

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

TERM Medi-Cal Funded CPT Codes and Rates - Effective Date 07/01/2023
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

Psychological Testing

CPT Code	Modifiers	Description	Minutes
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**

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