



3111 Camino del Rio North, Suite 500  
San Diego, CA 92108  
P: 619-641-6800  
F: 619-641-6801  
[www.optumhealthsandiego.com](http://www.optumhealthsandiego.com)

January 18, 2013

**Subject: URGENT – Child Welfare Services Billing Codes**

Dear TERM Network Provider:

This email contains urgent information about the billing codes for services rendered to Child Welfare Services (CWS) clients through the TERM Network.

**CWS Billing Codes Have Not Changed**

The codes used to bill CWS for services rendered to CWS clients did not change on January 1, 2013. Unfortunately, some TERM network providers are incorrectly using the new Medi-Cal codes when submitting CWS claims.

**Continue to Use CWS Codes**

Please continue to use the codes listed on the attached CWS Fee Schedule. Do not use the codes on your Medi-Cal Fee schedule for services paid by CWS.

**Questions?**

If you have questions regarding the CWS codes or the new Medi-Cal codes, please contact Laura Ruiz, Manager of Claims at 619-641-6668.

Thank you for working with OptumHealth in providing services to Child Welfare Services and Probation Department clients.

Sincerely,

*Mary Joyce*

Mary Joyce, MSW, MBA  
Director, Quality Improvement & Provider Services  
OptumHealth Public Sector San Diego

Optum Health Child Welfare Services TERM Billing Code Schedule

<b>CPT Code</b> <b>*Note: Important Modifier Info.</b>	<b>CWS Service Name</b>	<b>Service Description, Length of Service, Frequency</b>
90801 (I, L)	Initial Assessment for Individual, Conjoint or Family Therapy	Initial Assessment for Individual, Conjoint, or Family Therapy - 50 min. - 1x only
90806 (I, L)	Individual Therapy	Individual Therapy Session - 50 min.
90846 (I, L)	Conjoint/Family Therapy - Without Child	Family or Conjoint Therapy Session - 50 min. - child not present
90847 (I, L)	Conjoint/Family Therapy - With Child	Family or Conjoint Therapy Session - 50 min. - child is present
90802A (I)	Initial Assessment for Group Therapy - Anger Management Grp.	Group Therapy Intake - 50 min. - 1x only
90802C (I)	Initial Assessment for Group Therapy - Child Abuse Grp.	Group Therapy Intake - 50 min. - 1x only
90802D (I)	Initial Assessment for Group Therapy - Domestic Violence Grp.	Domestic Violence Group Therapy Intake - 60 min. = 2 units; 90 min. = 3 units - 1x only
90802S (I)	Initial Assessment for Group Therapy - SO/NPP Group	Group Therapy Intake - 50 min. - 1x only
90853A (I)	Group Therapy - Anger Management Group	Group Therapy Session - Anger Mgmt. Grp.
90853C (I)	Group Therapy - Child Abuse Group	Group Therapy Session - Child Abuse Group
90853D (I)	Group Therapy - Domestic Violence Group	Group Therapy Session - DV Group
90857 (I, L)	SO/NPP Group Therapy	Group Therapy - Adult sex offenders or Non-protecting parents
90899	Psychiatric Evaluations	Initial Psychiatric Evaluation for Treatment - Includes 60 min each of the following services: records review, clinical interview, collateral contact, report writing - 1x only per client per year
96101 (I)	Psychological Evaluations	Psychological Evaluation - Includes clinical interview, collateral contacts, records review, test administration, test scoring, report writing - 1x only per client per year
96111 (I)	Developmental/Psychological Evaluations (Children under 6 only)	This service only for children under 6 years of age - Developmental Evaluation includes assessment of motor, language, social, adaptive and/or cognitive functioning, with interpretation and report. Psychological Evaluation includes clinical interview, collateral contacts, records review, test administration, test scoring, report writing
99205	Adult Sexual Offender Assessment	Initial Offender Assessment (Includes clinical interview, MMPI, K-BIT 2, ABEL, Static 99) - Unspecified timeframe - 1x only per client
99205N	Sexual Abuse Non-Protecting Parent Assessment	Initial Non-Protecting Parent Assessment (Includes MMPI, K-BIT 2, Clinical interview) - Unspecified timeframe - 1x only per client
90889 (I)	SO/NPP Quarterly Treatment Reports	Quarterly Treatment Report Preparation- 4x per year
96118	Neuropsychological Evaluation	Neuropsychological Evaluations - Includes psychologist's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
99080	Special Report	N/A
99343	Home Visits-requires special authorization by CWS	Home visits for the evaluation and management of a client. 45 mins
X9544 (I, L)	Team Decision Making (TDM) (1 Unit = 30 Minutes)	Team Decision-Making (TDM) meetings - Actual time provider participates in TDM (excluding drive time) - No Daily Maximum or Frequency Maximum; 1 unit = 30 min. of TDM
<i>*Modifiers are Required to Ensure Accurate Claims Payments (use all that apply)</i>		I = Intern or Psych. Asst. Provided Service L = Bilingual Rate Applies