



**TERM Medi-Cal Funded CPT Codes and Rates - Effective Date 07/01/2023
LMFT/LCSW/LPCC**

Note: Providers are responsible for knowing the full description of the CPT code being billed and should review the current AMA American Medical Association CPT codebook for rules and guidelines.

Psychiatric Diagnostic Procedures

| CPT Code | Modifiers | Description | Minutes |
|----------|------------|--|---------|
| 90791 | 93, 95 | Psychiatric diagnostic evaluation | 50 |
| 90791 | TU, 93, 95 | Psychiatric diagnostic evaluation - Bilingual | 50 |

Psychotherapy

| CPT Code | Modifiers | Description | Minutes |
|----------|------------|---|---------|
| 90832 | 93, 95 | Psychotherapy, 30 minutes with patient | 30 |
| 90832 | TU, 93, 95 | Psychotherapy, 30 minutes with patient - Bilingual | 30 |
| 90834 | 93, 95 | Psychotherapy, 45 minutes with patient | 45 |
| 90834 | TU, 93, 95 | Psychotherapy, 45 minutes with patient - Bilingual | 45 |
| 90837 | 93, 95 | Psychotherapy, 60 minutes with patient | 60 |
| 90837 | TU, 93, 95 | Psychotherapy, 60 minutes with patient - Bilingual | 60 |
| G2212 | SC, GT | Prolonged office or other outpatient visit (1 unit =15 min.) Each additional 15 minutes after 90837. Prior authorization required. | 15 |
| G2212 | TU, SC, GT | Prolonged office or other outpatient visit (1 unit =15 min.) Each additional 15 minutes after 90837. Prior authorization required. - Bilingual | 15 |
| 90847 | 93, 95 | Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes | 50 |
| 90847 | TU, 93, 95 | Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes - Bilingual | 50 |
| 90853 | 93, 95 | Group psychotherapy (other than a multiple-family group) – rate is per patient | 60 |
| 90853 | TU, 93, 95 | Group psychotherapy (other than a multiple-family group) – rate is per patient - Bilingual | 60 |

Care Coordination

| CPT Code | Modifiers | Description | Minutes |
|----------|-----------|--|---------|
| 99366 | 93, 95 | 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 per day maximum) | N/A |
| 99368 | 93, 95 | 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 per day maximum) | N/A |
| H0032 | N/A | 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**

TU = Bilingual Rate Applies 93 = Telephone 95 = Telehealth SC = Telephone (T1017 and G2212 only) GT = Telehealth (G2212 only)