

TERM CWS Funded CPT Codes and Rates - Effective Date 07/01/2023 Psychologist - Intern

Psychiatric Diagnostic Procedures

| CPT Code | Modifiers | Description | Minutes |
|-----------------|-----------|-----------------------------------|---------|
| 90791 | 93, 95 | Psychiatric diagnostic evaluation | 50 |

Psychotherapy

| CPT Code | Modifiers | Description | Minutes |
|----------|-----------|---|---------|
| 90834 | 93, 95 | Psychotherapy, 45 minutes with patient | |
| 90837 | 93, 95 | Psychotherapy, 60 minutes with patient | 60 |
| 90846 | 93, 95 | Family psychotherapy (without the patient present), 50 minutes | 50 |
| 90847 | 93, 95 | Family psychotherapy (conjoint psychotherapy)(with patient present), 50 minutes | |
| 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 | 30 - 45 |

Group Therapy

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

Quarterly Treatment Report

| CPT Code | Modifiers | Description | Minutes |
|----------|-----------|---|---------|
| 90889 | N/A | Quarterly Treatment Report – 4x per year | 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 |

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 | N/A |
| | | Team (CFT) meetings for CWS clients. (1 unit per day maximum) | |
| 99368 | 93, 95 | Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes | N/A |
| | | or more; participation by nonphysician qualified health care professional. (1 unit per day maximum) | IN/A |
| T1017 | SC | Targeted case management, each 15 minutes | 15 |

| *Modifiers below are required to ensure ac | ccurate claims payments for services rendered by telephone or telehealth |
|--|--|
| 93 = Telephone | 95 = Telehealth SC = Telephone (T1017 only) |

TERM CWS Funded CPT Codes and Rates - Effective Date 07/01/2023 Psychologist - Intern

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) |

Psychological Testing

| CPT Code | Modifiers | Description | Minutes |
|----------|-----------|--|---------|
| 96112 | N/A | Developmental/Psychological Evaluations 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; first hour (Max 1 unit/1 hour) | 60 |
| 96113 | N/A | Each additional 1 unit/30 minutes - Max 18 units (services as described in 96112) | 30 |
| 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 |
| 96131 | N/A | Each additional 1 unit/1 hour (services as described in 96130) | 60 |
| 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 |
| 96137 | N/A | Each additional 1 unit/30 minutes (services as described in 96136) | 30 |

^{*} Rates for Psychological Evaluations (96130, 96131, 96136 & 96137 combined) are based on a flat rate of \$600 at ten (10) hours of service.