

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.

***Modifiers below are required to ensure accurate claims payments for services rendered by telephone, telehealth or to children**

93 = Telephone 95 = Telehealth SC = Telephone (T1017) TU = Bilingual Rate Applies TJ = Services rendered to children

Psychiatric Diagnostic Procedures

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

Psychotherapy

CPT Code	Modifiers	Description	Minutes
90834	93, 95, TJ	Psychotherapy, 45 minutes with patient	45
90837	93, 95, TJ	Psychotherapy, 60 minutes with patient	60
90846	93, 95, TJ	Family psychotherapy (without the patient present), 50 minutes	50
90847	93, 95, TJ	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	50
99342	TJ	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 CFWB	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	30
90853	93, 95	Group Therapy Session	30

Quarterly Treatment Report

CPT Code	Modifiers	Description	Minutes
90889	N/A	Quarterly Treatment Report - 4x per year	N/A
H0032	TJ	CFWB Report(s) – Initial Treatment Plan, Treatment Plan Update and Discharge Summary for TERM CFWB Clients (per report)	N/A

Care Coordination

CPT Code	Modifiers	Description	Minutes
99366	93, 95, TJ	Medical team conference with interdisciplinary team of healthcare professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified healthcare professional. Includes Child, Family and Interdisciplinary Team (CFT) meetings for CFWB clients. (1 unit per day maximum)	N/A
99368	93, 95, TJ	Medical team conference with interdisciplinary team of healthcare professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified healthcare professional. (1 unit per day maximum)	N/A
T1017	SC, TJ	Targeted case management, each 15 minutes	15

Psychological Testing

CPT Code	Modifiers	Description	Minutes
96112	TJ	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
96112	TU, TJ	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) – Bilingual	60
(+) 96113	TJ	Each additional 1 unit/30 minutes - Max 18 units (services as described in 96112, codes must be billed together on the last DOS once evaluation is completed)	30
(+) 96113	TU, TJ	Each additional 1 unit/30 minutes - Max 18 units (services as described in 96112, codes must be billed together on the last DOS once evaluation is completed) – Bilingual	30
96130	TJ	*Psychological testing evaluation services by physician or other qualified healthcare 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, TJ	*Psychological testing evaluation services by physician or other qualified healthcare 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

*Rates for Psychological Evaluations (96130, 96131, 96136 & 96137 combined) are based on a flat rate of \$2,254 (English) and \$2,880 (Bilingual) at ten (10) hours of service.

Psychological Testing - Continued

CPT Code	Modifiers	Description	Minutes
(+) 96131	TJ	Each additional 1 unit/1 hour (services as described in 96130, codes must be billed together on the last DOS once evaluation is completed)	60
(+) 96131	TU, TJ	Each additional 1 unit/1 hour (services as described in 96130, codes must be billed together on the last DOS once evaluation is completed) – Bilingual	60
96136	TJ	Psychological test administration and scoring by physician or other qualified healthcare professional, two or more tests, any method, first 30 minutes (Max 30 minutes/1 unit)	30
96136	TU, TJ	Psychological test administration and scoring by physician or other qualified healthcare professional, two or more tests, any method, first 30 minutes (Max 30 minutes/1 unit) – Bilingual	30
(+) 96137	TJ	Each additional 1 unit/30 minutes (services as described in 96136, codes must be billed together on the last DOS once evaluation is completed)	30
(+) 96137	TU, TJ	Each additional 1 unit/30 minutes (services as described in 96136, codes must be billed together on the last DOS once evaluation is completed) – Bilingual	30
96132	TJ	**Neuropsychological testing evaluation services by physician or other qualified healthcare 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	60
96132	TU, TJ	**Neuropsychological testing evaluation services by physician or other qualified healthcare 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 Bilingual	60
(+) 96133	TJ	Each additional hour (services described in 96132, codes must be billed together on the last DOS once evaluation is completed)	60
(+) 96133	TU, TJ	Each additional hour (services described in 96132, codes must be billed together on the last DOS once evaluation is completed) – Bilingual	60
96136	HU, TJ	Neuropsychological: Test Administration and Scoring (First 1/2 Hour - 1 unit/30 minutes)	30
96136	TU, HU, TJ	Neuropsychological: Test Administration and Scoring (First 1/2 Hour - 1 unit/30 minutes) Bilingual	30
96137	HU, TJ	Neuropsychological: Test Administration and Scoring (Additional 1 unit/30 minutes or 2 units/1 hour)	30
96137	TU, HU, TJ	Neuropsychological: Test Administration and Scoring (Additional 1 unit/30 minutes or 2 units/1 hour) – Bilingual	30

****Rates for Neuropsychological Evaluations (96132, 96133, 96136 HU & 96137 HU combined) are based on a flat rate of \$4,064 (English) and \$4,680(Child)/\$4,476(Adult) (Bilingual) at eleven (11) hours of service.**

CANS

Billing/CPT Code	Modifiers	Description
CANS01	N/A	Child Adolescent Needs & Strength Assessment Training and Certification; includes completion of CANS 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)