09/21/1956** Sex: **M** Insurance: METROPLUS ID: SJ08809U Home Phone: (347)793-9869 MEDICAID ID: SJ08809U

Address: 59-65 PRINCE STREET

BROOKLYN, NY 11201 Referring Doctor:

Dite of the first state of the f	ining Doctor	•	
Service Category Description	min	CPT code	HCPCS code
Assesment Extended	75	90791	H0002
Assesment Normative	30		H0001
Assesment Brief	15		T1023
Individual Therapy Brief	30	90832	G0396
Individual Therapy Normative	45	90834	G0397
Group Therapy	60	90853	H0005
Multiple Family Group Therapy	60	90849	
Family Couple Counseling	30	90846	T1006
Screening	15		H0049
Brief Intervention	15		H0050
Psychiatric Assesment	45	90836	G0397
Psychiatric Assesment Brief	30	90833	
Medication Management/Monitoring	10		M0064
Medication Management/Monitoring Addiction	30		H0014
Medication Management/Monitoring Complex	99203 99204	- New 20 min - New 30 min - New 45 min - New 60 min	99212 - Est 10 min 99213 - Est 15 min 99214 - Est 25 min 99215 - Est 40 min
305.00 Alcohol abuse		1.20 Parent-Child Re	
303.90 Alcohol dependence	V6	1.1 Parent Relation	al Problem
		encyclidine (or Pheno	
304.40 Amphetamine/Amphetam-like dependence	304.90 Ph	encyclidine (or Pheno	cyclidine-like) dependence
	305.40 Sedative, Hypnotic, or Anxiolytic abuse		
	304.10 Sedative, Hypnotic, or Anxiolytic dependence		
	304.80 Polysubstance dependence		
		her (or unknown) sub	
		her (or unknown) sub	
			nce dependence - continuou
			nce dependence - episodic
			nce dependence - in remissi
Judiju anuse		ner/Unknown substat	nce abuse - continuous
204 00 Onioid donandones			
	305.92 Ot	her/Unknown substar	nce abuse - episodic nce abuse - in remission

I CERTIFY THAT ALL OF THE ABOVE SERVICES HAVE BEEN RENDERRED BY ME: