

Psychiatric Diagnostic Procedures

CPT Code	Modifiers	Description	Minutes
90791	SC, GT	Psychiatric diagnostic evaluation	50
90791	SC, GT, TU	Psychiatric diagnostic evaluation - Bilingual	50

Psychotherapy

CPT Code	Modifiers	Description	Minutes
90832	SC, GT	Psychotherapy, 30 minutes with patient	30
90832	SC, GT, TU	Psychotherapy, 30 minutes with patient - Bilingual	30
90834	SC, GT	Psychotherapy, 45 minutes with patient	45
90834	SC, GT, TU	Psychotherapy, 45 minutes with patient - Bilingual	45
90837	SC, GT	Psychotherapy, 60 minutes with patient - New code	60
90837	SC, GT, TU	Psychotherapy, 60 minutes with patient - Bilingual - New code	60
90847	SC, GT	Family psychotherapy (conjoint psychotherapy)(with patient present), 50 minutes	50
90847	SC, GT, TU	Family psychotherapy (conjoint psychotherapy)(with patient present), 50 minutes - Bilingual	50
90853	N/A	Group psychotherapy (other than a multiple-family group) – rate is per patient	60
90853	TU	Group psychotherapy (other than a multiple-family group) – rate is per patient - Bilingual	60
99343	N/A	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	TU	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 - Bilingual	45

Care Coordination

CPT Code	Modifiers	Description	Minutes
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)	30
99368	SC, GT	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes 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

TERM Medi-Cal Funded CPT Codes and Rates - Effective Date 10/01/2022
Psychologist

Psychological Testing

CPT Code	Modifiers	Description	Minutes
96130	N/A	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour (Max 1 unit/1 hour)	60
96130	TU	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour (Max 1 unit/1 hour) - Bilingual	60
96131	N/A	Each additional 1 unit/1 hour (services as described in 96130)	60
96131	TU	Each additional 1 unit/1 hour (services as described in 96130) - Bilingual	60
96136	N/A	Psychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes (Max 30 minutes/1 unit)	30
96136	TU	Psychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes (Max 30 minutes/1 unit) - Bilingual	30
96137	N/A	Each additional 1 unit/30 minutes (services as described in 96136)	30
96137	TU	Each additional 1 unit/30 minutes (services as described in 96136) - Bilingual	30

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