

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

Psychiatric Diagnostic Procedures

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

Psychotherapy

CPT Code	Modifiers	Description			
90834	93, 95	Psychotherapy, 45 minutes with patient			
90834	TU, 93, 95	Psychotherapy, 45 minutes with patient - Bilingual			
90837	93, 95	Psychotherapy, 60 minutes with patient			
90837	TU, 93, 95	Psychotherapy, 60 minutes with patient - Bilingual			
90846	93, 95	Family psychotherapy (without the patient present), 50 minutes			
90846	TU, 93, 95	Family psychotherapy (without the patient present), 50 minutes - Bilingual			
90847	93, 95	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes			
90847	TU, 93, 95	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes - Bilingual			
99342	N/A	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making Requires special approval and authorization from CWS			
99342	TU	Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making Requires special approval and authorization from CWS - Bilingual			

Group Therapy

CPT Code	Modifiers	Description	
90791	93, 95	Intake/Assessment for Group	
90791	TU, 93, 95	Intake/Assessment for Group - Bilingual	
90785	93, 95	Additional 30 min. for Intake/Assessment for Domestic Violence Offender and Victim Group	
90785	TU, 93, 95	Additional 30 min. for Intake/Assessment for Domestic Violence Offender and Victim Group - Bilingual	
90853	93, 95	Group Therapy Session	
90853	TU, 93, 95	Group Therapy Session - Bilingual	N/A

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Quarterly Treatment Report

CPT Code	Modifiers	Description	
90889	N/A	uarterly Treatment Report – 4x per year	
H0032	N/A	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	

Care Coordination

CPT Code	Modifiers	Description	
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)	
T1017	SC	Targeted case management, each 15 minutes	

*Modifiers below are required to ensure	e accurate claims _l	payments for servi	ces rendered by telephone or telehealth
TU = Bilingual Rate Applies	93 = Telephone	95 = Telehealth	SC = Telephone (T1017 only)

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)	