

TERM Medi-Cal Funded CPT Codes and Rates - Effective Date 10/01/2022 LMFT/LCSW/LPCC

Psychiatric Diagnostic Procedures

CPT Code	Modifiers	Description	
90791	SC, GT	Psychiatric diagnostic evaluation	
90791	SC, GT, TU	Psychiatric diagnostic evaluation - Bilingual	

Psychotherapy

CPT Code	Modifiers	Description	Minutes
90832	SC, GT	Psychotherapy, 30 minutes with patient	
90832	SC, GT, TU	Psychotherapy, 30 minutes with patient - Bilingual	
90834	SC, GT	Psychotherapy, 45 minutes with patient	
90834	SC, GT, TU	Psychotherapy, 45 minutes with patient - Bilingual	
90837	SC, GT	Psychotherapy, 60 minutes with patient - <i>New code</i>	
90837	SC, GT, TU	Psychotherapy, 60 minutes with patient - Bilingual - New code	
90847	SC, GT	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	
90847	SC, GT, TU	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes - Bilingual	
90853	N/A	Group psychotherapy (other than a multiple-family group) – rate is per patient	
90853	TU	Group psychotherapy (other than a multiple-family group) – rate is per patient - Bilingual	
99343	Home visit for the evaluation and management of a new patient, which requires these three (3) key components: A detailed history; A detailed examination; and Medical decision making of moderate complexity - Requires special approval and authorization from CWS		45
99343	Home visit for the evaluation and management of a new patient, which requires these three (3) key components: A detailed		45

Care Coordination

CPT Code	Modifiers	Description	
99366	SC, GT	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional. Includes Child, Family and Interdisciplinary Team (CFT) meetings for CWS clients. (1 unit = 30 minutes)	
99368	SC, GT Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 mir or more; participation by nonphysician qualified health care professional. (1 unit = 30 minutes)		30
H0032	HE CWS Report(s) – Initial Treatment Plan, Treatment Plan Update and Discharge Summary for TERM CWS Clients (per report)		N/A
T1017	SC	Targeted case management, each 15 minutes	15

	*Modifiers below are required to ensure accurate claims payments for services rendered by telephone or telehealth					
I	SC = Telephone	GT = Telehealth	TU = Bilingual Rate Applies			