



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

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
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
90846	SC, GT	Family psychotherapy (without the patient present), 50 minutes	50
90846	SC, GT, TU	Family psychotherapy (without the patient present), 50 minutes - Bilingual	50
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
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

Group Therapy

CPT Code	Modifiers	Description	Minutes
90791	SC,GT	Intake/Assessment for Group	N/A
90791	SG,GT,TU	Intake/Assessment for Group - Bilingual	N/A
99354	SC, GT	Additional 30 min. for Intake/Assessment for Domestic Violence Offender and Victim Group	30
99354	SC, GT, TU	Additional 30 min. for Intake/Assessment for Domestic Violence Offender and Victim Group - Bilingual	30
90853	NA	Group Therapy Session	N/A
90853	TU	Group Therapy Session - Bilingual	N/A

Quarterly Treatment Report

CPT Code	Modifiers	Description	Minutes
90889	N/A	Quarterly Treatment Report – 4x per year	N/A
H0032	HE	CWS Report(s) – Initial Treatment Plan, Treatment Plan Update and Discharge Summary for TERM CWS Clients (per report)	N/A
99080	N/A	Special report as requested and approved by Child Welfare Services	N/A

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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
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**

SC = Telephone GT = Telehealth TU = Bilingual Rate Applies

CANS

Billing/CPT Code	Modifier	Description
CANS01	N/A	Child Adolescent Needs & Strength Assessment Training and Certification; includes completion of RIHS training and successful certification (1x only/1 unit) – <i>This code is effective 04/01/2019</i>
90889	HX	Submission of an appropriate CANS Report (1 each/1 unit)
CANS03	N/A	Annual Recertification for Child Adolescent Needs & Strength Assessment (1 annually/1 unit)