TERM Provider Claims Resources

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Dear TERM Provider,

Your time and expertise shared in the support of TERM-referred clients is immensely valuable within our community. You play an exceptionally important role in helping to reduce the risk of abuse and neglect in families involved with Child and Family Well-Being (CFWB).

The following resources were developed in partnership with Optum's Claims and Provider Services Departments with the intent to offer concrete support and guidance around submission of claims for services rendered to TERM clients. The resources are provided for informational and instructional purposes and do not constitute billing advice. It is our hope that these resources will assist with streamlining your claims submission practices and more efficiently utilize your time to meet the needs of your clients.

Please feel free to contact us at 877-824-8376 (Option 1) for any questions about TERM related processes. Please be in touch with Optum's Claims Department for any questions specific to reimbursement, denials, and claims processes more generally at 877-824-8376 (Option 2). We also welcome and appreciate you sharing any ideas you might have about how we can better serve you. Thank you for partnering with Optum TERM in serving the clients of the County of San Diego.

Respectfully,

Optum TERM Team

Common billing questions – FAQ for TERM providers

- What information should be entered for the Insured's ID in box 1a?
 - o For cases funded by CFWB, this information is the client's Case/State ID # listed on the referral form.
 - For cases funded by Medi-Cal, this information is the client's Medi-Cal policy # listed on the referral form.
- Can I sign a Claims form digitally or does it have to be done by hand?
 - Yes, a digital signature is acceptable.
- Is the client's signature required in box numbers 12 and 13?
 - No, the client is not required to sign these boxes. It is adequate to document 'SOF' or 'Signature
 on File' on these lines.
- How do I bill?
 - Claims can be sent on the CMS1500 form to the following address: CFWB Claims, Attention to:
 Optum, P.O. Box 600340, San Diego, CA 92160-0340. Claims can also be faxed to 877-364-6945.
- Where do I get the required claims form?
 - The CMS1500 claims form can be purchased from retailers such as Amazon and Staples. These forms can also be requested from Optum's Provider Services Department at no cost by calling 1-877-824-8376, option 3.
- Can I submit claims electronically?
 - Contact Claims directly to discuss options for setting up electronic submission of claims. Please contact Claims at 1-877-824-8376, option 2.
- Why are my claims being denied?
 - For specific questions related to your claims submissions, please begin by referencing the Explanation of Benefits (EOB) for the specific denial explanation. If requiring further assistance, please contact Optum's Claim's Department by calling 1-877-824-8376, option 2.

Helpful billing and claims tips – FAQ for TERM providers

- Provide accurate data and complete all required fields on the claim.
- Be sure all billing staff are familiar with current billing and contract requirements.
- Familiarize all billing staff with the appropriate client information to document in the insured's ID in box 1a.
- Document 'Homeless' in box 5 of the CSM1500 form if a client is currently homeless.
- Remain aware of and utilize appropriate modifiers for services that require modifiers.
- Verify the effective dates for any authorization and remain aware of how many services are covered within the authorization period.
- For any requests to update any information related to authorized services, dates, and service frequency contact the assigned PSW to discuss the request.

How to complete the 1500 claim form

Client information

Box1:Select "Other"

Box 1a:State ID # (CWFB Funded)<u>or</u>Medi-Cal Policy # (Medi-Cal Funded)

Box 2-6: Client demographics to include Name, DOB, Address, and Gender

Box 12, 13:Enter "Signature on File" or SOF

Provider/line item details

Box 19:Indicate whether submission is an updated form with comment

"Corrected Claim" or whether the service is facilitated by an intern by entering the intern's full name, i.e., John Smith, AMFT.

Box21:Diagnostic Codes according to DSM-V-TR. When CFWB funded, Z-codes are adequate.

Medi-Cal funding requires that a Title 9 diagnosis be submitted for reimbursement.

Box 24a:Date(S) of Service. Each CMS-1500 form can reflect up to 6 Dates of Service. Line Item details/charges about services rendered by Provider.

Box 24b:Place of Service. Common approved Places of Service include: 02-Telehealth other than in Client's home, 10-Telehealth in Client's home, 11-Office.

Box 24d:Approved CPT Codes only.Include any approved, relevant modifiers. Common modifiers include: 93- Telephone, 95-Video and Telephone, and TU-Bilingual Rate Applies.

Box 24e: Corresponds to diagnosis in Box 21 A-L.

Box 24f: Charge(s) for the rendered service. Rates are pre-determined during the contracting phase.

Box 24g: Indicate the number of units billed. CPT Code T1017 (Case Management) are billed in units of 15mins. For example, a 30 minute T1017 service would reflect 2 units in box 24g. 24j: NPI

Box 25: Federal Tax ID Number/Social Security Number of "Pay To"

Box 28: Total charge for all services (lines 24a., 1-6) rendered

Box 31: Provider signature and date. Electronic signature is adequate.

Box32:Service facility location information. If services are rendered in Client's home, enter Client's home address.

Box 33: "Pay To" Provider's name, address, and telephone number. Enter Agency or Group address if you are working under an Agency or Group (e.g., The San Diego Outpatient Group). Box 25 should correspond to provider or Agency/Group reflected here.



1500 claim type image

-	HEALTH INSURANCE CLAIM FO	RM									
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1	9. OTHER INSURED'S NAME (Last Name, First Name, Middle	nitial)	10. IS PATIENTS	S CONDITION RELAT	TED TO:	11. INSURED'S	POLICY GROU	PORF	ECA NUME	BER	
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Individual Therapy

The following two pages include sample CMS 1500 Claims Forms to capture how a provider would submit claims for individual therapy services. In the first sample, the individual therapy was rendered to an adult while the second sample reflects individual therapy with a child. Both samples include submission of claims for reimbursement of three separate services rendered to the client.

- 1) CPT Service Code 90791 for the Initial Intake Assessment
- 2) CPT Service Code 99366 for the provider's attendance at a CFT meeting
- 3) CPT Service Code 90837 for Individual Therapy lasting 60 minutes

Both samples also include use of the 'TU' Modifier code to capture services rendered in languages other than English. As shown in the samples, Modifiers are to be documented immediately after the CPT Service Code on the CMS 1500 Form.

When multiple Modifiers are being documented by the provider, the language Modifier should be entered as the primary Modifier.

These samples further illustrate usage of Modifiers to capture services rendered via telehealth through use of the '95' Modifier code.

Line 1 CPT Code 90791 depicts an intake assessment rendered via telehealth (modifier 95) while the Client is at home (10-Place of Service).

Line 2 CPT Code 99366 depicts attendance at a CFT meeting rendered via telehealth (modifier 95) while the Client is in the community (02-Place of Service).

Line 3 CPT Code 90837 depicts an individual therapy service rendered via telehealth (modifier 95) while the Client is at home (10-Place of Service).

Services provided in languages other than English are captured with the 'TU' modifier, as noted below in CPT Codes 90791 and 90837. Up to six dates can be captured per CMS 1500 Claims Form.



If the client's address is documented as 'Homeless' on the referral from, please document 'Homeless' in box 5 for the Patient's Address.

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12			
PICA	— HEALTH PLAN — BLK LUNG —		(For Program in Item 1) ID or CFWB State ID
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Client Name	3. PATIENT'S BIRTH DATE SEX 01 1993 M F X	4. INSURED'S NAME (Last Name	
5. PATIENT'S ADDRESS (No., Street) 1234 Disneyland Way	6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other	7. INSURED'S ADDRESS (Nc., St	treet)
CITY STATE	8. RESERVED FOR NUCC USE	CITY	
Wonderful World ZIP CODE TELEPHONE (Include Area Code)	-	ZIP CODE	TELEP Code)
54321 ()			
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:	11. INF DLICY GROUP	OR FECA NU
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) YES NO	a, INSUR F BIRTH	F
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT?	ER CLA) tee	
c. RESERVED FOR NUCC USE	c. OTHER ACCID NT?	JHANÇE PLAN	OGRAM NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. C signated ly	d. IS THERE ANOTHER HEALTH	f yes, complete items 9, 9a, and 9d.
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE	& SIGNII F rmation n	payment of medical benefits to	PERSON'S SIGNATURE I authorize the undersigned physician or supplier for
to process this claim. I also request payment of government below. SIGNED Signature on File	ealf or ty assignma.	services described below. SIGNED Signature	on File
14. DATE OF CURRENT ILLNESS. III PREGNANCY (LM)	HER YY) WORK IN CURRENT OCCUPATION MM DD YY
17. NAME OF REFERRING PRO		FROM	TO T
172		FROM	ТО
19. ADDITIONAL CLAIM INFORM Signale Corrected Claim or Intern Name - Or	nly Use When Applicable	20. OUTSIDE LAB? YES NO	\$ CHARGES
F43.10	rice line below (24E) ICD Ind.	22. RESUBMISSION CODE	ORIGINAL REF. NO.
B. C. L	D	23. PRIOR AUTHORIZATION NUI	MBER
J. L K. L 24. A. DATE(S) O E B. C. D. PROCE	L. L. EDURES, SERVICES, OR SUPPLIES E.	F. G.	<u>н.</u> I. J.
To	ain Unusual Circumstances) CCS MODIFIER POINTER	\$ CHARGES UNITS	PBUI ID. RENDERING Family QUAL. PROVIDER ID. #
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12 22 23 12 22 23 02 9936	66 95 A.	75.00 1	NPI 5279384
12 23 23 12 23 23 10 908		150. 00 1	
12 23 23 12 23 23 10 900	51 10 95 A.	130. 00 1	NPI 5279384
			NPI
			NPI
			NPI
25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S A	ACCOUNT NO. 27. ACCEPT ASSIGNMENT? For govt. claims, see back! XYES NO	28. TOTAL CHARGE 29. 3 475. 00 \$	AMOUNT PAID 30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER 32. SERVICE FA INCLUDING DEGREES OR CREDENTIALS	ACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & F	² Н# (619 555-5555
(I certify that the statements on the reverse	Prov, LMFT	Termy Prov, LMF 123 Healing Rd.	
Termy Prov LMFT Sun Di	ealing Rd. ego, CA 92108	Sun Diego, CA 92	2108
SIGNED DATE12/23/23 a. N	U.	1 1 1 D.	

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

Line 1 CPT Code 90791 depicts an intake assessment rendered via telehealth (modifier 95) while the Client is at home (10-Place of Service). Line 2 CPT Code 99366 depicts attendance at a CFT meeting rendered via telehealth (modifier 95) while Client is in the community (02-Place of Service).

of Service).

Line 3 CPT Code 90837 depicts an individual therapy service rendered via telehealth (modifier 95) while the Client is at home (10-Place of Service).



Services provided in languages other than English are captured with the 'TU' modifier, as noted below in CPT Code 90791. Up to six service dates can be captured per CMS 1500 Claims Form.

HEALTH INSURA APPROVED BY NATIONAL UN													_
PICA 1. MEDICARE MEDICA (Medicare#) (Medica.		ICARE #/DoD#)	CHAMPVA (Member ID	HEALT	H PLAN	FECA BLK LUNG (ID#)	OTHER	1a. INSURED'S Medi-(· ID	or C	(For Program in Item 1) CFWB State ID
2. PATIENT'S NAME (Last Nar Client Name	ne, First Name	, Middle Initial)		3. PATIENT'S O4 O	1 2016	s	EX F	4. INSURED'S	NAME (Last Name	e, First	Name,	Middle Initial)
5. PATIENT'S ADDRESS (No., 1234 Disneywo		nue		6. PATIENT R	ELATIONSHIP	TO INSU	RED Other	7. INSURED'S	ADDHE	55 (Nc., S	street)		
CITY			STATE CA	8. RESERVED		USE		CITY			1		
Wonderful Wo		NE (Include Are						ZIP CODE			TELE	A	code)
54321 9. OTHER INSURED'S NAME	(Last Name, Fi) irst Name, Middl	e Initial)	10. IS PATIEN	T'S CONDITION	ON RELAT	ED TO:	11. INP	OLIC:	Y GROUP	OR F	ECA NU	
a. OTHER INSURED'S POLIC'	7 OH GHOUP	NUMBEH		a. EMPLOYME	YES	NO NO	(S)	a, INSURL Mı		F BIRTH YY			F
b. RESERVED FOR NUCC US	Е			b. AUTO ACCI	DENT?		(Otto.	ER CLA		ated	1		
c. RESERVED FOR NUCC US	E			c. OTHER ACC				JRANÇE	PLAI		.00	RAM N	AME
d. INSURANCE PLAN NAME C	R PROGRAM	NAME		10d. C	Rign	nated L		d. IS THERE A	NOTHER	RHEALTH	I BENI	EFIT PL	AN?
REA	D BACK OF F	ORM BEFORE	COM	& SIGNII	+	$\overline{}$		YES 13 INSURED'S					e items 9, 9a, and 9d. SIGNATURE I authorize
PATIENT'S OR AUTHORIZ to process this claim. I also r helow.	ED PERSON'S	SIGNATURE		ase of a self or	tal rty v	rmation assig			medical	benefits to			ned physician or supplier for
SIGNED Signature	on File	<u> </u>			12/15	/2023		SIGNED.	Sigr	nature	e or	n File	9
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PLEASE PRINT OR TYPE

NUCC Instruction Manual available at: www.nucc.org
31. if it's agroup, we need provider who rendered services in box 31.

APPROVED OMB-0938-1197 FORM 1500 (02-12)

Group Therapy

The following page includes a sample CMS 1500 Claims Form to capture how a provider would submit claims for group therapy services. The sample include submission of claims for reimbursement of three separate services rendered to the client.

- 1) CPT Service Code 90791 for the Initial Intake Assessment
- 2) CPT Service Code 99366 for the provider's attendance at a CFT meeting
- 3) CPT Service Code 90853 for Group Therapy

The sample also includes use of the 'TU' Modifier code to capture services rendered in languages other than English. As shown in the sample, language Modifiers are to be documented immediately after the CPT Service Code on the CMS 1500 Form.

The sample further illustrates usage of Modifiers to capture services rendered via telehealth through use of the '95' Modifier code.

Line 2 CPT Code 99366 depicts attendance at a CFT meeting rendered via telehealth (modifier 95) while the Client is in the community (02-Place of Service).

Line 3 CPT Code 90853 depicts a group therapy service rendered via telehealth (modifier 95) while the Client is at home (10-Place of Service).

Services provided in languages other than English are captured with the 'TU' modifier, as noted below in CPT Codes 90791 and 90837. Up to six dates can be captured per CMS 1500 Claims Form.



If the client's address is documented as 'Homeless' on the referral from, please document 'Homeless' in box 5 for the Patient's Address.

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NUCC Instruction Manual available at: www.nucc.org 31. if it's agroup, we need provider who rendered services in box 31.

Conjoint Therapy and Case Management

The following page includes a sample CMS 1500 Claims Form to capture how a provider would submit claims for conjoint therapy and case management services. The sample include submission of claims for reimbursement of three separate services rendered to the client.

- 1) CPT Service Code 90791 for the Initial Intake Assessment
- 2) CPT Service Code 90847 for Conjoint Therapy
- 3) CPT Service Code T1017 for Case Management

Case Management services are billed in units of 15 minutes. For example, a 30-minute Case Management service should be documented with the number '2' under column 24g on the CMS 1500 form.

The sample also includes use of the 'TU' Modifier code to capture services rendered in languages other than English. As shown in the sample, language Modifiers are to be documented immediately after the CPT Service Code on the CMS 1500 Form.

The sample further illustrates usage of Modifiers to capture services rendered via telephone through use of the '93' Modifier code and telehealth through use of the '95' Modifier code.



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/1.

Line 1 CPT Code 90791 depicts an intake assessment rendered via telehealth (modifier 95) while the Client is at home (10-Place of Service).

Line 2 CPT 90847 depicts a conjoint service rendered via telehealth (modifier 95) while the Client is at home (10- Place of Service).

Line 3 CPT T1017 depicts 1 unit of Case Management service rendered via telephone (modifier 93) while the Client is in the community (02- Place of Service).

Services rendered in languages other than English are captured with the 'TU' modifier, as noted below in Line 2 CPT Code 90847. Up to six services can be captured per CMS 1500 Claims Form.

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NUCC Instruction Manual a		PLEASE PRINT OR	TYPF	APPRO'	VED OMB-0938	3-1197 FORM 1500 (02-12)

Evaluation No-Show Consideration Fee

TERM evaluators accepting Child and Family Well-Being evaluation referrals (CFWB, formerly CWS) through Optum TERM will be pre-authorized for one unit CPT code 99499 (no-show) and sent to providers by Optum with the referral form and questions. Evaluators that did not receive this information with the aforementioned documents should follow up directly with TERM by contacting the TERM provider line: 877-824-8376 (Option 1).

There will be only one \$200 no-show fee reimbursed per client per evaluator. This no-show consideration fee only pertains to CFWB/Probation evaluation referrals at the time of this document's publishing.

The following page includes a sample CMS 1500 Claims Form to capture how a provider would submit claims for an evaluation no-show consideration fee (CPT Service Code 99499). This no-show consideration fee is reimbursed at a rate of \$200 considering the time blocked out for the missed evaluation and does not reimburse the provider at the same rate as a completed evaluation, attended by the client.

As displayed on the sample, Evaluators are to document the code '11' for the Place of Service and a diagnosis code of R69 when submitting for reimbursement of the evaluation no-show consideration fee.

Please Note: When granted, evaluation no-show consideration fees will be paid using CFWB funding. Therefore, a CFWB case number must be used when submitting for this fee. If evaluation services are financed by Medi-Cal, the 99499 must be reported on a different claims form than the evaluation services because it is paid for separately using CFWB funding.

Line 1 CPT Code 99499 depicts a claims submission for compensation related to a CFWB Evaluation that was not attended by the client. This reflects the Evaluator seeking reimbursement for the CFWB evaluation no-show consideration fee.

If the client's address is documented as 'Homeless' on the referral from, please document 'Homeless' in box 5 for the Patient's Address.



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TERM Provider Authorization Letter to CPT Code Crosswalk

Psychiatric Diagnostic Procedures (Intake Assessment)

Provider Auth Letter Description	CPT Code	Description	Minutes
A&E Psych Assessment and Med Eval	90791	Psychiatric diagnostic evaluation	50
A&E Psych Assessment and Med Eval	90791TU	Psychiatric diagnostic evaluation - Bilingual	50

Psychotherapy (Individual, Conjoint, and Family Therapy)

Provider Auth Letter Description	CPT Code	Description	Minutes
INDIV Therapy	90834	Psychotherapy, 45 minutes with patient	45
INDIV Therapy	90834TU	Psychotherapy, 45 minutes with patient - Bilingual	45
INDIV Therapy	90837	Psychotherapy, 60 minutes with patient	60
INDIV Therapy	90837TU	Psychotherapy, 60 minutes with patient - Bilingual	60
CONJ Conjoint Therapy	90846	Family psychotherapy (without the patient present), 50 minutes	50
CONJ Conjoint Therapy	90846TU	Family psychotherapy (without the patient present), 50 minutes - Bilingual	50
CONJ Conjoint Therapy	90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	50
CONJ Conjoint Therapy	90847TU	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes - Bilingual	50

Group Therapy (All TERM Group Therapy Services)

Provider Auth Letter Description	CPT Code	Description	Minutes
A&E Psych Assessment and Med Eva	90791	Intake/Assessment for Group	N/A
A&E Psych Assessment and Med Eva	90791TU	Intake/Assessment for Group - Bilingual	N/A
DVIA DV Intake Assessment	90785	Additional 30 min. for Intake/Assessment for Domestic Violence Offender and Victim Group	30
DVIA DV Intake Assessment	90785TU	Additional 30 min. for Intake/Assessment for Domestic Violence Offender and Victim Group - Bilingual	30
GROUP Group Therapy	90853	Group Therapy Session	N/A
GROUP Group Therapy	90853TU	Group Therapy Session - Bilingual	N/A

TERM Provider Authorization Letter to CPT Code Crosswalk

Quarterly Treatment Report

Provider Auth Letter Description	CPT Code	Description	Minutes
Report Preparation	90889	Quarterly Treatment Report – 4x per year	N/A
PLDV Plan Development	H0032	CFWB Report(s) – Initial Treatment Plan, Treatment Plan Update and Discharge Summary for TERM CWS Clients (per report)	N/A

Care Coordination (CFT Meeting Attendance and Case Management)

ĺ	Provider Auth Letter Description	CPT Code	Description	Minutes
	CM Team Conference	99366	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
	CM Team Conference	99368	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
	TCM Targeted Case Management	T1017	Targeted case management, each 15 minutes	15

CANS

Provider Auth Letter Description	Billing/CPT Code	Description
CANS Report Preparation	90889	Submission of an appropriate CANS Report (1 each/1 unit)

Psychological Testing

Provider Auth Letter Description	CPT Code	Description	Minutes
		* Psychological testing evaluation services by physician or other qualified health care professional,	
Psych Test Eval 1st Hr	96130	including integration of patient data, interpretation of standardized test results and clinical data, clinical	60
		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	
Psych Test Eval 1 st Hr	96130TU	* 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
Psych Test Eval Addtl 1 Hr	96131	Each additional 1 unit/1 hour (services as described in 96130)	60
Psych Test Eval Addtl 1 Hr	96131TU	Each additional 1 unit/1 hour (services as described in 96130) - Bilingual	60
Neuropsych Test Admin 1st 30 Minutes	96136	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
Neuropsych Test Admin 1st 30 Minutes	96136TU	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
Neuropsych Test Admin Addtl 30 Minutes	96137	Each additional 1 unit/30 minutes (services as described in 96136)	30

TERM Provider Authorization Letter to CPT Code Crosswalk

Neuropsych Test Admin Addtl 30 Minutes	96137TU	Each additional 1 unit/30 minutes (services as described in 96136) - Bilingual	30
No Show- Psych Eval	99499	No Show Consideration Fee for Psychological Evaluations	N/A

Neuorpsychological Testing

Provider Auth Letter Description	CPT Code	Description	Minutes
NeuorpsyTesting Evaltion1stHr	96132	* Neuropsychological 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	60
NeuorpsyTesting Evaltion1stHr	96132TU	* Neuropsychological 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 - Bilingual	60
NeuropsyTestingEvalAdd1Hr	96133	Each additional 1 unit/1 hour (services as described in 96132)	60
NeuropsyTestingEvalAdd1Hr	96133TU	Each additional 1 unit/1 hour (services as described in 96132) - Bilingual	60
Neuropsych Test Admin 1st 30 Minutes	96136HU	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
Neuropsych Test Admin 1st 30 Minutes	96136HU 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
Neuropsych Test Admin Addtl 30 Minutes	96137HU	Each additional 1 unit/30 minutes (services as described in 96136)	30
Neuropsych Test Admin Addtl 30 Minutes	96137HU TU	Each additional 1 unit/30 minutes (services as described in 96136) - Bilingual	30
No Show- Psych Eval	99499	No Show Consideration Fee for Psychological Evaluations	N/A

Psychiatric Evaluations

Provider Auth Letter Description	CPT Code	Description	Minutes
Psychiatric Evaluation 1 Hour	90899	Psychiatric Evaluations	N/A
Psychiatric Evaluation 1 Hour	90899TU	Psychiatric Evaluations - Bilingual	N/A