

# **Guide To Procedure Codes for Specialty Mental Health Services**

**Effective July 1, 2023  
Revised on May 14, 2025**



**Lisa Wong, PsyD., Director  
Los Angeles County Department of Mental Health**

**Debbie Innes-Gomberg, Ph.D., Deputy Director  
Quality, Outcomes, and Training Division**

## **Compiled by: Quality Assurance Unit**

# **INTRODUCTION**

This Guide, prepared by DMH, lists and defines the compliant codes that DMH believes reflects the services it provides throughout its system, whether by directly- operated, contracted organizational providers, or individual/group network providers. This analysis does not, however, absolve Providers, whether individuals or agencies from their responsibility to be familiar with nationally compliant codes and to inform and dialogue with DMH should they believe differences exist. Providers should consult the American Medical Association's (AMA) Current Procedural Terminology (CPT) codebook for complete description of the CPT codes and of the standard rules governing code use and selection. The CPT codebook will help answer questions including which services a code encompasses, how to select a unit of a particular code and which providers can claim for a particular service. For other codes on claims, including allowable EBP codes, please refer to the LACDMH Companion Guide.

### Brief History

Since the inception of the DMH's first computer system in 1982, DMH directly-operated and contract staff have reported services using Activity Codes. These Activity Codes were then translated into the types of mental health services for which DMH could be reimbursed through a variety of funding sources. On April 14, 2003, health care providers throughout the Country implemented the HIPAA Privacy rules. This brought many changes to DMH's way of managing Protected Health Information (PHI) but did not impact the reporting/claiming codes. On October 16, 2003, all health care providers throughout the USA are required to implement the HIPAA Transaction and Codes Sets rules or be able to demonstrate good faith efforts to that end. These rules require that providers of health care services anywhere in the USA must use nationally recognized Procedure Codes to claim services. On July 1, 2023, the State Department of Health Care Services (DHCS) implemented Payment Reform under Cal-AIM which fully aligns the State with other healthcare delivery systems and complies with CMS requirements for all State Medicaid programs to adopt CPT codes where appropriate. In addition, it will improve reporting and support data-decision making by disaggregating data on Specialty Mental Health Services (SMHS).

### HIPAA Objectives and Compliant Coding Systems

One of the objectives of HIPAA is to enable providers of health care throughout the country to be able to be conversant with each other about the services they were providing through the use of a single coding system that would include any service provided. In passing HIPAA, Legislators were also convinced that a single national coding system would simplify the claims work of insurers of health. Two nationally recognized coding systems were approved for use: the CPT codes and the Level II Health Care Procedure Coding System (HCPCS). The CPT codes are five-digit numeric codes, such as 90791 and the HCPCS are a letter followed by four numbers, such as H2017.

Definitions found in this Guide are from the following resources: CPT code definitions come from the CPT Codes Manual; HCPCS codes are almost exclusively simply code titles absent definition, so these definitions were established either exclusively or in combination from one of these sources – 1) Title 9 California Code of Regulations, Chapter 11, Specialty Mental Health Services, 2) State Department of Health Care Services (DHCS) Letters and Informational Notices, or 3) DHCS State Plan Amendments.

## STRUCTURE OF GUIDE

**Activity:** Title of the procedure code which defines the activity the practitioner provided.

**Base Code:** The primary code used to describe the activity/service to which add-on codes may be added.

**Method of Delivery:** Identifies the allowable ways in which the practitioner may conduct the activity. Any required modifiers are listed in parenthesis.

- ☐ In person
- ☐ Telephone
- ☐ Telehealth

**Service Contact:** Identifies the allowable person or persons for whom the practitioner may claim their time of contact. The Service Contact in most cases shall be the client but may also be other significant supports such as family members. For plan development, service contacts should have had direct client contact except for consultations in which case the consultant does not have to have direct client contact.

- ☐ Client
- ☐ Significant Support Person
- ☐ Mental Health/Health Professional (Consultant)

**Allowable Discipline(s):** Identifies the disciplines permitted to use the procedure code as well as the applicable taxonomies associated with that discipline. Refer to Discipline/Categories/Taxonomies Section for additional information about allowable disciplines.

**Place of Service:** Identifies the allowable place of service. Some codes, like Evaluation & Management codes, are determined by the place of service.

**Min and Max Duration:** Identifies the minimum and maximum duration allowable for the procedure code. While exact minutes are no longer required/claimed, the number of minutes determines either the selection of the code or the number of units for the claim so practitioners must make a reasonable determination of the duration of the direct care. **If the code does not have a specific time range, all codes must pass the midpoint of the duration to bill** (e.g., 1 unit of a 15-minute duration may be billed at 8 minutes, 2 units at 23 minutes, etc.).

**Min and Max Units:** Identifies the maximum units allowed on the claim.

**Extend Duration Code & Unit Breakdown:** For procedure codes that have a duration/unit limit, identifies add-on codes that may be utilized to prolong the duration of the base code.

**Allowable Add Ons:** Additional codes that may be added to a base code to supplement the primary service.

- ☐ Sign Language/Interpretation (T1013)
- ☐ Interactive Complexity (90785)
- ☐ Caregiver Assessment (96161)
- ☐ Interpretation/Explanation of Results (90887:CG)

**Practitioner Second Service Requiring Modifier (per Day):** Identifies codes that require an override modifier if provided by a practitioner on the same day for the same client.

**Practitioner Specific Lockouts (per Day):** Identifies codes that cannot be used by a practitioner on the same day for the same client.

**Other Items:**

1. Except for those services funded entirely by CGF or Mental Health Services Act (MHSA), there are no codes that identify payer information, such as PATH. Payer information will be maintained by funding plan/funding source.
2. For clients with Medicare, all CPT codes must be submitted to Medicare first, except for 90885, 96110, 96376, 99605-7, 99366-8, 99887, 90867-9, 99242-5, 99252-5, and all HCPCS codes. For units of service for T2021 and T2024, bill Medicare one unit of the associated CPT code. Then claim to Medi-Cal the appropriate units of T2021 and T2024.
3. Separate claims must be submitted for each practitioner involved in a service.
4. A separate claim must be submitted for each client involved in a group. The units claimed should be the same for all clients in the group using the total duration of direct care for the group. The same code shall also be used on each claim. Providers no longer need to divide the units by the number of clients in the group.
5. For Evaluation & Management (E&M) codes that utilize the terms "new patient" and "established patient", a new client is a client that has not received E&M services from an MD/NP within the same Legal Entity (i.e., providers with the same clinical record) within the past three years. Conversely, an established client is a client that has received E&M services from an MD/NP within the same Legal Entity within the past three years.
6. Some services/codes require prior authorization or concurrent review. Codes that require pre-authorization are indicated in the header for the section. Also refer to the Organizational Provider's Manual for information on prior authorization/concurrent review.

**ABBREVIATIONS**

**CGF** – County General Funds

**CPT** – Current Procedural Terminology; codes established by the American Medical Association to uniquely identify services for reporting and claiming purposes.

**DMH** – Los Angeles County Department of Mental Health or Department; also known as the Local Mental Health Plan (LMHP)

**ECM** – Enhanced Care Management

**ECT** – Electroconvulsive Therapy

**E&M** - Evaluation and Management

**FFPSA** - Family First Prevention Services Act Aftercare services

**HCPCS** – Health Care Procedure Coding System

**IMD** – Institutions for Mental Disease

**IBHIS** – Integrated Behavioral Health Information System

**LMHP** – Local Mental Health Plan (in Los Angeles County, the Department of Mental Health)

**MSS** - Medication Support Service

**PHI** – Protected Health Information

**QI** - Qualified Individual services

**SFC** – Service Function Code

**STP** – Special Treatment Patch

**STRTP** - Short-Term Residential Therapeutic Program

**TCM** – Targeted Case Management

### **DIRECT CARE**

The following direction does not apply to Community Outreach Services (COS). Please refer to the COS Manual.

**Per the DHCS Billing Manual: "DHCS policy will only consider the time it takes to provide direct services associated with that code as part of time.** Direct patient care does not include travel time, administrative activities, chart review, documentation, utilization review and quality assurance activities or other activities a provider engages in either before or after a patient visit. If the service code billed is a patient care code, direct patient care means time spent with the patient for the purpose of providing healthcare. If the service code billed is a medical consultation code, then direct patient care includes time spent with the consultant/members of the beneficiary's care team."

Based on the above definition by DHCS direct care is not the same as "face-to-face" service. It is a group of activities defined by DHCS that emphasizes time spent directly providing care to the client as well as additional activities working directly with significant support persons. Please be aware that consultation cannot occur between two or more professionals when the expectation is that the consultor should know the information by professional training. Supervision time remains non-billable.

DHCS has transitioned away from billing by minute. Under Cal-AIM Payment Reform, billing is by the code, unit and practitioner discipline. The reimbursed rate for these activities now includes activities that were formally reimbursed by minute. Certain activities that were previously billable (e.g., documentation) are now accounted for in the overall reimbursement rate.

**Direct Care (time goes into duration determination):**

- ☐ Time with client
- ☐ Time with significant support persons if the purpose of their participation is to focus on the treatment of the client
- ☐ Time with consultant
- ☐ Time with client's care team

**Non-Direct Care (time does NOT go into duration determination):**

- ☐ Travel time
- ☐ Chart review time
- ☐ Documentation time
- ☐ Administrative time (general team meetings, utilization review, quality assurance activities)

If there are multiple encounters for the same service for the same client by the same practitioner on the same day, only one note is required to be written and one claim shall be submitted incorporating the total duration of direct care for all encounters in that day. This does not apply to the group HCPCS codes, including H0025, H2017:HQ, and H0034:HQ; separate notes may be written, and separate claims may be submitted.

## DISCIPLINE/TAXONOMY

Rendering Providers/Practitioners may only provide services consistent with their education/licensure (scope of practice), length of experience and/or job description. All disciplines must minimally have a high school diploma or equivalent. The discipline controls what procedure codes the practitioner can utilize while the category (specific subsets of the discipline) is what is entered into the Network Adequacy: Provider & Practitioner Administration (NAPPA) application. DHCS/Medi-Cal has provided instruction on which taxonomies may and may not be used by disciplines.

Guide Abbreviation	NAPPA Category Description	License # Required	Medicare Enrollment Required	IBHIS Discipline Description	IBHIS Practitioner Category Code and Description	Taxonomy Description	Requirements/ Additional Information
ASW	Associate Clinical Social Worker	Yes	No	Associate Clinical Social Worker	29 Associate Clinical Social Worker	104100000X - Social Worker 1041C0700X - Social Worker, Clinical 1041S0200X - Social Worker, School	<ul style="list-style-type: none"> <li>The service performed by a pre-licensed professional should be reported with modifier HL; The HL modifier is required for CPT codes and HCPCS codes T2021 and T2024.</li> <li>Must be registered with the Board; registration may be pending per the 90-Day Rule (See Organizational Provider's Manual).</li> </ul>
LCSW	Licensed Clinical Social Worker	Yes	Yes	Social Worker	5 SW	104100000X - Social Worker 1041C0700X - Social Worker, Clinical 1041S0200X - Social Worker, School	
AMFT	Associate Marriage and Family Therapist	Yes	No	Associate Marriage and Family Therapist	30 Associate Marriage and Family Therapist	106H00000X - Marriage and Family Therapist	<ul style="list-style-type: none"> <li>The service performed by a pre-licensed professional should be reported with modifier HL; The HL modifier is required for CPT codes and HCPCS codes T2021 and T2024.</li> <li>Must be registered with the Board; registration may be pending per the 90-Day Rule (See Organizational Provider's Manual).</li> </ul>
LMFT	Licensed Marriage and Family Therapist	Yes	Yes	Marriage and Family Therapist	6 MFT	106H00000X - Marriage and Family Therapist	
APCC	Associate Professional Clinical Counselor	Yes	No	Associate Professional Clinical Counselor	28 Associate Professional Clinical Counselor	101YP2500X – Counselor, Professional	<ul style="list-style-type: none"> <li>The service performed by a pre-licensed professional should be reported with modifier HL; The HL modifier is required for CPT codes and HCPCS codes T2021 and T2024.</li> <li>Must be registered with the Board; registration may be pending per the 90-Day Rule (See Organizational Provider's Manual)</li> </ul>
LPCC	Licensed Professional Clinical Counselor	Yes	Yes	Professional Clinical Counselor	18 ProfClinCounselor	101YP2500X - Counselor, Professional	
LVN	Licensed Vocational Nurse	Yes	No	LVN	25 LVN	164X00000X - Licensed Vocational Nurse	
LPT	Licensed Psych Tech	Yes	No	LPT	24 LPT	167G00000X - Licensed Psychiatric Technician	
OT	Occupational Therapist	Yes	No	Occupational Therapists	27 Occupational Therapist	225X00000X - Occupational Therapist 225XM0800X - Occupational Therapist, Mental Health	

# DISCIPLINE/TAXONOMY

Guide Abbreviation	NAPPA Category Description	License # Required	Medicare Enrollment Required	IBHIS Discipline Description	IBHIS Practitioner Category Code and Description	Taxonomy Description	Requirements/Additional Information
Licensed Psychologist	Licensed Psychologist PhD	Yes	Yes	Psychologist	4 PhD	103T00000X - Psychologist	
						103TA0400X - Psychologist, Addiction (Substance Use Disorder)	
						103TA0700X - Psychologist, Adult Development & Aging	
						103TC0700X - Psychologist, Clinical	
						103TC2200X - Psychologist, Clinical Child & Adolescent	
						103TB0200X - Psychologist, Cognitive & Behavioral	
						103TC1900X - Psychologist, Counseling	
	Licensed Psychologist PsyD	Yes	Yes	Psychologist	4 PsyD	103TP2701X - Psychologist, Group Psychotherapy	
						103T00000X - Psychologist	
						103TA0400X - Psychologist, Addiction (Substance Use Disorder)	
						103TA0700X - Psychologist, Adult Development & Aging	
						103TC0700X - Psychologist, Clinical	
						103TC2200X - Psychologist, Clinical Child & Adolescent	
						103TB0200X - Psychologist, Cognitive & Behavioral	
Waivered Psychologist	Waivered Psychologist PhD	No	No	Waivered Psychologist	31 Waivered Psychologist	103TC1900X - Psychologist, Counseling	<ul style="list-style-type: none"> <li>• A Waiver is required for persons employed or under contract to provide SMHS as a post-doctorate psychologist candidate gaining experience required for licensure.</li> <li>• The HL modifier is required for CPT codes and HCPCS codes T2021 and T2024.</li> </ul>
						103TP2701X - Psychologist, Group Psychotherapy	
						103T00000X - Psychologist	
						103TA0400X - Psychologist, Addiction (Substance Use Disorder)	
						103TA0700X - Psychologist, Adult Development & Aging	
						103TC0700X - Psychologist, Clinical	
						103TC2200X - Psychologist, Clinical Child & Adolescent	
	Waivered Psychologist PsyD	No	No	Waivered Psychologist	31 Waivered Psychologist	103TB0200X - Psychologist, Cognitive & Behavioral	
						103TC1900X - Psychologist, Counseling	
						103TP2701X - Psychologist, Group Psychotherapy	
						103T00000X - Psychologist	
						103TA0400X - Psychologist, Addiction (Substance Use Disorder)	
						103TA0700X - Psychologist, Adult Development & Aging	
						103TC0700X - Psychologist, Clinical	
						103TC2200X - Psychologist, Clinical Child & Adolescent	
						103TB0200X - Psychologist, Cognitive & Behavioral	
						103TC1900X - Psychologist, Counseling	
						103TP2701X - Psychologist, Group Psychotherapy	

**DISCIPLINE/TAXONOMY**

Guide Abbreviation	NAPPA Category Description	License # Required	Medicare Enrollment Required	IBHIS Discipline Description	IBHIS Practitioner Category Code and Description	Taxonomy Description	Requirements/ Additional Information
MD/DO	Licensed Physician, MD & Licensed Physician, DO	Yes	Yes	Medical Doctor/Doctor of Osteopathy	1 MD/DO	2080P0006X - Behavioral Pediatrics 208D00000X - Physician, General Practice	<ul style="list-style-type: none"> <li>Completed a psychiatry residency program; or</li> <li>Be a physician in another qualified specialty that has written approval from LACDMH. Approval is site specific.</li> </ul>
	Licensed Psychiatrist, MD & Licensed Psychiatrist, DO	Yes	Yes	Medical Doctor/Doctor of Osteopathy	1 MD/DO	2084P0802X - Physician, Addiction Psychiatry	
						2084P0804X - Physician, Child & Adolescent Psychiatry	
						2084F0202X - Physician, Forensic Psychiatry	
						2084P0805X - Physician, Geriatric Psychiatry	
						2084P0800X - Physician, Psychiatry	
						2084N0400X - Physician, Neurology	
MD/DO Resident	Licensed Resident Physician	Yes	No	Fellow/Resident Physician	1 Resident	2080P0006X - Behavioral Pediatrics 208D00000X - Physician, General Practice	<ul style="list-style-type: none"> <li>Be in a psychiatry residency program with appropriate supervision and co-signature.</li> <li>The service performed by a resident should be reported with modifier GC; The GC modifier is required for CPT codes and HCPCS codes G0316, T2021, and T2024.</li> </ul>
	Unlicensed Resident Physician	No	No	Fellow/Resident Physician	1 Resident	2084P0802X - Physician, Addiction Psychiatry	
						2084F0202X - Physician, Forensic Psychiatry	
						2084P0805X - Physician, Geriatric Psychiatry	
						2084P0800X - Physician, Psychiatry	
						2084N0400X - Physician, Neurology	
PA	Physician Assistant	Yes	Yes	Physician Assistant	15 PA	363A00000X - Physician Assistant	<ul style="list-style-type: none"> <li>Must be licensed.</li> <li>Scope of practice is limited to that of the supervising physician.</li> <li>Supervising physician must be in accord with above requirements for MD/DO and limited to no more than four PAs.</li> <li>The Delegation of Services Agreement between the PA and the supervising physician defines what tasks and procedures a physician is delegating to the PA.</li> </ul>
						363AM0700X - Medical Physician Assistant	

**DISCIPLINE/TAXONOMY**

Guide Abbreviation	NAPPA Category Description	License # Required	Medicare Enrollment Required	IBHIS Discipline Description	IBHIS Practitioner Category Code and Description	Taxonomy Description	Requirements/Additional Information
RN	Registered Nurse	Yes	No	RN	26 RN	163W00000X - Registered Nurse	
						163WA0400X - Registered Nurse, Addiction (Substance Use Disorder)	
						163WC1500X - Registered Nurse, Community Health	
						163WP0807X - Registered Nurse, Psychiatric/Mental Health Child & Adolescent	
						163WP0808X - Registered Nurse, Psychiatric/Mental Health	
						163WP0809X - Registered Nurse, Psychiatric/Mental Health Adult	
NP	Nurse Practitioner (Psych Mental Health)	Yes	Yes	Nurse Practitioner (Psych Mental Health)	2 NP	363L00000X - Nurse Practitioner	
						363LC1500X - Nurse Practitioner, Community Health	
						363LP0808X - Nurse Practitioner, Psychiatric/Mental Health	
CNS	Clinical Nurse Specialist	Yes	Yes	CNS (Psych Mental Health)	7 CNS (Psych Mental Health)	364S00000X - Clinical Nurse Specialist	
						364SP0809X - Clinical Nurse Specialist Psychiatric/Mental Health Adult	
						364SP0807X - Clinical Nurse Specialist Psychiatric/Mental Health Child & Adolescent	
						364SP0810X - Clinical Nurse Specialist Psychiatric/Mental Health Child & Family	
						364SP0811X - Clinical Nurse Specialist Psychiatric/Mental Health Chronically Ill	
						364SP0812X - Clinical Nurse Specialist Psychiatric/Mental Health Community	
						364SP0813X - Clinical Nurse Specialist Psychiatric/Mental Health Geropsychiatric	
						364SC1501X - Clinical Nurse Specialist, Community Health/Public Health	
						364SP0808X - Clinical Nurse Specialist, Psychiatric/Mental Health	
Pharm	Advanced Practice Pharmacist	Yes	No	Advanced Practice Pharmacist	19 Advanced Practice Pharmacist	1835P0018X - Pharmacist Clinician/Clinical Pharmacy Specialist	
Pharm	Pharmacist	Yes	No	Pharmacist/ Pharmacist Assistant	14 Pharm	183500000X - Pharmacist	
						1835P2201X - Pharmacist, Ambulatory Care	
						1835C0205X - Pharmacist, Critical Care	
						1835G0000X - Pharmacist, General Practice	
						1835G0303X - Pharmacist, Geriatric	
						1835N0905X - Pharmacist, Nuclear	
						1835N1003X - Pharmacist, Nutrition Support	
						1835X0200X - Pharmacist, Oncology	
						1835P0200X - Pharmacist, Pediatrics	
						1835P1200X - Pharmacist, Pharmacotherapy	
						1835P1300X - Pharmacist, Psychiatric	

## DISCIPLINE/TAXONOMY

Guide Abbreviation	NAPPA Category Description	License # Required	IBHIS Discipline Description	IBHIS Practitioner Category Code and Description	Taxonomy Description	Requirements/Additional Information
MHRS	Mental Health Rehabilitation Specialist	No	Mental Health Rehab Specialist	11 MHW	225A00000X - Music Therapist	<ul style="list-style-type: none"> <li>Must have a BA degree and four years' experience in a mental health setting (physical restoration, social adjustment, or vocational adjustment). Up to two years of graduate education may be substituted for years of experience on a year-for-year basis; Up to two years of post-AA clinical experience may be substituted for educational experience.</li> </ul>
					225400000X - Rehabilitation Practitioner	
					221700000X - Art Therapist	
OQP	Other Mental Health Worker	No	Other Mental Health Workers	11 MHW	373H00000X Day Training/Habilitation Specialist	<ul style="list-style-type: none"> <li>Other students who are not specified in the below Student section and/or are a bachelor level student should be registered as an OQP.</li> </ul>
Peer Specialist Certified	Certified Peer	No	Peer Specialist (Certified)	20 Peer Specialist (Certified)	175T00000X - Peer Specialist	<ul style="list-style-type: none"> <li>Must be certified as a Medi-Cal Peer Support Specialist.</li> </ul>
<b>CLINICAL TRAINEE (Student)</b>						
Medical Clinical Trainee	Medical Student	No	Medical Student	46 Medical Student	174400000X - Specialist	<ul style="list-style-type: none"> <li>All claims for services rendered by Medical Students should include their supervisor's NPI information.</li> </ul>
PA Clinical Trainee	Student Physician Assistant	No	Student Physician Assistant	34 Student Physician Assistant	390200000X – Student in an Organized Health Care Education/Training Program	<ul style="list-style-type: none"> <li>All Medi-Cal claims for services rendered by these students should include procedure code modifier as well as their supervisor's NPI information.</li> <li>Non Medi-Cal claims including COS for services rendered by these students do NOT include student modifiers but do require their supervisor's NPI information.</li> <li>Clinical trainee, also referred to as student is an unlicensed individual who is enrolled in a post-secondary educational degree program in the State of California that is required for the individual to obtain licensure as a Licensed Mental Health Professional; is participating in a practicum, clerkship, or internship approved by the individual's program; and meets all relevant requirements of the program and/or applicable licensing board to participate in the practicum, clerkship or internship and provide rehabilitative mental health services, including, but not limited to, all coursework and supervised practice requirements.</li> </ul>
Adv Prac Pharm Clinical Trainee	Student Advanced Practice Pharmacist	No	Student Advanced Practice Pharmacist	19 Student Advanced Practice Pharmacist		
CNS Clinical Trainee	Student Clinical Nurse Specialist	No	Student Clinical Nurse Specialist	36 Student Clinical Nurse Specialist		
LVN Clinical Trainee	Student LVN	No	Student LVN	39 LVN Student		
MFT Clinical Trainee	Marriage and Family Therapist Trainee (Student)	No	Student MFT	42 MFTTrainee		
NP Clinical Trainee	Student Nurse Practitioner (Psych Mental Health)	No	Student NP	35 NP Student		
OT Clinical Trainee	Student OT	No	Student OT	44 OT Student		
PCC Clinical Trainee	Professional Clinical Counselor Trainee (Student)	No	Student PCC	43 ProfClinCounselorIntern		
Pharm Clinical Trainee	Student Pharmacist	No	Student Pharmacist	33 Student Pharmacist		

## DISCIPLINE/TAXONOMY

Guide Abbreviation	NAPPA Category Description	License # Required	IBHIS Discipline Description	IBHIS Practitioner Category Code and Description	Taxonomy Description	Requirements/Additional Information
<b>CLINICAL TRAINEE (Student)</b>						
PT Clinical Trainee	Student Psych Tech	No	Student Psych Tech	38 Student Psych Tech	390200000X – Student in an Organized Health Care Education/Training Program	<ul style="list-style-type: none"> <li>All Medi-Cal claims for services rendered by these students should include procedure code modifier as well as their supervisor's NPI information.</li> <li>Non Medi-Cal claims including COS for services rendered by these students do NOT include student modifiers but do require their supervisor's NPI information.</li> <li>Clinical trainee, also referred to as student is an unlicensed individual who is enrolled in a post-secondary educational degree program in the State of California that is required for the individual to obtain licensure as a Licensed Mental Health Professional; is participating in a practicum, clerkship, or internship approved by the individual's program; and meets all relevant requirements of the program and/or applicable licensing board to participate in the practicum, clerkship or internship and provide rehabilitative mental health services, including, but not limited to, all coursework and supervised practice requirements.</li> </ul>
Psychology Clinical Trainee	Student/Intern Psychologist	No	Student Psychologist	40 PsychIntern		
RN Clinical Trainee	Student Nurse	No	Student RN	37 RN Student		
Social Work Clinical Trainee	Social Work Intern (Student)	No	Student MSW	41 MSW Intern		

## MODIFIERS

Up to four modifiers may be utilized on a service. If the number of modifiers to describe the service exceeds four, the Telehealth/Telephone modifiers (GT/SC/95/93) should be eliminated. Modifiers are not utilized on Add-On codes, except for GC, HL, HQ, HV, and HX.

Modifier	Definition	When to Use
<b>Telehealth/Telephone</b>		
<i>When the service is only with Mental Health/Health Professionals (Consultant), telehealth/telephone modifiers should not be used, and the POS should be 'office'.</i>		
93	Telephone (Audio Only)	If using this modifier, indicate that the service was provided in Place of Service 02 or 10. Only applies to CPT Codes, T2021 and T2024.
95	Telehealth (Audio & Visual)	If using this modifier, indicate that the service was provided in Place of Service 02 or 10. Only applies to CPT Codes, T2021 and T2024.
SC	Telephone (Audio Only)	If using this modifier, indicate that the service was provided in Place of Service 02 or 10. Only applies to HCPCS Codes except T2021 and T2024.
GT	Telehealth (Audio & Visual)	If using this modifier, indicate that the service was provided in Place of Service 02 or 10. Only applies to HCPCS Codes including Mobile Crisis codes of H2011:HW, A0140, and T2007, except T2021 and T2024.
<b>Residents/Waived (Registered/Waivered)</b>		
GC	Resident	Services provided by residents under the direction of a teaching physician. Only applies to CPT codes, G0316, T2021, and T2024.
HL	Registered/Waived	Services provided by individuals who are currently registered with the applicable Board or have a waiver from DHCS and are under the direct supervision of licensed practitioners. Only applies to CPT codes and T2021 and T2024.
<b>Clinical Trainee (Student)</b>		
AJ	Master's Degree LPHA Clinical Trainee	Services provided by individuals who are currently in a Masters' Degree program and are under the direct supervision of licensed practitioners. These are individuals studying to become Clinical Social Workers, Marriage and Family Therapists, and Licensed Professional Clinical Counselors. Applies to all Procedure Codes (CPT & HCPCS).
AH	PhD/PsyD Clinical Trainee	Services provided by individuals who are currently in a doctoral degree program and are under the direct supervision of licensed practitioners. These are individuals studying to become Licensed Psychologists. Applies to all Procedure Codes (CPT & HCPCS).
TD	Registered Nurse Clinical Trainee	Services provided by individuals who are currently in a RN program and are under the direct supervision of licensed practitioners. These are individuals studying to become Registered Nurses. Applies to all Procedure Codes (CPT & HCPCS).
TE	Licensed Vocational Nurse Clinical Trainee	Services provided by individuals who are currently in a LVN program and are under the direct supervision of licensed practitioners. These are individuals studying to become Licensed Vocational Nurses. Applies to all Procedure Codes (CPT & HCPCS).
HM	Licensed Psychiatric Technician Clinical Trainee	Services provided by individuals who are currently in a LPT program and are under the direct supervision of licensed practitioners. These are individuals studying to become Licensed Psychiatric Technicians. Applies to all Procedure Codes (CPT & HCPCS).
CO	Licensed Occupational Therapist Clinical Trainee	Services provided by individuals who are currently in an OT program and are under the direct supervision of licensed practitioners. These are individuals studying to become Licensed Occupational Therapists. Applies to all Procedure Codes (CPT & HCPCS).
HP	Nurse Practitioner/Clinical Nurse Specialist Student/Clinical Trainee	Services provided by individuals who are currently in a NP/CNS program and are under the direct supervision of licensed practitioners. These are individuals studying to become Nurse Practitioners and Clinical Nurse Specialists. Applies to all Procedure Codes (CPT & HCPCS).
HO	Registered Pharmacist Student/Clinical Trainee	Services provided by individuals who are currently in a PharmD Degree program and are under the direct supervision of licensed practitioners. These are individuals studying to become Registered Pharmacists. Applies to all Procedure Codes (CPT & HCPCS).

## MODIFIERS

Group		
HQ	Group service	Used to indicate the service was a group service for H2017& H0034.
Programs		
HK	IHBS/ICC	Use this modifier to indicate that an IHBS or ICC service was provided.
HV	FFPSA	Services provided by the Qualified Individual (QI) and aftercare services (for six months after discharge from an STRTP).
HW	Mobile crisis services	Used for mobile crisis services.
HX	Non Billable to Medi-Cal	Used for indigent services as well as services that cannot be billed to Medi-Cal such as when a Medi-Cal Lockout exists, but some other payer will pay for the service (e.g., CalWORKs/GROW funding, MHSA will fully reimburse for services when a client is in jail or when a client is in a psychiatric inpatient facility). Only HK and HQ modifiers can be used with HX modifier. No other modifiers are needed.
Residential/Day Services		
HA	Child/adolescent program	Use this modifier when billing for Children's Crisis Residential Program (CCRP) services or psychiatric inpatient: administrative day under 21.
HB	Adult program, non-geriatric	Use this modifier when billing for crisis residential treatment services provided to adults from 21 through 64 years of age.
HC	Adult program, geriatric	Use this modifier when billing for crisis residential treatment services provided to adults 65 years of age.
HE	Mental health program	Use this modifier when billing for 24-hour and day services. Do not use this modifier when claiming for outpatient services.
TG	Complex/high tech level of care	Use this modifier when billing for day treatment intensive and crisis stabilization.

## MODIFIERS

### Lockouts

The service always takes precedence. Good clinical service should always determine what service or services are provided to a client within a given day. However, there are specific rules around which codes may be claimed on a given day for reimbursement by DHCS.

**Practitioner Specific Lockouts** are service codes that cannot be billed together by the same practitioner on the same day.

**Practitioner Second Service Requiring Modifier** are service codes that require an XE modifier when the practitioner provides another service on the same day. The codes are identified with one or two asterisks (\* or \*\*). The claim that doesn't require the modifier should be sent first and after it's approved, submit the claim with the XE modifier. When T2024/T2021 substitutes for the CPT code that is part of an overridable combination, do not include an overridable modifier (XE).

Modifier	Definition	When to Use
XE	Separate encounter, same practitioner	To override the locked-out codes, this modifier should be added to the service code with * or ** in the 'Practitioner Second Service Requiring Modifier (per Day)' column. For example, when a practitioner provides two different services that are locked out against each other (i.e., 90791 & 90834*) to the same client on the same day, the second code with * or ** requires the XE modifier to override. Do not include the XE modifier on codes T2021 or T2024 when claiming for a second service on the same day that require on override modifier.
XP	Separate practitioner	Not currently used.
XU	Separate service, same practitioner	Not currently used.
27	Separate E&M encounters	When multiple outpatient hospital E/M encounters occur for the same client on the same date of service. It is exclusive to hospital outpatient departments, including hospital emergency departments, clinics, and critical care. For example, when a MD works in 2 different outpatient hospital settings, the same client visited both settings on the same day. The MD may report the second locked out service with this modifier.
59	Distinct Procedural Service	Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used.

### Duplicate Services

A claim for an outpatient service is considered a duplicate if all the following data elements are the same as another service approved in history:

- The beneficiary's CIN
- Rendering provider NPI
- Procedure code(s)
- Date of service

Note: This does not apply to the group HCPCS codes, including H0025, H2017:HQ, H0034:HQ, T2021, T2021:HQ, and T2024.

Travel Claims by Legal Entity providers in programs approved for travel are exempt from the duplicate check.

The duplicate check only looks at the HQ modifier. It does not look at any other modifiers (i.e. SC, GT, etc.) when determining if a service is a duplicate. For example, H2017 and H2017SC would be seen as a duplicate.

DHCS billing rules state that if there are multiple encounters for the same service for the same client by the same practitioner on the same day, only one claim shall be submitted incorporating the total duration of direct care for all encounters on that day thereby preventing the services from appearing as duplicates and being denied.

A claim for an inpatient, 24- Hour, or day service is considered a duplicate if all the following data elements are the same for another already approved service:

- The beneficiary's Client Index Number (CIN)
- The County submitting the claim
- The facility location's NPI
- Date of services
- Procedure Code
- Units of service
- The billed amount

MODIFIERS

Modifier	Definition	When to Use
76	Repeat Procedure	This modifier is to override 24-hour or day duplicate services lockout for S9484 (crisis stabilization). Do not use this code for crisis intervention. This modifier may be used by a licensed, pre-licensed or otherwise qualified healthcare professional employed by the county and/or contracted provider. Except for Crisis Stabilization, billed with S9484:HE:TG, all duplicate inpatient, 24-hour, and day services will be denied. Crisis Stabilization billed with S9484:HE:TG may duplicate a previously approved claim for Crisis Stabilization once without additional modifiers and Crisis Stabilization may be duplicated more than once with an appropriate over-riding modifier.
77	Repeat Crisis Stabilization	Not currently used.

## ADD-ON CODES

Supplemental Codes: Additional and simultaneous services that were provided to the beneficiary during the visit or codes that describe the additional severity of the patient's condition. Supplemental Add-On Codes cannot be billed independently. Base codes that can be reported with these add-on codes are indicated in the 'Allowable Add-Ons' column of each base code.

When one of the supplemental add-on codes is utilized in group service, only one claim of one participant of the group can be reported with add-on code.

Description	Add-On Code	Definition	Rules
Interactive Complexity	90785	Interactive complexity may be reported with psychiatric procedures when at least one of the following communication difficulties is present: 1. The need to manage maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care. 2. Caregiver emotions/behavior that interfere with implementation of the treatment plan. 3. Evidence/disclosure of a sentinel event and mandated report to a third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants. 4. Use of play equipment, physical devices, interpreter or translator to overcome significant language barriers.	1. This supplemental add-on code should occur along with another service, such as assessment, therapy, E&M, etc. 2. This code must be submitted on the same claim as the primary service. 3. Only one unit of interactive complexity is allowed per service. 4. It is reimbursed at a single flat rate per service. 5. It cannot be used with T1013. 6. This code cannot be used by Pharmacist, RN, LVN, LPT, Mental Health Rehab Specialist, Other Qualified Provider, Peer Specialist and Student/Clinical Trainee. 7. This code is not allowed in residential setting and prison/correctional facility (POS09).
Interpretation /Explanation of Results	90887:CG	This add-on code may be reported when the treatment of the patient may require explanations to the family, employers or other involved persons for their support in the therapy process. This may include reporting of examinations, procedures, and other accumulated data.	1. This supplemental add-on code should occur along with another service, such as therapy and E&M. 2. This code must be submitted on the same claim as the primary service. 3. Only one unit of interpretation/explanation of results is allowed per service. 4. It cannot be used with T1013. 5. This code cannot be used by LVN, LPT, Mental Health Rehab Specialist, Other Qualified Provider, Peer Specialist and Student/Clinical Trainee. 6. This code is not allowed in residential setting.
Sign Language /Interpretation	T1013	This add-on code may be reported when the treatment of the patient requires the use of an interpreter. It may not be used when a practitioner provides the service in the preferred language of the client (e.g., Spanish).  A claim for interpretation should be submitted when the provider and the client cannot communicate in the same language, and the provider uses an on-site interpreter and/or individual trained in medical interpretation to provide medical interpretation (DHCS FAQ).	1. This supplemental add-on code should occur along with another service, such as assessment, therapy, Rehab, E&M, etc. 2. This code must be submitted on the same claim as the primary service. 3. Claims for interpretation should not exceed the claims for the primary service. For example, if a provider submits a claim that includes psychotherapy for 60 minutes and 5 units of sign language or oral interpretation, DHCS will deny T1013 because the maximum allowed in that instance is 60 minutes of interpretation or 4 units. 4. It cannot be used with 90785, 90887:CG, and 96161. 5. This code is not allowed in residential setting.
Caregiver Assessment	96161	This add-on code may be reported for use of a standardized instrument to screen for health risks in the caregiver for the benefit of the patient. Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument.	1. This code must be submitted on the same claim as the primary service. 2. Only one unit of caregiver assessment is allowed per service. 3. This code may only be used once per year. 4. It cannot be used with T1013. 5. This code cannot be used by LPT, Mental Health Rehab Specialist, Other Qualified Provider, Peer Specialist and Student/Clinical Trainee. 6. This code is not allowed in residential setting.
Mobile Crisis Transporting Time	T2007	This add-on code can be reported for Mobile Crisis Services only. Staff Time for transporting or accompanying client while transporting, 15 min increments.	This code must be submitted on the same claim of the Mobile Crisis service.
Mobile Crisis Transportation Mileage	A0140	This add-on code can be reported for Mobile Crisis Services only. Transportation Mileage, per mile.	This code must be submitted on the same claim of the Mobile Crisis service.

**PLACE OF SERVICE / LOCATION**

Most Commonly Used Locations		
Code	Place of Service	Place of Service Description
2	Telehealth Provided Other than in Patient's Home	Location where service and health related services are provided or received, through telecommunication technology. Patient is not located in their home when receiving health services or health related services through telecommunication technology. This includes telephone services.
3	School	A facility whose primary purpose is education.
4	Homeless Shelter	A facility or location whose primary purpose is to provide temporary housing to homeless individuals (e.g., emergency shelters, individual or family shelters).
10	Telehealth Provided in Patient's Home	Location where health services and health related services are provided or received, through telecommunication technology. Patient is located in their home (which is a location other than a hospital or other facility where the patient receives care in a private residence) when receiving health services or health related services through telecommunication. This includes telephone services.
11	Office	Location, other than a hospital, skilled nursing facility (SNF), military treatment facility, community health center, State or local public health clinic, or intermediate care facility (ICF), where the health professional routinely provides health examinations, diagnosis, treatment of illness or injury on an ambulatory basis, and consultation service only with Mental Health/Health Professionals (Consultant).
12	Home	Location, other than a hospital or other facility, where the patient receives care in a private residence.
14	Group Home	A residence, with shared living areas, where clients receive supervision and other services such as social and/or behavioral services, custodial services, and minimal services (e.g., medication administration).
15	Mobile Unit	A facility/unit that moves from place-to-place equipped to provide preventive, screening, diagnostic, and/or treatment services. Only utilized by PMRT, TT, and MCOT.
20	Urgent Care Facility	Location, distinct from a hospital emergency room, an office or a clinic, whose purpose is to diagnose and treat illness or injury for unscheduled, ambulatory patients seeking immediate medical attention.
21	Inpatient Hospital	A facility, other than psychiatric, which primarily provides diagnostic therapeutic (both surgical and non-surgical), and rehabilitation services by, or under, the supervision of physicians to patients admitted for a variety of medical conditions.
23	Emergency Room - Hospital	A portion of a hospital where emergency diagnosis and treatment of illness or injury is provided.
27	Outreach Site/Street	A non-permanent location on the street or found environment, not described by any other POS code, where health professionals provide preventive, screening, diagnostic, and/or treatment services to unsheltered homeless individuals.
31	Skilled Nursing Facility	A facility which primarily provides inpatient skilled nursing care and related services to patients who require medical, nursing, or rehabilitative services but does not provide the level of care or treatment available in a hospital.
32	Nursing Facility	A facility which primarily provides to residents skilled nursing care and related services for the rehabilitation of injured, disabled, or sick persons, or on a regular basis, health-related care services above the level of custodial care to other than mentally disabled individuals.
33	Custodial Care Facility	A facility that provides room, board, and other personal assistance services, generally on a long-term basis, and which does not include a medical component.
51	Inpatient Psychiatric Facility	A facility that provides inpatient psychiatric services for the diagnosis and treatment of mental illness on a 24-hour basis by or under the supervision of a physician.
99	Other Place of Service	Other place of service not identified above.

## PLACE OF SERVICE / LOCATION

Other allowable locations. Consult Quality Assurance prior to use.		
Code	Place of Service	Place of Service Description
1	Pharmacy	A facility where drugs and other medically related items and services are sold, dispensed, or otherwise provided directly to patients.
5	Indian Health Service Free-Standing Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services to American Indians and Alaska Natives who do not require hospitalization.
6	Indian Health Service Provider-Based Facility	A facility or location, owned and operated by the Indian Health Service, which provides diagnostic, therapeutic (surgical and non-surgical), and rehabilitation services rendered by, or under the supervision of, physicians to American Indians and Alaska Natives admitted as inpatients or outpatients.
7	Tribal 638 Free-Standing Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreement, which provides diagnostic, therapeutic (surgical and nonsurgical), and rehabilitation services to tribal members who do not require hospitalization.
8	Tribal 638 Provider-Based Facility	A facility or location owned and operated by a federally recognized American Indian or Alaska Native tribe or tribal organization under a 638 agreements, which provides diagnostic, therapeutic (surgical and nonsurgical), and rehabilitation services to tribal members admitted as inpatients or outpatients.
9	Prison/Correctional Facility	A prison, jail, reformatory, work farm, detention center, or any other similar facility maintained by either Federal, State, or local authorities for the purpose of confinement or rehabilitation of adult or juvenile criminal offenders.
13	Assisted Living Facility	Congregate residential facility with self-contained living units providing assessment of each resident's needs and on-site support 24 hours a day, 7 days a week, with the capacity to deliver or arrange for services including some health care and other services.
16	Temporary Lodging	A short-term accommodation such as a hotel, campground, hostel, cruise ship or resort where the patient receives care, and which is not identified by any other POS code.
17	Walk-in Retail Health Clinic	A walk-in health clinic, other than an office, urgent care facility, pharmacy, or independent clinic, and not described by any other Place of Service code, that is located within a retail operation and provides, on an ambulatory basis, preventive and primary care services.
18	Place of Employment-Worksite	A location, not described by any other Place of Service code, owned and operated by a public or private entity where the patient is employed, and where a health professional provides on-going or episodic occupational medical, therapeutic or rehabilitative services to the individual.
19	Off Campus—Outpatient Hospital	A portion of an off-campus hospital provider-based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
22	On-Campus Outpatient Hospital	A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization.
24	Ambulatory Surgical Center	A freestanding facility, other than a physician's office, where surgical and diagnostic services are provided on an ambulatory basis.
25	Birthing Center	A facility, other than a hospital's maternity facilities or a physician's office, which provides a setting for labor, delivery, and immediate postpartum care as well as immediate care of newborn infants.

## PLACE OF SERVICE / LOCATION

26	Military Treatment Facility	A medical facility operated by one or more of the Uniformed Services. Also refers to certain former U.S. Public Health Services facilities now designed as Uniformed Service Treatment Facilities.
34	Hospice	A facility, other than a patient's home, in which palliative and supportive care for terminally ill patients and their families are provided.
41	Ambulance - Land	A land vehicle specifically designed, equipped and staffed for lifesaving and transporting the sick or injured.
42	Ambulance - Air or Water	An air or water vehicle specifically designed, equipped, and staffed for lifesaving and transporting the sick or injured.
49	Independent Clinic	A location, not part of a hospital and not described by any other Place of Service code, that is organized and operated to provide preventive, diagnostic, therapeutic, rehabilitative, or palliative services to outpatients only.
50	Federally Qualified Health Center	A facility located in a medically underserved area that provides Medicare beneficiaries preventive primary medical care under the general direction of a physician.
52	Psychiatric Facility – Partial Hospitalization	A facility for the diagnosis and treatment of mental illness that provides a planned therapeutic program for patients who do not require full time hospitalization, but who need broader programs than are possible from outpatient visits to a hospital-based or hospital-affiliated facility.
53	Community Mental Health Center	A facility that provides the following services: outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically ill, and residents of the CMHC's mental health services are who have been discharged from inpatient treatment at a mental health facility; 24 hour a day emergency care services; day treatment, other partial hospitalization services, or psychosocial rehabilitation services; screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission; and consultation and education services.
54	Intermediate Care Facility/Individuals with Intellectual Disabilities	A facility which primarily provides health-related care and services above the level of custodial care to individuals with intellectual disabilities but does not provide the level of care or treatment available in a hospital or SNF.
55	Residential Substance Abuse Treatment Facility	A facility which provides treatment for substance (alcohol and drug) abuse to live-in residents who do not require acute medical care.
56	Psychiatric Residential Treatment Center	A facility or distinct part of a facility for psychiatric care which provides a total 24-hour therapeutically planned and professional staffed group living and learning environment.
57	Non-Residential Substance Abuse Treatment Facility	A location which provides treatment for substance (alcohol and drug) abuse on an ambulatory basis. Services include individual and group therapy and counseling, family counseling, laboratory tests, drugs and supplies, and psychological testing.
58	Non-Residential Opioid Treatment Facility	A location that provides treatment for opioid use disorder on an ambulatory basis. Services include methadone and other forms of Medication Assisted Treatment (MAT).
60	Mass Immunization Center	A location where providers administer pneumococcal pneumonia or influenza virus vaccinations and submit these services as electronic media claims, paper claims, or using the roster billing method. This generally takes place in a mass immunization setting, such as, a public health center, pharmacy, or mall but may include a physician office setting.

**PLACE OF SERVICE / LOCATION**

61	Comprehensive Inpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to inpatients with physical disabilities. Services include physical therapy, occupational therapy, speech pathology, social or psychological services, and orthotics and prosthetic services.
62	Comprehensive Outpatient Rehabilitation Facility	A facility that provides comprehensive rehabilitation services under the supervision of a physician to outpatients with physical disabilities. Services include physical therapy, occupational therapy, and speech pathology services.
65	End-Stage Renal Disease Treatment Facility	A facility other than a hospital, which provides dialysis treatment, maintenance, and/or training to patients or caregivers on an ambulatory or home-care basis.
71	Public Health Clinic	A facility maintained by either State or local health departments that provides ambulatory primary medical care under the general direction of a physician.
72	Rural Health Clinic	A certified facility which is located in a rural medically underserved area that provides ambulatory primary medical care under the direction of a physician.
81	Independent Laboratory	A laboratory certified to perform diagnostic and/or clinical tests independent of an institution or a physician's office.

## ASSESSMENT

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

### Mode/Service Function Code: 15/42

All codes in this section may be used for Intensive Home-Based Service (IHBS) by adding the HK modifier; IHBS is provided to beneficiaries under 21 who are eligible for full-scope Medi-Cal services and who meet medical necessity criteria with Pre-Authorization; Mode/Service Function Code for IHBS: 15/57

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration/ Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
<b>Psychiatric Diagnostic Interview, 60 minutes</b> <i>Comprehensive psychosocial mental health assessment for diagnostic purposes</i>  <b>90791</b>	Client Significant Support Person	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASW (HL) LMFT AMFT (HL) LPCC APCC (HL) Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	31	67	N/A	1	None	Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)	90839-90840 90847 90853	90832-90834*, 90836-90838*, 90845*, 90849*, 90865*, 90867-90870*, 90880*, 90885*, 90887*, 96116*, 96127*, 96161*, 99202-99205**, 99212-99215**, 99221-99223**, 99231-99236**, 99238-99239**, 99242-99245**, 99252-99255**, 99304-99310**, 99341-99342**, 99344-99345**, 99347-99350**, 99366-99368**, 99415-99416**, 99418**, 99441-99443**, 99451**, 99605-99606**
<b>Psychiatric Diagnostic Interview, 68+ minutes</b> <i>Comprehensive psychosocial mental health assessment for diagnostic purposes</i>  <b>T2024</b>	Client Significant Support Person	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASW (HL) LMFT AMFT (HL) LPCC APCC (HL) Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	68	1440	5	96	1 unit for each 15 minutes  5 Unit= 68-82m 6 Unit= 83-97m 7 Unit= 98-112m 8 Unit= 113-127m 9 Unit= 128-142m	Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)	90791 90792 90839-90840 90847 90853 90865 90885 96105 96110 96125 96127 96146	90832-90834, 90836-90838*, 90845*, 90849*, 90865*, 90867-90870*, 90880*, 90885*, 90887*, 96116*, 96127*, 96161*, 99202-99205**, 99212-99215**, 99221-99223**, 99231-99236**, 99238-99239**, 99242-99245**, 99252-99255**, 99304-99310**, 99341-99342**, 99344-99345**, 99347-99350**, 99366-99368**, 99415-99416**, 99418**, 99441-99443**, 99451**, 99605-99606**

# ASSESSMENT

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code												
<b>Psychiatric Diagnostic Interview with Medical Services, 60 minutes</b> <i>Comprehensive psychosocial mental health assessment with in-depth evaluation of medical issues</i>  <b>90792</b>	Client Significant Support Person	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	31	67	N/A	1	None	Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)	90839-90840 90847 90853	90791* 90832-90834* 90836-90838* 90845*, 90849* 90865* 90867-90870* 90880*, 90885* 90887*, 96116* 96127*, 96161* 99202-99205** 99212-99215** 99221-99223** 99231-99236** 99238-99239** 99242-99245** 99252-99255** 99304-99310** 99341-99342** 99344-99345** 99347-99350** 99366-99368** 99415-99416** 99418* 99441-99443** 99451** 99605-99606**
<b>Psychiatric Diagnostic Interview with Medical Services, 68 + minutes</b> <i>Comprehensive psychosocial mental health assessment with in-depth evaluation of medical issues</i>  <b>T2024</b>	Client Significant Support Person	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	68	1440	5	96	1 unit for each 15 minutes  5 Unit= 68-82m 6 Unit= 83-97m 7 Unit= 98-112m 8 Unit= 113-127m 9 Unit= 128-142m	Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)	90791 90792 90839-90840 90847 90853 90865, 90885, 96105 96110 96125 96127 96146	90791* 90832-90834* 90836-90838* 90845*, 90849* 90865* 90867-90870* 90880*, 90885* 96105 96110 96125 96127*, 96161* 99202-99205** 99212-99215** 99221-99223** 99231-99236** 99238-99239** 99242-99245** 99252-99255** 99304-99310** 99341-99342** 99344-99345** 99347-99350** 99366-99368** 99415-99416** 99418* 99441-99443** 99451** 99605-99606**

## ASSESSMENT

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
<b>Mental Health Assessment by Non-Physician, 15 Minutes</b> <i>Used for initial non-diagnostic evaluation/assessment, initial functional analysis and periodic functional analysis re-assessments.</i>  <b>H0031</b>	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	All Disciplines except MD/DO and Certified Peer Specialist Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	8	1,440	N/A	96	1 Unit = 8-22m 2 Unit = 23-37m 3 Unit = 38-52m 4 Unit = 53-67m 5 Unit = 68-82m 6 Unit = 83-97m 7 Unit = 98-112m 8 Unit = 113-127m 9 Unit = 128-142m 10 Unit = 143-157m 11 Unit = 158-172m 12 Unit = 173-187m 13 Unit = 188-202m 14 Unit = 203-217m 15 Unit = 218-232m 16 Unit = 233-247m 17 Unit = 248-262m	Caregiver Assessment (96161) for the allowed disciplines only  (See the Add-On Codes Section)  Sign Language/ Interpretation (T1013)	None	None
<b>Nursing Assessment/ Evaluation, 15 Minutes</b> <i>Used by nurses when gathering assessment information.</i>  <b>T1001</b>	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	NP/CNS RN LVN Psychiatric Technician Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	8	1,440	N/A	96	Same as Above	Caregiver Assessment (96161) for the allowed disciplines only (See the Add-On Codes Section)  Sign Language/ Interpretation (T1013)	None	None

## ASSESSMENT

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided  Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
<b>Comprehensive Multidisciplinary Evaluation, 15 Minutes</b> <i>Typically used by non-diagnosing disciplines, non-nursing disciplines when evaluating the client (e.g., CANS/NET)</i>  <b>H2000</b>	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	All Disciplines except Certified Peer Specialist  Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	8	1,440	N/A	96	Same as Above	Caregiver Assessment (96161) for the allowed disciplines only (See the Add-On Codes Section)  Sign Language/ Interpretation (T1013)	None	None
<b>Telephone Assessment and Management Service, 5-10 Minutes</b> <i>Check in over the phone to get current status of client and assess symptoms/ behaviors/status</i>  <b>98966</b>	Client Significant Support Person	Telephone (93)	NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASW (HL) LMFT AMFT (HL) LPCC APCC (HL) Clinical Trainees of the above disciplines with appropriate modifier	Telehealth Other than Client's Home (02)  Telehealth in Client's Home (10)	5	10	N/A	1	None	Sign Language/ Interpretation (T1013)  Caregiver Assessment (96161)	None	None
<b>Telephone Assessment and Management Service, 11-20 Minutes</b> <i>Check in over the phone to get current status of client and assess symptoms/ behaviors/status</i>  <b>98967</b>	Client Significant Support Person	Telephone (93)	NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASW (HL) LMFT AMFT (HL) LPCC APCC (HL) Clinical Trainees of the above disciplines with appropriate modifier	Telehealth Other than Client's Home (02)  Telehealth in Client's Home (10)	11	20	N/A	1	None	Sign Language/ Interpretation (T1013)  Caregiver Assessment (96161)	None	None

# ASSESSMENT

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code												
<b>Telephone Assessment and Management Service, 21-30 Minutes</b> <i>Check in over the phone to get current status of client and assess symptoms/behaviors/status</i> <b>98968</b>	Client Significant Support Person	Telephone (93)	NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASW (HL) LMFT AMFT (HL) LPCC APCC (HL) Clinical Trainees of the above disciplines with appropriate modifier	Telehealth Other than Client's Home (02)  Telehealth in Client's Home (10)	21	30	N/A	1	None	Sign Language/ Interpretation (T1013)  Caregiver Assessment (96161)	None	None
<b>Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 60 Minutes</b> <i>Not for planning/ preparation purposes; Record review of other agency's records to diagnose</i> <b>90885</b>	N/A	Records Only	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASW (HL) LMFT AMFT (HL) LPCC APCC (HL) Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	31	67	N/A	1	None	None		None
<b>Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 68 +Minutes</b> <i>Not for planning/ preparation purposes; Record review of other agency's records to diagnose</i> <b>T2024</b>	N/A	Records Only	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASW (HL) LMFT AMFT (HL) LPCC APCC (HL) Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	68	1440	5	96	1 unit for each 15 minutes  5 Unit=68-82m 6 Unit =83-97m 7 Unit =98-112m 8 Unit =113-127m 9 Unit =128-142m	None	90791 90792 90865 90885 96105 96110 96125 96127 96146	None

## ASSESSMENT

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code												
<b>Screening</b>												
<b>Brief Emotional/ Behavioral Assessment, 60 Minutes</b> <i>Used for screening tools (e.g., CANS/NET, depression inventory, attention- deficit/ hyperactivity disorder scale)</i> <b>96127</b>	Client Significant Support Person	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASW (HL) LMFT AMFT (HL) LPCC APCC (HL) RN Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	31	67	N/A	1	None	Interpretation/ Explanation of Results (90887CG)  Sign Language/ Interpretation (T1013)		96146* 96161*
<b>Brief Emotional/ Behavioral Assessment, 68+ Minutes</b> <i>Used for screening tools (e.g., CANS/NET, depression inventory, attention- deficit/ hyperactivity disorder scale)</i> <b>T2024</b>	Client Significant Support Person	In Person Telehealth (95) Telephone (93)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASW (HL) LMFT AMFT (HL) LPCC APCC (HL) RN Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	68	1440	5	96	1 unit for each 15 minutes  5 Unit=68-82m 6 Unit =83-97m 7 Unit =98-112m 8 Unit =113-127m 9 Unit=128-142m	Interpretation/ Explanation of Results (90887CG)  Sign Language/ Interpretation (T1013)	90791 90792 90865 90885 96105 96110 96125 96127 96146	96146* 96161*

# ASSESSMENT

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided  Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Place of Service				Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
					Min Min	Max Min	Min Units	Max Units				
<b>Developmental Screening, 60 Minutes</b> <i>Standardized developmental screening tool</i>  <b>96110</b>	Client	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP, CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW, LMFT, LPCC ASW, AMFT, APCC (HL) RN OT Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	31	67	NA	1	None	Interpretation/ Explanation of Results (90887CG)  Sign Language/ Interpretation (T1013)  Caregiver Assessment (96161)	96112-96113	96125* 96146* 96161*
<b>Developmental Screening, 68 Minutes</b> <i>Standardized developmental screening tool</i>  <b>T2024</b>	Client	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP, CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW, LMFT, LPCC ASW, AMFT, APCC (HL) RN OT Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	68	1440	5	96	1 unit for each 15 minutes  5 Unit=68-82m 6 Unit=83-97m 7 Unit=98-112m 8 Unit=113-127m 9 Unit=128-142m	Interpretation/ Explanation of Results (90887CG)  Sign Language/ Interpretation (T1013)  Caregiver Assessment (96161)	90791 90792 90865 90885 96105 96110 96112-96113 96125 96127 96146	96125* 96146* 96161*
<b>Neurobehavioral Status Exam</b> <i>Standardized exam</i>  <b>96116</b>	Client	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW, LMFT, LPCC ASW, AMFT, APCC (HL) RN Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	31	90	N/A	1	96121 (each additional hour, up to 22 units)  1 Unit = 91-150m 2 Unit = 151-210m 3 Unit = 211-270m 4 Unit = 271-330m 5 Unit = 331-390m 6 Unit = 391-450m	Interpretation/ Explanation of Results (90887CG)  Sign Language/ Interpretation (T1013)	None	96105* 96110* 96112* 96125* 96127* 96146* 96161*

# ASSESSMENT

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code												
<b>Other Assessment Codes</b>												
<b>Observation or Inpatient Hospital Care, Including Admission and Discharge on the Same Day, 45-69 Minutes</b>  <b>99234</b>	Client	In Person	MD/DO MD/DO Resident (GC) NP/CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Off-Campus Outpatient Hospital (19) Inpatient Hospital (21) On-Campus Outpatient Hospital (22) Emergency Room (23) Military Treatment Facility (26) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	45	69	N/A	1	None	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Caregiver Assessment (96161)  Interpretation/ Explanation of Results (90887CG)	99451	96105*, 96116* 96125* 96127* 96130*, 96132* 96136*, 96138* 96146* 96365*, 96369-96374* 96377* 99202-99205** 99212-99215** 99221-99223** 99231-99233** 99238-99239** 99242-99245** 99252-99255** 99307-99310** 99341-99342** 99344-99345** 99347-99350** 99605-99606**
<b>Observation or Inpatient Hospital Care, Including Admission and Discharge on the Same Day, 70-84 Minutes</b>  <b>99235</b>	Client	In Person	MD/DO MD/DO Resident (GC) NP/CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Off-Campus Outpatient Hospital (19) Inpatient Hospital (21) On-Campus Outpatient Hospital (22) Emergency Room (23) Military Treatment Facility (26) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	70	84	N/A	1	None	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Caregiver Assessment (96161)  Interpretation /Explanation of Results (90887CG)	99451	96105*, 96116* 96125* 96127* 96130*, 96132* 96136*, 96138* 96146* 96365* 96369-96374* 96377* 99202-99205** 99212-99215** 99221-99223** 99231-99234** 99238-99239** 99242-99245** 99252-99255** 99307-99310** 99341-99342** 99344-99345** 99347-99350** 99605-99606**

# ASSESSMENT

Services are recorded in the clinical record and reported in IBHIS/on claims in units.

For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code												
<b>Observation or Inpatient Hospital Care, Including Admission and Discharge on the Same Day, 85-99 Minutes</b>  <b>99236</b>	Client	In Person	MD/DO MD/DO Resident (GC) NP/CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Off-Campus Outpatient Hospital (19) Inpatient Hospital (21) On-Campus Outpatient Hospital (22) Emergency Room (23) Military Treatment Facility (26) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	85	106	N/A	1	G0316 (1 unit for each additional 15 min, up to 90 units)  1 Unit = 107-121m 2 Unit = 122-136m 3 Unit = 137-151m 4 Unit = 152-166m	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy 53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Caregiver Assessment (96161)  Interpretation/ Explanation of Results (90887CG)	99451	96105*, 96116* 96125*, 96127* 96130*, 96132* 96136* 96138* 96146* 96365* 96369-96374* 96377* 99202-99205** 99212-99215** 99221-99223** 99231-99235** 99238-99239** 99242-99245** 99252-99255** 99307-99310** 99341-99342** 99344-99345** 99347-99350** 99605-99606**
<b>Hospital Discharge Day Management, 30 Minutes or Less</b> <i>Shall be reported for the date of the actual visit by the physician or qualified nonphysician practitioner even if the patient is discharged from the facility on a different calendar date. Only one hospital discharge day management service is payable per patient per hospital stay</i>  <b>99238</b>	Client	In Person	MD/DO MD/DO Resident (GC) NP/CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Off Campus-Outpatient Hospital (19) Inpatient Hospital (21) On-Campus Outpatient Hospital (22) Emergency Room-Hospital (23) Military Treatment Facility (26) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	1	30	N/A	1	None	Sign Language/ Interpretation (T1013)	99202-99205 99212-99215 99242-99245 99451	96105* 96116* 96125* 96127* 96130* 96132* 96136* 96138* 96146* 96365* 96369-96374* 96377* 99231-99233** 99605-99606**
<b>Hospital Discharge Day Management, More than 30 Minutes</b>  <b>99239</b>	Client	In Person	MD/DO MD/DO Resident (GC) NP/CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Off Campus-Outpatient Hospital (19) Inpatient Hospital (21) On-Campus Outpatient Hospital (22) Emergency Room-Hospital (23) Military Treatment Facility (26) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	31	1440	N/A	1	None	Sign Language/ Interpretation (T1013)	99451	96105*, 96116* 96125*, 96127* 95130*, 96132* 96136* 96138* 96146* 96365* 96369-96374** 96377* 99202-99205** 99212-99215** 99231-99233** 99238* 99242-99245** 99605-99606**

# PSYCHOLOGICAL TESTING

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Mode/Service Function Code:15/34												
Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
<b>Assessment of Aphasia, first hour</b> <i>Assessment of expressive and receptive speech and language, e.g., Boston Diagnostic Aphasia Examination Face-to-Face administration; interpretation</i> <b>96105</b>	Client Significant Support Person	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	31	67	N/A	1	None	Interpretation/ Explanation of Results (90887CG)  Sign Language/ Interpretation (T1013)		96110* 96125* 96127* 96146* 96161*
<b>Assessment of Aphasia, 68+ minutes</b> <i>Assessment of expressive and receptive speech and language, e.g., Boston Diagnostic Aphasia Examination Face-to-Face administration; interpretation</i> <b>T2024</b>	Client Significant Support Person	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	68	1440	5	96	1 unit for each 15 minutes  5 Unit=68-82m 6 Unit=83-97m 7 Unit=98-112m 8 Unit=113-127m 9 Unit=128-142m	Interpretation/ Explanation of Results (90887CG)  Sign Language/ Interpretation (T1013)	90791 90792 90865 90885 96105 96110 96125 96127 96146	96110* 96125* 96127* 96146* 96161*
<b>Developmental Testing, First Hour</b> <i>Assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments; Face-to-face administration; Interpretation</i> <b>96112</b>	Client Significant Support Person	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) OT Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	31	75	N/A	1	96113 (each additional 30 min, up to 44 units)  1 Unit = 76-105m 2 Unit = 106-135m 3 Unit = 136-165m 4 Unit = 166-195m 5 Unit = 196-225m 6 Unit = 226-285m 7 Unit = 286-315m 8 Unit = 316-345m	Interpretation/ Explanation of Results (90887CG)  Sign Language/ Interpretation (T1013)	96110 96132-96133 96136-96138	90791-90792* 90832-90834* 90836-90839* 90845*, 90847* 90849*, 90853* 90865*, 90870* 90880*, 96105* 96125*, 96127* 96131* 96146* 96161* 99202-99205** 99212-99215** 99221-99223** 99231-99236** 99238-99239** 99304-99310** 99341-99342** 99344-99345** 99347-99350**

# PSYCHOLOGICAL TESTING

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code												
<b>Standardized Cognitive Performance Testing, First Hour</b> <i>(e.g., Ross Information Processing Assessment)</i> <i>Face-to-face administration; interpretation</i> <b>96125</b>	Client Significant Support Person	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/Correctional Facility (09)	31	67	N/A	1	None	Interpretation/Explanation of Results (90887CG)  Sign Language/Interpretation (T1013)		96127* 96146* 96161*
<b>Standardized Cognitive Performance Testing, 68+ minutes</b> <i>(e.g., Ross Information Processing Assessment)</i> <i>Face-to-face administration; interpretation</i> <b>T2024</b>	Client Significant Support Person	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/Correctional Facility (09)	68	1440	5	96	1 unit for each 15 minutes  5 Unit=68-82m 6 Unit=83-97m 7 Unit=98-112m 8 Unit=113-127m 9 Unit=128-142m	Interpretation/Explanation of Results (90887CG)  Sign Language/Interpretation (T1013)	90791 90792 90865 90885 96105 96110 96125 96127 96146	96127* 96146* 96161*
<b>Psychological Testing Evaluation, First Hour</b> <i>Integration, interpretation, clinical decision-making, and interactive feedback</i> <b>96130</b>	Client Significant Support Person	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/Correctional Facility (09)	31	90	N/A	1	96131 (each additional hour, up to 22 units) 1 Unit = 91-150m 2 Unit = 151-210m 3 Unit = 211-270m 4 Unit = 271-330m 5 Unit = 331-390m 6 Unit = 391-450m	Interpretation/Explanation of Results (90887CG)  Sign Language/Interpretation (T1013)	None	90785* 96110* 96113* 96125* 96127* 96146* 96161*
<b>Neuropsychological Testing Evaluation, First Hour</b> <i>Integration, interpretation, clinical decision-making, and interactive feedback</i> <b>96132</b>	Client Significant Support Person	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/Correctional Facility (09)	31	90	N/A	1	96133 (each additional hour, up to 22 units) 1 Unit = 91-150m 2 Unit = 151-210m 3 Unit = 211-270m 4 Unit = 271-330m 5 Unit = 331-390m 6 Unit = 391-450m	Interpretation/Explanation of Results (90887CG)  Sign Language/Interpretation (T1013)	96112 96113	90785* 96110* 96125* 96127* 96146* 96161*
<b>Psychological or Neuropsychological Test Administration, First 30 Minutes</b> <i>Face-to-face administration and scoring</i> <b>96136</b>	Client Significant Support Person	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/Correctional Facility (09)	16	45	N/A	1	96137 (each additional 30 min, up to 45 units) 1 Unit = 46-75m 2 Unit = 76-105m 3 Unit = 106-135m 4 Unit = 136-165m 5 Unit = 166-195m 4 Unit = 196-225m	Interpretation/Explanation of Results (90887CG)  Sign Language/Interpretation (T1013)	96112 96113	90785* 96110* 96125* 96127* 96138* 96146* 96161*

## PSYCHOLOGICAL TESTING

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided  Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service					Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
					Min Min	Max Min	Min Units	Max Units				
<b>Psychological or Neuropsychological (2 or more) Tests Psychological or Neuropsychological Test Administration and Scoring by Technician, two or more tests, any method; in person (Administration) &amp; Scoring, First 30 Minutes</b>  <b>96138</b>  <b>(Not in use at this time)</b>	Client	In Person Telehealth (95)	Psychological Testing Technician	All except Prison/ Correctional Facility (09)	16	45	N/A	1	96139 (1 unit for each additional 30 min, up to 45 units)  1 Unit = 46-75m 2 Unit = 76-105m 3 Unit = 106-135m 4 Unit = 136-165m 5 Unit = 166-195m 4 Unit = 196-225m	Sign Language/ Interpretation (T1013)	96112	90785* 96110* 96113* 96125* 96127* 96146* 96161*
<b>Psychological or Neuropsychological Test Administration (Auto), 60 Minutes</b>  <b>96146</b>	Client Significant Support Person	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	31	67	N/A	1	None	Interpretation/ Explanation of Results (90887CG)		96161*
<b>Psychological or Neuropsychological Test Administration (Auto), 68+ minutes</b>  <b>T2024</b>	Client Significant Support Person	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	68	1440	5	96	1 unit (for each additional 15 minutes)  5 Unit=68-82m 6 Unit =83-97m 7 Unit =98-112m 8 Unit = 113-127m 9 Unit =128-142m	Interpretation/ Explanation of Results (90887CG)	90791 90792 90865 90885 96105 96110 96125 96127 96146	96161*

# PSYCHOTHERAPY

Services are recorded in the clinical record and reported in IBHIS/on claims in units.

For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

## Mode/Service Function Code: 15/42 (Individual Therapy); 15/52 (Group Therapy)

All codes in this section may be used for Intensive Home-Based Service (IHBS) by adding the HK modifier; IHBS is provided to beneficiaries under 21 who are eligible for full-scope Medi-Cal services and who meet medical necessity criteria with Pre-Authorization; Mode/Service Function Code for IHBS: 15/57

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
<b>Psychotherapy, 30 Minutes with Patient</b>  <b>90832</b>	Client	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASW (HL) LMFT AMFT (HL) LPCC APCC (HL) Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	16	37	N/A	1	None	Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	90839 90840	90867-90869* 96116*, 96127* 96161* 99202-99205** 99212-99215** 99221-99223** 99231-99236** 99238-99239** 99242-99245** 99252-99255** 99304-99310** 99341-99342** 99344-99345** 99347-99350** 99366-99368** 99415-99416** 99418** 99441-99443** 99451** 99605-99606**
<b>Psychotherapy, 45 Minutes with Patient</b>  <b>90834</b>	Client	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASW (HL) LMFT AMFT (HL) LPCC APCC (HL) Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	38	52	N/A	1	None	Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	90839 90840	90832-90833* 90845* 90867-90869* 96116* 96127* 96161* 99202-99205** 99212-99215** 99221-99223** 99231- 99236** 99238- 99239** 99242- 99245** 99252-99255** 99304-99310** 99341- 99342** 99344- 99345** 99347-99350** 99366- 99368** 99415- 99416**99418** 99441-99443** 99451** 99605- 99606**

# PSYCHOTHERAPY

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code												
<b>Psychotherapy, 60 Minutes Patient</b>  <b>90837</b>	Client	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASW (HL) LMFT AMFT (HL) LPCC APCC (HL) Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	53	67	NA	1	None	Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	90839 90840	90832-90834* 90836* 90845* 90867-90869* 96116*, 96127* 96161* 99202-99205** 99212-99215** 99221-99223** 99231-99236** 99238-99239** 99242-99245** 99252-99255** 99304-99310** 99341-99342** 99344-99345** 99347-99350** 99366-99368** 99418** 99441-99443 99451** 99605-99606**
<b>Psychotherapy, 68+ minutes with Patient</b>  <b>T2021</b>	Client	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASW (HL) LMFT AMFT (HL) LPCC APCC (HL) Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	68	1440	5	96	1 unit (for each additional 15 minutes)  5 Unit=68-82m 6 Unit=83-97m 7 Unit=98-112m 8 Unit=113-127m 9 Unit=128-142m	Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	90837-90840 90845 90847 90849 90853 90870 90880	90832-90834* 90836* 90845* 90867-90869* 96116*, 96127* 96161* 99202-99205** 99212-99215** 99221-99223** 99231-99236** 99238-99239** 99242-99245** 99252-99255** 99304-99310** 99341-99342** 99344-99345** 99347-99350** 99366-99368** 99418** 99441-99443** 99451** 99605-99606**

# PSYCHOTHERAPY

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
<b>Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes</b>  <b>90847</b>	Client and Significant Support Person	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASW (HL) LMFT AMFT (HL) LPCC APCC (HL) Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	26	57	N/A	1	None	Interpretation/ Explanation of Results (90887CG)  Sign Language/ Interpretation (T1013)	90791 90792 90839-90840	90832-90834* 90836-90838* 90865*, 90870* 96116*, 96127* 99202-99205** 99212-99215** 99221-99223** 99231-99236** 99238-99239** 99242-99245** 99252-99255** 99304-99310** 99341-99342** 99344-99345** 99347-99350** 99415-99416** 99418** 99605-99606**
<b>Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 58+ minutes</b>  <b>T2021</b>	Client and Significant Support Person	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASW (HL) LMFT AMFT (HL) LPCC APCC (HL) Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	58	1440	4	96	1 unit (for each 15 minutes)  4 Unit=58-67m 5 Unit=68-82m 6 Unit=83-97m 7 Unit=98-112m 8 Unit=113-127m	Interpretation/ Explanation of Results (90887CG)  Sign Language/ Interpretation (T1013)	90791 90792 90837-90840 90845 90847 90849 90853 90870 90880	90832-90834* 90836-90838* 90865*, 90870* 96116*, 96127* 99202-99205** 99212-99215** 99221-99223** 99231-99236** 99238-99239** 99242-99245** 99252-99255** 99304-99310** 99341-99342** 99344-99345** 99347-99350** 99415-99416** 99418** 99605-99606**
<b>Multi-Family Group Psychotherapy, 84 Minutes</b>  <b>90849</b>	Client and Significant Support Person	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASW (HL) LMFT AMFT (HL) LPCC APCC (HL) Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	43	91	N/A	1	None	Interpretation/ Explanation of Results (90887CG)  Sign Language/ Interpretation (T1013)	90839-90840	90832-90834* 90836-90838* 90845* 90847* 90865*, 90870* 96116*, 96127* 99202-99205** 99212-99215** 99221-99223** 99231-99236** 99238-99239** 99242-99245** 99252-99255** 99304-99310** 99341-99342** 99344-99345** 99347-99350** 99415-99416** 99418** 99605-99606**

# PSYCHOTHERAPY

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code												
<b>Multi-Family Group Psychotherapy, 92+ Minutes</b>  <b>T2021:HQ</b>	Client and Significant Support Person	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASW (HL) LMFT AMFT (HL) LPCC APCC (HL) Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	92	1440	6	96	1 unit for each 15 minutes  6 Unit=92-97m 7 Unit=98-112m 8 Unit=113-127m 9 Unit=128-142m 10 Unit=143-157m 11 Unit=158-172m	Interpretation/ Explanation of Results (90887CG)  Sign Language/ Interpretation (T1013)	90837-90840 90845 90847 90849 90853 90870 90880	90832-90834* 90836-90838* 90845* 90847* 90865*, 90870* 96116*, 96127* 99202-99205** 99212-99215** 99221-99223** 99231-99236** 99238-99239 99242-99245** 99252-99255** 99304-99310** 99341-99342** 99344-99345** 99347-99350** 99415-99416** 99418** 99605-99606**
<b>Group Psychotherapy, 50 Minutes</b>  <b>90853</b>	Client	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASW (HL) LMFT AMFT (HL) LPCC APCC (HL) Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	26	57	N/A	1	None	Interactive Complexity (90785)  Interpretation/ Explanation of Results (90887CG)  Sign Language/ Interpretation (T1013)	90791 90792 90839-90840	90832-90834* 90836-90838* 90845* 90847* 90849* 90865* 90870* 96116* 96127* 99202-99205** 99212-99215** 99221-99223** 99231-99236** 99238-99239** 99242-99245** 99252-99255** 99307-99310** 99341-99342** 99344-99345** 99347-99350** 99415-99416** 99418** 99605-99606**

PSYCHOTHERAPY

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code												
Group Psychotherapy, 58+ Minutes  T2021:HQ	Client	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASW (HL) LMFT AMFT (HL) LPCC APCC (HL)  Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	58	1440	4	96	1 unit for each 15 minutes  4 Unit=58-67m 5 Unit =68-82m 6 Unit =83-97m 7 Unit=98-112m 8 Unit=113-127m	Interactive Complexity (90785)  Interpretation/ Explanation of Results (90887CG)  Sign Language/ Interpretation (T1013)	90791 90792 90837-90840 90845 90847 90849 90853 90870 90880	90832-90834* 90836-90838* 90845* 90847* 90849* 90865* 90870* 96116* 96127* 99202-99205** 99212-99215** 99221-99223** 99231-99236** 99238-99239** 99242-99245** 99252-99255** 99307-99310** 99341-99342** 99344-99345** 99347-99350** 99415-99416** 99418** 99605-99606**

# PSYCHOTHERAPY

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add- Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
<b>Hypnotherapy, 60 Minutes</b>  <b>90880</b> (Contact QA prior to utilizing this service code)	Client	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASW (HL) LMFT AMFT (HL) LPCC APCC (HL) Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	31	67	N/A	1	None	Sign Language/ Interpretation (T1013)	90839-90840	90832-90834* 90836-90838* 90845* 90847* 90849* 90853* 90865* 96116* 96127* 99202-99205** 99212-99215** 99221-99223** 99231-99236** 99238-99239** 99242-99245** 99252-99255** 99304-99310** 99341-99342** 99344-99345** 99347-99350** 99415-99416** 99418**
<b>Hypnotherapy, 68+ Minutes</b>  <b>T2021</b> (Contact QA prior to utilizing this service code)	Client	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASW (HL) LMFT AMFT (HL) LPCC APCC (HL) Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	68	1440	5	96	1 unit for each 15 minutes  5 Unit=68-82m 6 Unit=83-97m 7 Unit=98-112m 8 Unit=113-127m 9 Unit=128-142m	Sign Language/ Interpretation (T1013)	90837- 90840 90845 90847 90849 90853 90870 90880	90832-90834* 90836-90838* 90845* 90847* 90849* 90853* 90865* 96116* 96127* 99202-99205** 99212-99215** 99221-99223** 99231-99236** 99238-99239** 99242-99245** 99252-99255** 99304-99310** 99341-99342** 99344-99345** 99347-99350** 99415-99416** 99418**

# PSYCHOTHERAPY

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
<b>Base Code</b>												
<b>Psychoanalysis, 45 Minutes</b>  <b>90845</b> (Contact QA prior to utilizing this service code)	Client	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASW (HL) LMFT AMFT (HL) LPCC APCC (HL) Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09) and Outreach Site/Street (27)	23	52	N/A	1	None	Interpretation/ Explanation of Results (90887CG)  Sign Language/ Interpretation (T1013)	90839-90840	90832-90833* 90836* 90847* 90865* 96116* 96127* 99202-99205** 99212-99215** 99221-99223** 99231-99236** 99238-99239** 99242-99245** 99252-99255** 99304-99310** 99341-99342** 99344-99345** 99347-99350** 99415-99416** 99418** 99605-99606**
<b>Psychoanalysis, 53+ Minutes</b>  <b>T2021</b> (Contact QA prior to utilizing this service code)	Client	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASW (HL) LMFT AMFT (HL) LPCC APCC (HL) Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09) and Outreach Site/Street (27)	53	1440	4	96	1 unit for each 15 minutes  4 Unit=53-67m 5 Unit=68-82m 6 Unit =83-97m 7 Unit =98-112m 8 Unit=113-127m 9 Unit=128-142m	Interpretation/ Explanation of Results (90887CG)  Sign Language/ Interpretation (T1013)	90837-90840 90845 90847 90849 90853 90870 90880	90832-90833* 90836* 90847* 90865* 96116* 96127* 99202-99205** 99212-99215** 99221-99223** 99231-99236** 99238-99239** 99242-99245** 99252-99255** 99304-99310** 99341-99342** 99344-99345** 99347-99350** 99415-99416** 99418** 99605-99606**

## REHABILITATION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.

For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

### Mode/Service Function Code: 15/42 (Individual Rehabilitation); 15/52 (Group Rehabilitation)

All codes in this section may be used for Intensive Home-Based Service (IHBS) by adding the HK modifier; IHBS is provided to beneficiaries under 21 who are eligible for full-scope Medi-Cal services and who meet medical necessity criteria with Pre-Authorization; Mode/Service Function Code for IHBS: 15/57

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
<b>Psychosocial Rehabilitation, per 15 Minutes</b>  <b>H2017</b>	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	All Disciplines except Certified Peer Specialist  Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	8	1,440	N/A	96	1Unit = 8-22m 2Unit = 23-37m 3Unit = 38-52m 4Unit = 53-67m 5Unit = 68-82m 6Unit = 83-97m 7Unit = 98-112m 8Unit=113-127m 9Unit=128-142m 10Unit=143-157m 11Unit=158-172m 12Unit=173-187m 13Unit=188-202m 14Unit=203-217m 15Unit=218-232m 16Unit=233-247m 17Unit=248-262m 18Unit=263-277m 19Unit=278-292m 20Unit=293-307m	Sign Language/ Interpretation (T1013)	None	None
<b>Group Rehabilitation, per 15 Minutes</b>  <b>H2017:HQ</b>	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	All Disciplines except Certified Peer Specialist  Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	8	1,440	N/A	96	Same as Above	Sign Language/ Interpretation (T1013)	None	None
<b>Supported Employment, per 15 Minutes</b>  <b>H2023</b>	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	All Disciplines except Certified Peer Specialist  Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	8	1,440	N/A	96	Same as Above	Sign Language/ Interpretation (T1013)	None	None

# EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Mode/Service Function Code: 15/62												
Code Description/Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code												
<b>Office or Other Outpatient Visit of a New Patient, 15-29 Minutes</b>  <b>99202</b>	Client Significant Person	In Person Telehealth (95)	MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	All except: Prison (09), Inpatient Hospital (21), Inpatient Psychiatric Facility (51), Psychiatric Residential Treatment Center (56), Comprehensive Inpatient Rehabilitation Facility (61)	15	29	N/A	1	None	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	99238 99451	99105* 96116* 96125* 96130* 96132* 96136* 96138* 96146* 99212-99215** 99418** 99605-99606**
<b>Office or Other Outpatient Visit of a New patient, 30- 44 Minutes</b>  <b>99203</b>	Client Significant Support Person	In Person Telehealth (95)	MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	All except: Prison (09), Inpatient Hospital (21), Inpatient Psychiatric Facility (51), Psychiatric Residential Treatment Center (56), Comprehensive Inpatient Rehabilitation Facility (61)	30	44	N/A	1	None	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	99238 99451	96105* 96116* 96125* 96130* 96132* 96136* 96138* 96146* 99202** 99212-99215** 99418** 99605-99606**
<b>Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes</b>  <b>99204</b>	Client Significant Support Person	In Person Telehealth (95)	MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	All except: Prison (09), Inpatient Hospital (21), Inpatient Psychiatric Facility (51), Psychiatric Residential Treatment Center (56), Comprehensive Inpatient Rehabilitation Facility (61)	45	59	N/A	1	None	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	99238 99451	96105* 96116* 96125* 96130* 96132* 96136* 96138* 96146* 99202-99203** 99212-99215** 99418** 99605-99606**

# EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code												
<b>Office or Other Outpatient Visit of a New Patient 60- 74 Minutes</b>  <b>99205</b>	Client Significant Support Person	In Person telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	All except: Prison (09), Inpatient Hospital (21), Inpatient Psychiatric Facility (51), Psychiatric Residential Treatment Center (56), Comprehensive Inpatient Rehabilitation Facility (61)	60	103	N/A	1	99415 for additional 60 minutes 1 Unit=104-163, up to only 1 unit  99416 for each additional 30 minutes, up to 44 units 1 Unit =164-193m 2 Unit =194-223m 3 Unit =224-253m	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language /Interpretation (T1013)  Interpretation /Explanation of Results (90887CG)	99238 99451	96105* 96116* 96125* 96130* 96132* 96136* 96138* 96146* 99202-99204** 99212-99215** 99418** 99605-99606**
<b>Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes</b>  <b>99212</b>	Client Significant Support Person	In Person telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	All except: Prison (09), Inpatient Hospital (21), Inpatient Psychiatric Facility (51), Psychiatric Residential Treatment Center (56), Comprehensive Inpatient Rehabilitation Facility (61)	10	19	N/A	1	None	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	99238 99451	96105* 96116* 96125* 96130* 96132* 96136* 96138* 96146* 99605-99606**
<b>Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes</b>  <b>99213</b>	Client Significant Support Person	In Person telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	All except: Prison (09), Inpatient Hospital (21), Inpatient Psychiatric Facility (51), Psychiatric Residential Treatment Center (56), Comprehensive Inpatient Rehabilitation Facility (61)	20	29	N/A	1	None	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language /Interpretation (T1013)  Interpretation /Explanation of Results (90887CG)	99238 99451	96105* 96116* 96125* 96130* 96132* 96136* 96138* 96146* 99212** 99605-99606**

# EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.

For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
<b>Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes</b>  <b>99214</b>	Client Significant Support Person	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	All except: Prison (09), Inpatient Hospital (21), Inpatient Psychiatric Facility (51), Psychiatric Residential Treatment Center (56), Comprehensive Inpatient Rehabilitation Facility (61)	30	39	N/A	1	None	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	99238 99451	96105* 96116* 96125* 96130* 96132* 96136* 96138* 96146* 99212-99213** 99605-99606**
<b>Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes</b>  <b>99215</b>	Client Significant Support Person	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	All except: Prison (09), Inpatient Hospital (21), Inpatient Psychiatric Facility (51), Psychiatric Residential Treatment Center (56), Comprehensive Inpatient Rehabilitation Facility (61)	40	83	N/A	1	99415 for additional 60minutes, up to 1 unit. 1 Unit =84-143m  99416 for each additional 30 minutes, up to 44 units  1 Unit =144-173m 2 Unit =174-203m 3 Unit =204-233m	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	99238 99451	96105* 96116* 96125* 96130* 96132* 96136* 96138* 96146* 99212-99214** 99605-99606**
<b>Telephone Evaluation and Management Service, 5-10 Minutes</b> <i>with established patients, once per 7 calendar days</i> <b>Code will be discontinued. Effective 1/1/2025, use H2017</b>  <b>99441</b>	Client Significant Support Person	Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Telehealth Other than Client's Home (02)  Telehealth in Client's Home (10)	5	10	N/A	1	None	Sign Language/ Interpretation (T1013)  Caregiver Assessment (96161)	None	96127*
<b>Telephone Evaluation and Management Service, 11- 20 Minutes with established patient, once per 7 calendar days</b> <b>Code will be discontinued. Effective 1/1/2025, use H2017</b>  <b>99442</b>	Client Significant Support Person	Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Telehealth Other than Client's Home (02)  Telehealth in Client's Home (10)	11	20	N/A	1	None	Sign Language/ Interpretation (T1013)  Caregiver Assessment (96161)	None	96127* 99441**

# EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
<b>Base Code</b>												
<b>Telephone Evaluation and Management Service, 21-30 Minutes</b> <i>with established patient, once per 7 calendar days</i> <b>Code will be discontinued. Effective 1/1/2025, use H2017</b>  <b>99443</b>	Client Significant Support Person	Telephone (93)	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Telehealth Other than Client's Home (02)  Telehealth in Client's Home (10)	21	30	N/A	1	None	Sign Language/ Interpretation (T1013)  Caregiver Assessment (96161)	None	96127* 99441** 99442**
<b>Evaluation &amp; Management in the Client's Home or Field</b>												
<b>Home Visit of a New Patient, 15-29 Minutes</b>  <b>99341</b>	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Homeless Shelter (04) Home (12) Assisted Living Facility (13) Group Home (14) Mobile Unit (15) Temporary Lodging (16) Military Treatment Facility (26) Skilled Nursing Facility (31) Nursing Facility (32) Custodial Care Facility (33) Hospice (34) Intermediate Care Facility/Individuals with Intellectual Disabilities (54) Residential Substance Abuse Treatment Facility (55) Psychiatric Residential Treatment Center (56) Other Place of Service (99)	15	29	N/A	1	None	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785) Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	99451	96105* 96116* 96125* 96130* 96132* 96136* 96138* 96146* 96365* 96369- 96374* 96377* 99605-99606**
<b>Home Visit of a New Patient, 30-59 Minutes</b>  <b>99342</b>	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Homeless Shelter (04) Home (12) Assisted Living Facility (13) Group Home (14) Mobile Unit (15) Temporary Lodging (16) Military Treatment Facility (26) Skilled Nursing Facility (31) Nursing Facility (32) Custodial Care Facility (33) Hospice (34) Intermediate Care Facility/Individuals with Intellectual Disabilities (54) Residential Substance Abuse Treatment Facility (55) Psychiatric Residential Treatment Center (56) Other Place of Service (99)	30	59	N/A	1	None	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	99451	96105* 96116* 96125* 96130* 96132* 96136* 96138* 96146* 96365* 96369- 96374* 96377* 99341** 99605-99606**

# EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided  Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
<b>Home Visit of a New Patient, 60-74 Minutes</b>  <b>99344</b>	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Homeless Shelter (04) Home (12) Assisted Living Facility (13) Group Home (14) Mobile Unit (15) Temporary Lodging (16) Military Treatment Facility (26) Skilled Nursing Facility (31) Nursing Facility (32) Custodial Care Facility (33) Hospice (34) Intermediate Care Facility/Individuals with Intellectual Disabilities (54) Residential Substance Abuse Treatment Facility (55) Psychiatric Residential Treatment Center (56) Other Place of Service (99)	60	74	N/A	1	None	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	99451	96105* 96116* 96125* 96130* 96132* 96136* 96138* 96146* 96365* 96369-96374* 96377* 99341-99342** 99605-99606**
<b>Home Visit of a New Patient, 75-103 Minutes</b>  <b>99345</b>	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Homeless Shelter (04) Home (12) Assisted Living Facility (13) Group Home (14) Mobile Unit (15) Temporary Lodging (16) Military Treatment Facility (26) Skilled Nursing Facility (31) Nursing Facility (32) Custodial Care Facility (33) Hospice (34) Intermediate Care Facility/Individuals with Intellectual Disabilities (54) Residential Substance Abuse Treatment Facility (55) Psychiatric Residential Treatment Center (56) Other Place of Service (99)	75	103	N/A	1	99417 for each additional 15 minutes, up to 91 units  1 Unit=104-118m 2 Unit=119-133m 3 Unit=134-148m 4 Unit=149-163m 5 Unit=164-178m	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	99451	96105* 96116* 96125* 96130* 96132* 96136* 96138* 96146* 96365* 96369-96374* 96377* 99341-99342** 99344** 99605-99606**
<b>Home Visit of an Established Patient, 20-29 Minutes</b>  <b>99347</b>	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Homeless Shelter (04) Home (12) Assisted Living Facility (13) Group Home (14) Mobile Unit (15) Temporary Lodging (16) Military Treatment Facility (26) Skilled Nursing Facility (31) Nursing Facility (32) Custodial Care Facility (33) Hospice (34) Intermediate Care Facility/Individuals with Intellectual Disabilities (54) Residential Substance Abuse Treatment Facility (55) Psychiatric Residential Treatment Center (56) Other Place of Service (99)	20	29	N/A	1	None	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	99451	96105* 96116* 96125* 96130* 96132* 96136* 96138* 96146* 96365* 96369-96374* 96377* 99605-99606**

# EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided  Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
<b>Home Visit of an Established Patient, 30-39 Minutes</b>  <b>99348</b>	Client Significant Support Person	In Person	MD/DOMD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Homeless Shelter (04) Home (12) Assisted Living Facility (13) Group Home (14) Mobile Unit (15) Temporary Lodging (16) Military Treatment Facility (26) Skilled Nursing Facility (31) Nursing Facility (32) Custodial Care Facility (33) Hospice (34) Intermediate Care Facility/Individuals with Intellectual Disabilities (54) Residential Substance Abuse Treatment Facility (55) Psychiatric Residential Treatment Center (56) Other Place of Service (99)	30	39	N/A	1	None	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/Interpretation (T1013)  Interpretation/Explanation of Results (90887CG)	99451	96105* 96116* 96125* 96130* 96132* 96136* 96138* 96146* 96365* 96369-96374* 96377* 99347** 99605-99606**
<b>Home Visit of an Established Patient, 40-59 Minutes</b>  <b>99349</b>	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Homeless Shelter (04) Home (12) Assisted Living Facility (13) Group Home (14) Mobile Unit (15) Temporary Lodging (16) Military Treatment Facility (26) Skilled Nursing Facility (31) Nursing Facility (32) Custodial Care Facility (33) Hospice (34) Intermediate Care Facility/Individuals with Intellectual Disabilities (54) Residential Substance Abuse Treatment Facility (55) Psychiatric Residential Treatment Center (56) Other Place of Service (99)	40	59	N/A	1	None	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/Interpretation (T1013)  Interpretation/Explanation of Results (90887CG)	99451	96105* 96116* 96125* 96130* 96132* 96136* 96138* 96146* 96365* 96369-96374* 96377* 99347-99348** 99605-99606**

# EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided  Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
<b>Home Visit of an Established Patient, 60-74 Minutes</b>  <b>99350</b>	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Homeless Shelter (04) Home (12) Assisted Living Facility (13) Group Home (14) Mobile Unit (15) Temporary Lodging (16) Military Treatment Facility (26) Skilled Nursing Facility (31) Nursing Facility (32) Custodial Care Facility (33) Hospice (34) Intermediate Care Facility/Individuals with Intellectual Disabilities (54) Residential Substance Abuse Treatment Facility (55) Psychiatric Residential Treatment Center (56) Other Place of Service (99)	60	88	N/A	91	99417 for each additional 15 minutes, up to 91 units  1 Unit = 89-103 2 Unit=104-118 3 Unit=119-133 4 Unit=134-148 5 Unit=149-163	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	99451	96105* 96116* 96125* 96130* 96132* 96136* 96138* 96146* 96365* 96369-96374* 96377* 99347-99349** 99605-99606**
<b>Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) requiring Admission are of Low Severity, 25-34 Minutes</b>  <b>99304</b>	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Military Treatment Facility (26)  Skilled Nursing Facility (31)  Nursing Facility (32)	25	34	N/A	1	None	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	99451	96105* 96116*, 96125* 96127*, 96130* 96132*, 96136* 96138*, 96146* 96365*, 96369-96374* 96377* 99202-99205** 99212-99215** 99231-99233** 99242-99245** 99252-99255** 99307-99310** 99341- 99342** 99344- 99345** 99347-99350** 99415-99416** 99418** 99605-99606**

# EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.

For more information refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code												
<b>Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) Requiring Admission are of Moderate Severity, 35-49 Minutes</b>  <b>99305</b>	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Military Treatment Facility (26)  Skilled Nursing Facility (31)  Nursing Facility (32)	35	49	N/A	1	None	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	99451	96105* 96116*, 96125* 96127*, 96130* 96132*, 96136* 96138*, 96146* 96365*, 96369-96374* 96377* 99202-99205** 99212-99215** 99231-99233** 99242-99245** 99252-99255** 99304** 99307-99310** 99341-99342** 99344-99345** 99347-99350** 99415-99416** 99418** 99605-99606**
<b>Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Problem(s) Requiring Admission are of High Severity, 50-64 Minutes</b>  <b>99306</b>	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Military Treatment Facility (26)  Skilled Nursing Facility (31)  Nursing Facility (32)	50	78	N/A	1	99418 (for each additional 15 minutes, up to 93 units)  1 Unit=79-93m 2 Units=94-108m 3 Units=109-123m 5 Units=124-138m	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	99451	96105* 96116* 96125* 96127* 96130* 96132* 96136* 96138* 96146* 96365* 96369- 96374* 96377* 99202-99205** 99212-99215** 99231-99233** 99242-99245** 99252-99255** 99304-99305** 99307-99310** 99341-99342** 99344-99345** 99347-99350** 99415-99416** 99605-99606**

# EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.

For more information refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code												
<b>Subsequent Nursing Facility Care per Day, for the Evaluation and Management of a Patient. The Patient is stable, Recovering or Improving, 10-19 Minutes</b>  <b>99307</b>	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Military Treatment Facility (26)  Skilled Nursing Facility (31)  Nursing Facility (32)	10	19	N/A	1	None	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	96365 96369-96374 99451	96105* 96116* 96125* 96127* 96130* 96132* 96136* 96138* 96146* 96377* 99415** 99416** 99418** 99605-99606**
<b>Subsequent Nursing Facility Care per Day, for the Evaluation and Management of a Patient. The Patient is Responding Inadequately to Therapy or Has Developed a Minor Complication, 20-29 Minutes</b>  <b>99308</b>	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Military Treatment Facility (26)  Skilled Nursing Facility (31)  Nursing Facility (32)	20	29	N/A	1	None	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	96365 96369-96374 99451	96105* 96116* 96125* 96127* 96130* 96132* 96136* 96138* 96146* 96377* 99307** 99415-99416** 99418** 99605-99606**
<b>Subsequent Nursing Facility Care per Day, for the Evaluation and Management of a Patient. The Patient has Developed a Significant Complication or a Significant New Problem, 30-44 Minutes</b>  <b>99309</b>	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Military Treatment Facility (26)  Skilled Nursing Facility (31)  Nursing Facility (32)	30	44	N/A	1	None	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	96365 96369-96374 99451	96105** 96116* 96125* 96127* 96130* 96132* 96136* 96138* 96146* 96377* 99307-99308** 99415-99416** 99418** 99605-99606**

# EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.

For more information refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code												
<b>Subsequent Nursing Facility Care per Day, for the Evaluation and Management of a Patient. The Patient May Be Unstable or May Have Developed a Significant New Problem Requiring Immediate Physician Attention, 45-73 Minutes</b>  <b>99310</b>	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Military Treatment Facility (26)  Skilled Nursing Facility (31)  Nursing Facility (32)	45	73	N/A	1	99418 for each additional 15 minutes, up to 93 units  1 Unit =74-88m 2 Unit =89-103m 3 Unit =104-118m 4 Unit =119-133m 5 Unit=134-148m	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results	96365 96369 96370-96374 99451	96105* 96116* 96125* 96127* 96130* 96132* 96136* 96138* 96146* 96377* 99307-99309** 99415-99416** 99605-99606**
<b>E&amp;M when Serving as a Consultant</b>												
<b>Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Low Severity, 20-29 Minutes</b>  <b>99242</b>	Client Significant Support Person	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	All except: Prison (09), Inpatient Hospital (21) Inpatient Psychiatric Facility (51), Comprehensive Inpatient Rehabilitation Facility (61)	20	29	N/A	1	None	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	99238 99252-99255 99451	96116* 99605-99606**
<b>Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate Severity, 30-39 Minutes</b>  <b>99243</b>	Client Significant Support Person	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	All except: Prison (09), Inpatient Hospital (21) Inpatient Psychiatric Facility (51), Comprehensive Inpatient Rehabilitation Facility (61)	30	39	N/A	1	N/A	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	99238 99252-99255 99451	96116* 99242** 99605-99606**

# EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.

For more information refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code												
<b>Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 40-54 Minutes</b>  <b>99244</b>	Client Significant Support Person	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	All except: Prison (09), Inpatient Hospital (21) Inpatient Psychiatric Facility (51), Comprehensive Inpatient Rehabilitation Facility (61)	40	54	N/A	1	N/A	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results	99238 99252-99255 99451	96116* 99242-99243** 99605-99606**
<b>Office Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 55-83 Minutes</b>  <b>99245</b>	Client Significant Support Person	In Person Telehealth (95)	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	All except: Prison (09), Inpatient Hospital (21) Inpatient Psychiatric Facility (51), Comprehensive Inpatient Rehabilitation Facility (61)	55	83	N/A	1	99417 (1 unit for each additional 15 min, up to 91 units)  1 Unit=84-98m 2 Unit=99-113m 3 Unit=114-128m 4 Unit=129-143m 5 Unit=144-158m	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy 53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	99238 99252-99255 99451	96116* 99242-99244** 99605-99606**

# EVALUATION AND MANAGEMENT HOSPITAL

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

## Mode/Service Function Code: 15/62

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
<b>Initial hospital care, per day, for the evaluation and management of a patient. Usually, the problem(s) requiring admission are of low severity. 40-54 minutes</b>  <b>99221</b>	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Inpatient Hospital (21) Military Treatment Facility (26) Hospice (34) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	40	54	N/A	1	None	Sign Language/ Interpretation (T1013)	99451	96105* 96116* 96125* 96127* 96130* 96132* 96136* 96138* 96146* 96365* 96369* 96370-96374* 96377* 99202-99205** 99212-99215** 99231-99233** 99238-99239** 99242-99245** 99252-99255** 99304-99310** 99341-99342** 99344-99345** 99347-99350** 99605-99606**
<b>Initial hospital care, per day, for the evaluation and management of a patient. Usually, the problem(s) requiring admission are of moderate severity. 55-74 mins</b>  <b>99222</b>	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Inpatient Hospital (21) Military Treatment Facility (26) Hospice (34) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	55	74	N/A	1	None	Sign Language/ Interpretation (T1013)	99451	96105* 96116* 96125* 96127* 96130* 96132* 96136* 96138* 96146* 96365* 96369-96374* 96377* 99202-99205** 99212-99215** 99221** 99231-99233** 99238-99239** 99242-99245** 99252-99255** 99304-99310** 99341-99342** 99344-99345** 99347-99350** 99605-99606**

# EVALUATION AND MANAGEMENT HOSPITAL

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code												
<b>Initial hospital care, per day, for the evaluation and management of a patient. Usually, the problem(s) requiring admission are of moderate severity. 75-89 mins</b>  <b>99223</b>	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Inpatient Hospital (21) Military Treatment Facility (26) Hospice (34) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	75	96	N/A	1	G0316 (1 unit for each additional 15 min, up to 90 units)  1 Unit =97-111m 2 Unit =112-126m 3 Unit =127- 141m 4 Unit =142-156m	Sign Language/ Interpretation (T1013)	99451	96105* 96116* 96125* 96127* 96130* 96132* 96136* 96138* 96146* 96365* 96369* 96370-96374* 96377* 99202-99205** 99212-99215** 99221-99222** 99231-99233** 99238-99239** 99242-99245** 99252-99255** 99304-99310** 99341-99342** 99344-99345** 99347-99350** 99605-99606**
<b>Subsequent Hospital Care, per Day, for the Evaluation and Management of a Patient. Usually, Patient is Stable, Recovering, or 25-34 Minutes</b>  <b>99231</b>	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Inpatient Hospital (21) Military Treatment Facility (26) Hospice (34) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	25	34	N/A	1	None	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	96365 96369 96370-96374 99451	96105* 96116* 96125* 96127* 96130* 96132* 96136* 96138* 96146* 96377* 99605-99606**

# EVALUATION AND MANAGEMENT HOSPITAL

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code												
<b>Subsequent Hospital Care, per Day, for the Evaluation and Management of a Patient. Usually, the Patient is Responding Inadequately to Therapy or has Developed a Minor Complication, 35-49 Minutes</b>  <b>99232</b>	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Inpatient Hospital (21) Military Treatment Facility (26) Hospice (34) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	35	49	N/A	1	None	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	96365 96369 96370-96374 99451	96105* 96116* 96125* 96127* 96130* 96132* 96136* 96138* 96146* 96377* 99231** 99605-99606**
<b>Subsequent Hospital Care, per Day, for the Evaluation and Management of a Patient. Usually, the Patient is Unstable or has Developed a Significant New Problem, 50-64 Minutes</b>  <b>99233</b>	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Inpatient Hospital (21) Military Treatment Facility (26) Hospice (34) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	50	71	N/A	1	G0316 (1 unit for each additional 15 min, up to 90 units)  1 Unit = 72-86m 2 Unit = 87-101m 3 Unit = 102-116m 4 Unit = 117-131m	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	96365 96369 96370-96374 99451	96105* 96116* 96125* 96127* 96130* 96132* 96136* 96138* 96146* 96377* 99231-99232** 99605-99606**

# EVALUATION AND MANAGEMENT HOSPITAL

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
<b>Inpatient Consultation for a New or Established Patient. Usually, the Presenting Problems(s) are of Low Severity, 35- 44 Minutes</b>  <b>99252</b>	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Inpatient Hospital (21) Military Treatment Facility (26) Skilled Nursing Facility (31) Nursing Facility (32) Hospice (34) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	35	44	N/A	1	None	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	99242-99245 99253-99255 99451	96116* 96127* 96365* 96369-96374* 99605-99606**
<b>Inpatient Consultation for a New or Established Patient. Usually, the Presenting Problems(s) are of Moderate Severity, 45-59 Minutes</b>  <b>99253</b>	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Inpatient Hospital (21) Military Treatment Facility (26) Skilled Nursing Facility (31) Nursing Facility (32) Hospice (34) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	45	59	N/A	1	None	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	99242-99245 99252 99254-99255 99451	96116* 96127* 96365* 96369-96374* 99605-99606**

# EVALUATION AND MANAGEMENT HOSPITAL

Services are recorded in the clinical record and reported in IBHIS/on claims in units.

For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code												
<b>Inpatient Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 60-79 Minutes</b>  <b>99254</b>	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Inpatient Hospital (21) Military Treatment Facility (26) Skilled Nursing Facility (31) Nursing Facility (32) Hospice (34) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	60	79	N/A	1	None	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	99242-99245 99252-99253 99255 99451	96116* 96127* 96365* 96369-96374** 99605-99606**
<b>Inpatient Consultation for a New or Established Patient. Usually, the Presenting Problem(s) are of Moderate to High Severity, 80-94 Minutes</b>  <b>99255</b>	Client Significant Support Person	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	Inpatient Hospital (21) Military Treatment Facility (26) Skilled Nursing Facility (31) Nursing Facility (32) Hospice (34) Inpatient Psychiatric Facility (51) Comprehensive Inpatient Rehabilitation Facility (61)	80	108	N/A	1	99418 (1 unit for each additional 15 min, up to 93 units)  1 Unit = 109-123m 2 Unit = 124-138m 3 Unit = 139-153m 4 Unit = 154-168m	Psychotherapy (16-37 Min) Max 1 unit (90833)  Psychotherapy (38-52 Min) Max 1 unit (90836)  Psychotherapy (53 and over Min) Max 1 unit (90838)  Interactive Complexity (90785)  Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	99242-99245 99252-99254 99451	96116* 96127* 96365* 96369-96374* 99605-99606**

# NON EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

## Mode/Service Function Code: 15/62

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code												
<b>Medication Therapy Management Service(s) Provided by a Pharmacist, Individual, Face-to Face with New Patient with Assessment and Intervention, 15 Minutes</b>  <b>99605</b>	Client Significant Support Person	In Person Telehealth (95)	Pharmacist/ Advanced Practice Pharm Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/Correctional Facility (09)	8	22	N/A	1	99607 (1 unit for each additional 15 min, up to 15 units)  1 Unit=23-37m 2 Unit=38-52m 3 Unit=53-67m 4 Unit=68-82m 5 Unit=83-97m	Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	None	99606**
<b>Medication Therapy Management Service(s) Provided by a Pharmacist, Individual, Face-to Face with Established Patient with Assessment and Intervention, 15 Minutes</b>  <b>99606</b>	Client Significant Support Person	In Person Telehealth (95)	Pharmacist/ Advanced Practice Pharm Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/Correctional Facility (09)	8	22	N/A	1	99607 (1 unit for each additional 15 min, up to 15 units)  1 Unit=23-37m 2 Unit=38-52m 3 Unit=53-67m 4 Unit=68-82m 5 Unit=83-97m	Sign Language /Interpretation (T1013)  Interpretation /Explanation of Results (90887CG)	None	None
<b>Medication Training and Support, per 15 Minutes</b> <i>Medication education related to mental health meds prescribed by psychiatrist, the instruction of the use, risks, and benefits of and alternatives for medication</i>  <b>H0034</b>	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	MD/DO MD/DO Resident (GC) NP CNS PA Pharmacist RN/ LVN Psych Tech Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/Correctional Facility (09)	8	240	N/A	16	1 Unit = 8-22m 2 Unit = 23-37m 3 Unit = 38-52m 4 Unit = 53-67m 5 Unit = 68-82m 6 Unit = 83-97m 7 Unit = 98-112m 8 Unit=113-127m 9 Unit=128-142m 10 Unit=143-157m 11 Unit=158-172m 12 Unit=173-187m	Sign Language/ Interpretation (T1013)	None	None

# NON EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code												
<b>Group Medication</b> <b>H0034:HQ</b>	Client	In Person Telephone (SC) Telehealth (GT)	MD/DO MD/DO Resident (GC) NP CNS PA Pharmacist RN LVN Psych Tech Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	8	240	N/A	16	Same as Above	Sign Language/ Interpretation (T1013)	None	None
<b>TMS &amp; ECT</b>												
<b>Therapeutic Repetitive Transcranial Magnetic Stimulation (TMS) Treatment; Initial, Including Cortical Mapping, Motor Threshold Determination, Delivery and Management, 60 Minutes</b> <b>90867</b>	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	All except Telehealth (02, 10), Prison/Correctional Facility (09), Outreach Site/Street (27)	60	NA	N/A	1	None	Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	90868 90869 99451	90845* 90847* 90849* 90853* 90865* 90870* 90880*, 96127* 96366-96368* 99202-99205** 99212-99215** 99221-99223** 99231-99236** 99238-99239** 99242-99245** 99252-99255** 99304-99310** 99341-99342** 99344-99345** 99347-99350**
<b>Subsequent Delivery and Management of TMS, per Session,15 Minutes</b> <b>90868</b>	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	All except Telehealth (02, 10), Prison/Correctional Facility (09), Outreach Site/Street (27)	15	NA	N/A	1	None	Sign Language/ Interpretation (T1013)	90867 90869 99451	90845* 90847* 90849* 90853* 90865* 90870* 90880* 96127* 96366-96368* 99202-99205** 99212-99215** 99221-99223** 99231-99236** 99238-99239** 99242-99245** 99252-99255** 99304-99310** 99341-99342** 99344-99345** 99347-99350**

# NON EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code												
<b>TMS Treatment Subsequent Motor Threshold Redetermination with Delivery and Management, 45 Minutes</b>  <b>90869</b>	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	All except Telehealth (02, 10), Prison/Correctional Facility (09), Outreach Site/Street (27)	45	N/A	N/A	1	None	Sign Language/ Interpretation (T1013)	90867-90868 99451	90845* 90847* 90849* 90853* 90865* 90870* 90880* 96127* 96366-96368* 99202-99205** 99212-99215** 99221-99223** 99231-99236** 99238-99239** 99242-99245** 99252-99255** 99304-99310** 99341-99342** 99344-99345** 99347-99350** 99415- 99416** 99418**
<b>Electroconvulsive Therapy (Includes Necessary Monitoring), 20 Minutes</b>  <b>90870</b>	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	All except Telehealth (02, 10), Prison/Correctional Facility (09), Outreach Site/Street (27)	11	27	N/A	1	None	Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	99451	90832-90834* 90836-90838* 90845* 90865* 90880* 96127* 96365-96368* 96372* 96374-96377* 99212-99215** 99221-99223** 99231-99236** 99238-99239** 99242-99245** 99252-99255** 99304-99310** 99347-99350** 99605-99606**

## NON EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.

For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service					Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code					Min Min	Max Min	Min Units	Max Units				
<b>Electroconvulsive Therapy (Includes Necessary Monitoring), 28 + Minutes</b>  <b>T2021</b>	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS, PA Clinical Trainees of the above disciplines with appropriate modifier	All except Telehealth (02, 10), Prison (09), Outreach Site/ Street (27)	28	1440	2	96	1 unit for each 15 minutes  2 Unit=28-37m 3 Unit=38-52m 4 Unit=53-67m 5 Unit=68-82m	Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	90837-90838 90845 90847 90849 90853 90870 90880 99451	90832-90834*
												90836-90838*
												90845*
												90865*
												90880*
												96127*
												96365-96368*
												96372*
												96374-96377*
												99212-99215**
												99221-99223**
												99231-99236**
												99238-99239**
												99242-99245**
99252-99255**												
99304-99310**												
99347-99350**												
99605-99606**												
<b>Infusions &amp; Injections</b>												
<b>Oral Medication Administration, Direct Observation, 15 Minutes</b> <i>used by LVN and LPT for administering medications orally or intravenously</i>  <b>H0033</b>	Client	In Person	All Disciplines except Certified Peer Specialist  Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/Correctional Facility (09)	8	240	N/A	16	1 Unit = 8-22m 2 Unit = 23-37m 3 Unit = 38-52m 4 Unit = 53-67m 5 Unit = 68-82m 6 Unit = 83-97m 7 Unit = 98-112m 8 Unit=113-127m 9 Unit=128-142m	Sign Language/ Interpretation (T1013)	None	None

# NON EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.

For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
<b>Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 1-15 Minutes</b>  <b>96372</b>  One unit can be reported when the minimum number of minutes for this code has been attained.	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA RN Clinical Trainees of the above disciplines with appropriate modifier	All except Telehealth (02, 10), Prison (09)	1	15	N/A	1	None	Sign Language/ Interpretation (T1013)	None	99202-99205** 99212-99215** 99221-99223** 99231-99236** 99238-99239** 99242-99245** 99252-99255** 99304-99310** 99341-99342** 99344-99345** 99347-99350**
<b>Therapeutic, Prophylactic, or Diagnostic Injection; IntraArterial, 1-15 Minutes</b>  <b>96373</b>  One unit can be reported when the minimum number of minutes for this code has been attained.	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA RN Clinical Trainees of the above disciplines with appropriate modifier	All except Telehealth (02, 10), Prison (09)	1	15	N/A	1	None	Sign Language/ Interpretation (T1013)	None	99202-99205** 99212-99215** 99221-99223** 99231-99236** 99238-99239** 99242-99245** 99252-99255** 99304-99310** 99341-99342** 99344-99345** 99347-99350** 99418**
<b>Therapeutic, Prophylactic, or Diagnostic Injection; Intravenous Push, Single or Initial Substance/Drug, 15 Minutes</b>  <b>96374</b>  One unit can be reported when the minimum number of minutes for this code has been attained.	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA RN Clinical Trainees of the above disciplines with appropriate modifier	All except Telehealth (02, 10), Prison (09)	8	N/A	N/A	1	96375 (Additional Sequential Push New Drug, 8-22 min)  96376 (Additional Sequential Intravenous Drug over 30 Minutes After a Reported Push of the Same Drug, 8-22 Minutes)	Sign Language/ Interpretation (T1013)	None	96372* 96377* 99202-99205** 99212-99215** 99221-99223** 99231-99236** 99238-99239** 99242-99245** 99252-99255** 99304-99310** 99341-99342** 99344-99345** 99347-99350**

# NON EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
<b>Base Code</b>												
<b>Application of Onbody Injector for Timed Subcutaneous Injection, 15 Minutes</b>  <b>96377</b>	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA RN Clinical Trainees of the above disciplines with appropriate modifier	All except Telehealth (02, 10), Prison (09)	1	15	N/A	1	None	Sign Language/ Interpretation (T1013)	None	99202-99205** 99212-99215** 99242-99245**
<b>Intravenous Infusion for Therapy, Prophylaxis, or Diagnosis, 1-60 Minutes</b>  <b>96365</b> <i>(Contact QA prior to utilizing this service code)</i>  <i>This service can be reported when 1 minute of service has been attained.</i>  <b>One unit can be reported when the minimum number of minutes for this code has been attained.</b>	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	All except Telehealth (02, 10), Prison (09)	1	90	N/A	1	96366 (Each Additional 30-60min, up to 4 Units) There's no CPT code that can be reported for an infusion that takes 61-89 minutes.  96367 (Sequential Infusion 1-60 Min After 96365)  96368 (Concurrent Infusion, 15 Min)  96375 (Additional Sequential Push New Drug, 15 min)  96376 (Additional Sequential Intravenous Drug over 30 Minutes after a Reported Push of the Same Drug, 1- 14 Minutes)	Sign Language/ Interpretation (T1013)	None	96372* 96374* 96377* 99202-99205** 99212-99215** 99221-99223** 99231-99236** 99238-99239** 99242-99245** 99252-99255** 99304-99310** 99341-99342** 99344-99345** 99347-99350**
<b>Subcutaneous Infusion for Therapy or Prophylaxis, Initial, 16-60 Minutes</b>  <b>96369</b> <i>(Contact QA prior to utilizing this service code)</i>	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	All except Telehealth (02, 10), Prison (09)	16	90	N/A	1	96370 (Additional 30-60 Min) 96371 (Additional pump, 15 min)	Sign Language/ Interpretation (T1013)	None	96372* 96377* 99202-99205** 99212-99215** 99221-99223** 99231-99236** 99238-99239** 99242-99245** 99252-99255** 99304-99310** 99341-99342** 99344-99345** 99347-99350** 99418**

# NON EVALUATION AND MANAGEMENT MEDICATION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
<b>Narcosynthesis for Psychiatric Diagnostic and Therapeutic Purposes, 90 Minutes</b>  <b>90865</b>	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	All except Telehealth (02, 10), Prison (09), Outreach Site/Street (27)	46	97	N/A	1	None	Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	90839 90840	90832-90834*, 90836-90838* 96116* 96127* 99202-99205** 99212-99215** 99221-99223** 99231-99236** 99238-99239** 99242-99245** 99252-99255** 99304-99310** 99341-99342** 99344-99345** 99347-99350** 99415-99416** 99418** 99605-99606**
<b>Narcosynthesis for Psychiatric Diagnostic and Therapeutic Purposes, 98+ Minutes</b>  <b>T2024</b>	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Clinical Trainees of the above disciplines with appropriate modifier	All except Telehealth (02, 10), Prison (09), Outreach Site/Street (27)	98	1440	7	96	1 unit for each 15 minutes, up to 96 units  7 Unit=98-112m 8 Unit=113-127m 9 Unit=128-142m 10 Unit=143-157m 11Unit=158-172m	Sign Language/ Interpretation (T1013)  Interpretation/ Explanation of Results (90887CG)	90791 90792 90839-90840 90865 90885 96105 96110 96125 96127 96146	90832-90834*, 90836-90838* 96116* 96127* 99202-99205** 99212-99215** 99221-99223** 99231-99236** 99238-99239** 99242-99245** 99252-99255** 99304-99310** 99341-99342** 99344-99345** 99347-99350** 99415-99416** 99418** 99605-99606**

## CRISIS INTERVENTION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Organizational Provider's Manual Chapter 2.

### Mode/Service Function Code:15/77

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add- Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
<b>Psychotherapy for Crisis, First 30-74 Minutes</b>  <b>90839</b>	Client	In Person	MD/DO MD/DO Resident (GC) NP CNS PA Licensed Psychologist Waivered Psychologist (HL) LCSW ASW (HL) LMFT AMFT (HL) LPCC APCC (HL) Clinical Trainees of the above disciplines with appropriate modifier	All except: Prison/Correctional Facility (09), Telehealth Provided Other than in Patients Home (02) and Telehealth Provided in Patient's Home (10)	30	74	N/A	1	90840 (each additional 30 min, max of 14) 1 Unit = 75-104m 2 Unit = 105-134m 3 Unit = 135-164m 4 Unit = 165-194m 5 Unit = 195-224m 6 Unit = 225-254m 7 Unit = 255-284m 8 Unit = 285-314m 9 Unit = 315-344m 10 Unit = 345-374m 11 Unit = 375-404m 12 Unit = 405-434m 13 Unit = 435-464m 14 Unit = 465-495m	Sign Language/ Interpretation (T1013)	90785 90791-90792 90832-90834 90836-90838 90845 90847 90849 90853 90865 90880	90867-90870* 90885* 90887* 96116* 96127* 99605-99606**
<b>Crisis Intervention Service, per 15 Minutes</b>  <b>H2011</b>	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	All Disciplines except Certified Peer Specialist  Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/Correctional Facility (09)	8	480	N/A	32	1 Unit = 8-22m 2 Unit = 23-37m 3 Unit = 38-52m 4 Unit = 53-67m 5 Unit = 68-82m 6 Unit = 83-97m 7 Unit = 98-112m 8 Unit = 113-127m 9 Unit = 128-142m 10 Unit = 143-157m 11 Unit = 158-172m 12 Unit = 173-187m 13 Unit = 188-202m 14 Unit = 203-217m 15 Unit = 218-232m 16 Unit = 233-247m 17 Unit = 248-262m 18 Unit = 263-277m	Sign Language/ Interpretation (T1013)	None	None
<i>The maximum amount claimable for the above Crisis Intervention in a 24-hour period is 8 hours.</i>												

CRISIS INTERVENTION

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Organizational Provider's Manual Chapter 2.

<b>Mobile Crisis Services, per Encounter</b>  <i>Only Mobile Crisis Teams (PMRT, TT, MCOT) shall deliver. Each mobile crisis services encounter shall include, at minimum, Initial face-to-face crisis assessment; Mobile crisis response; Crisis planning; and a follow-up check-in</i>  <b>H2011:HW</b>	Client	In Person Telephone (SC) Telehealth (GT)	All Disciplines  Clinical Trainees of the above disciplines with appropriate modifier	<b>Mobile Crisis (15) Only</b>  Cannot be provided in the following settings: Inpatient hospital; Inpatient psychiatric hospital; Emergency department; Residential SUD treatment and withdrawal management facility; Mental health rehabilitation center; Special treatment program; Skilled nursing facility; Intermediate care facility; Jails, prisons, and juvenile detention facilities; Other crisis stabilization and receiving facilities	N/A	N/A	N/A	1	Encounter Based for the Mobile Crisis team (No Separate Claim for Co-Practitioners or Follow-Up sessions)	Staff Time for transporting or accompanying client while transporting, 15 min increments. (T2007)  Transportation Mileage, per mile (A0140)	None	None
---	--------	--	---	---	-----	-----	-----	---	--	---	------	------

# TREATMENT PLANNING

Services are recorded in the clinical record and reported in IBHIS/on claims in units.

For more information, refer to the Organizational Provider's Manual Chapter 2

## Mode/Service Function Code: 15/42

All codes in this section may be used for Intensive Home-Based Service (IHBS) by adding the HK modifier; IHBS is provided to beneficiaries under 21 who are eligible for full-scope Medi-Cal services and who meet medical necessity criteria with Pre-Authorization; Mode/Service Function Code for IHBS: 15/57  
When the service is only with Mental Health/Health Professionals (Consultant), telehealth/telephone modifiers should not be used, and the POS should be 'office'.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add- Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code												
<b>Mental Health Service Plan Developed by Non-Physician, 15 Minutes</b>  <b>H0032</b>	Client Significant Support Person(s)  Mental Health/Health Professional (Consultant)	In Person Telephone (SC) Telehealth (GT)	All except MD/DO and Certified Peer Specialist Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/Correctional Facility (09)	8	1,440	N/A	96	1 Unit = 8-22m 2 Unit = 23-37m 3 Unit = 38-52m 4 Unit = 53-67m 5 Unit = 68-82m 6 Unit = 83-97m 7 Unit = 98-112m 8 Unit=113-127m 9 Unit=128-142m 10 Unit=143-157m	Sign Language/ Interpretation (T1013)	None	None
<b>Coordination of Care between providers in the Mental Health System and providers who are outside the Mental Health system, per 15 Minutes</b>  <b>H2021</b>	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	All Disciplines except Certified Peer Specialist Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/Correctional Facility (09)	8	1,440	N/A	96	Same as Above	Sign Language/ Interpretation (T1013)	None	None
<b>Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Non-Physician. Face-to-face with Patient and/or Family. 30 Minutes or More. Must include 3 or more participants. Participants must have direct client care.</b>  <b>99366</b>	Client Significant Support Person(s)	In Person Telephone (93) Telehealth (95)	NP CNS PA Pharmacist Licensed Psychologist Waivered Psychologist (HL) LCSW ASW (HL) LMFT AMFT (HL) LPCC APCC (HL) RN Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/Correctional Facility (09)	30	N/A	N/A	1	None	Interpretation/ Explanation of Results (90887CG)  Sign Language/ Interpretation (T1013)	99451	96127*

## TREATMENT PLANNING

Services are recorded in the clinical record and reported in IBHIS/on claims in units.

For more information, refer to the Organizational Provider's Manual Chapter 2

Code Description/ Service Provided  Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Place of Service				Extend Duration Code & Unit Breakdown	Allowable Add- Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
					Min	Max	Min	Max				
<b>Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation Nonphysician. Patient and/or Family Not Present. 30 Minutes or More.</b> <i>Must include 3 or more participants. Participants must have direct client care.</i>  <b>99368</b>	Mental Health/Health Professional (Consultant)	In Person	NP CNS PA Pharmacist Licensed Psychologist Waivered Psychologist (HL) LCSW ASW (HL) LMFT AMFT (HL) LPCC APCC (HL) RN Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	30	N/A	N/A	1	None	Interpretation/ Explanation of Results (90887CG)	None	96127* 99367**
<b>Care Management Services for Behavioral Health Conditions, Directed by Physician. At Least 20 Minutes</b> <i>May only be claimed once per month for the same practitioner</i>  <b>99484</b>	Mental Health/Health Professional (Consultant)	In Person Telephone (93) Telehealth (95)	MD/DO MD/DO Resident (GC) NP/CNS PA Pharmacist Licensed Psychologist Waivered Psychologist (HL) LCSW ASW (HL) LMFT AMFT (HL) LPCC APCC (HL) RN, LVN Psych Tech Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	20	N/A	N/A	1	None	Interpretation /Explanation of Results (90887CG) - for the allowed disciplines only (See the Add-On Codes Section)  Sign Language /Interpretation (T1013)	None	96127* 98966-98968* 99366-99368** 99418** 99441-99443** 99605-99607**
<b>Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician. Patient and/or Family not Present. 30 Minutes or More</b> <i>Must include 3 or more participants. Participants must have direct client care.</i>  <b>99367</b>	Mental Health/Health Professional (Consultant)	In Person	MD/DO MD/DO Resident (GC) Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/ Correctional Facility (09)	30	N/A	N/A	1	None	Interpretation/ Explanation of Results (90887CG)	None	96127*

## TARGETED CASE MANAGEMENT

Services are recorded in the clinical record and reported in IBHIS/on claims in units.

For more information, refer to the Organizational Provider's Manual Chapter 2.

### Mode/Service Function Code: 15/04

All codes in this section may be used for Intensive Care Coordination (ICC) by adding the HK modifier; ICC is provided to beneficiaries under 21 who are eligible for full-scope Medi-Cal services and who meet medical necessity criteria; Mode/Service Function Code: 15/07

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add- Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
<b>Targeted Case Management, Each 15 Minutes</b>  <i>Referral and Linkage to Ancillary Services (e.g. Housing, substance use, medical).</i> <i>Determining the client needs for referral and linkage (e.g. CANS/NET)</i>  <b>T1017</b>	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	All Disciplines except Certified Peer Specialist  Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/Correctional Facility (09)	8	1,440	N/A	96	1 Unit = 8-22m 2 Unit = 23-37m 3 Unit = 38-52m 4 Unit = 53-67m 5 Unit = 68-82m 6 Unit = 83-97m 7 Unit = 98-112m 8 Unit = 113-127m 9 Unit = 128-142m 10 Unit = 143-157m 11 Unit = 158-172m 12 Unit = 173-187m 13 Unit = 188-202m	Sign Language /Interpretation (T1013)	None	None
<b>Child and Family Team (CFT), Each 15 Minutes</b>  <b>H2000:HK</b>	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	All Disciplines except Certified Peer Specialist  Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/Correctional Facility (09)	8	1,440	N/A	96	Same as Above	Caregiver Assessment (96161) for the allowed disciplines only (See the Add-On Codes Section)  Sign Language/ Interpretation (T1013)	None	None
<b>Inter-Professional Telephone/ Internet/ Electronic Health Record Assessment and Management Services Provided by a Consultative Physician, 5-30 Minutes</b>  <i>Does not require having had direct client care; Consulting physician performs a consult via telephone, internet, or electronic health record (EHR) and provides a written report to the requesting physician/qualified healthcare professional; Requesting practitioner ensure to have verbal consent for the interprofessional consultation from the patient/family documented in the patient's medical record</i>  <b>99451</b>  <b>(Contact QA prior to utilizing this service code)</b>	Mental Health/ Health Professional (Requesting practitioner)	Telehealth (95)	MD/DO MD/DO Resident (GC) Clinical Trainees of the above discipline with appropriate modifier	Telehealth Other than Client's Home (02)  Telehealth in Client's Home (10)	5	30	N/A	1	None	None	90867-90870 99202-99205 99212-99215 99221-99223 99231-99236 99238-99239 99242-99245 99252-99255 99304-99310 99341-99342 99344-99345 99347-99350 99366 99415-99416	96127* 99418**

PEER SUPPORT

Services are recorded in the clinical record and reported in IBHIS/on claims in units.

For more information, refer to the Organizational Provider's Manual Chapter.

Mode/Service Function Code: 15/20

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
Base Code												
<b>Group Peer Support Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)</b>  <b>H0025</b>	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	Certified Peer Specialist	All except Prison/Correctional Facility (09)	8	1,440	N/A	96	1 Unit = 8-22m 2 Unit = 23-37m 3 Unit = 38-52m 4 Unit = 53-67m 5 Unit = 68-82m 6 Unit = 83-97m 7 Unit = 98-112m 8 Unit = 113-127m 9 Unit = 128-142m 10Unit = 143-157m 11Unit = 158-172m 12Unit = 173-187m 13Unit = 188-202m 14Unit = 203-217m 15 Unit = 218-232m 16 Unit = 233-247m 17Unit = 248-262m 18Unit = 263-277m 19Unit = 278-292m 20Unit = 293-307m	Sign Language/ Interpretation (T1013)	None	None
<b>Individual Peer Support Self-help/peer services per 15 minutes</b>  <b>H0038</b>	Client Significant Support Person  Mental Health/Health Professional (Consultant)	In Person Telephone (SC) Telehealth (GT)	Certified Peer Specialist	All except Prison/Correctional Facility (09)	8	1,440	N/A	96	Same as Above	Sign Language/ Interpretation (T1013)	None	None

THERAPEUTIC BEHAVIORAL SERVICES

Requires Pre-Authorization

Services are recorded in the clinical record and reported in IBHIS/on claims in units.  
For more information, refer to the Organizational Provider's Manual Chapter 2.

Mode/Service Function Code: 15/58

Code Description/Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Min Units	Max Units	Extend Duration Code & Unit Breakdown	Allowable Add-Ons	Practitioner Specific Lockouts (per Day)	Practitioner Second Service Requiring Modifier (per Day)
<b>Therapeutic Behavioral Services per 15 Minute</b>  <b>H2019</b>	Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	All Disciplines except Certified Peer Specialist  Clinical Trainees of the above disciplines with appropriate modifier	All except Prison/Correctional Facility (09)	8	1,440	N/A	96	1 Unit= 8-22m 2 Unit= 23-37m 3 Unit= 38-52m 4 Unit= 53-67m 5 Unit= 68-82m 6 Unit= 83-97m 7 Unit= 98-112m 8 Unit=113-127m 9 Unit=128-142m 10Unit=143-157m 11Unit=158-172m 12Unit=173-187m 13Unit=188-202m 14Unit=203-217m 15 Unit=218-232m 16 Unit=233-247m 17Unit=248-262m 18Unit=263-277m 19Unit=278-292m 20Unit=293-307m	Sign Language /Interpretation (T1013)	None	None

JUSTICE INVOLVED WARM LINKAGE SERVICES

The below service codes may be used for **Justice Involved Warm Linkage Services (QA Bulletin 24-08)**. The place of service (POS) must be 09 with exception to services provided by telephone (02) or telehealth (10). For all other claiming rules for these codes refer to the rest of this manual.

Assessment	Treatment Planning	Targeted Case Management	ICC/CFT	Telephone Services – Assessment	Telephone Services- E&M*
90885/ T2024	99366	99451	T1017:HK	98966	99441*
96127/ T2024	99367	T1017	H2000:HK	98967	99442*
H0031	99368			98968	99443*
H2000	99484				*Effective 1/1/2025, use code H2017 instead
T1001	H0032				

SOCIALIZATION DAY SERVICES

These services are claimed in IBHIS in blocks of time.

For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 3.

For more information, refer to the Organizational Provider's Manual Chapter 2.

Requires Pre-Authorization

- These procedure codes may not be claimed to Medicare or Medi-Cal
- These procedure codes are reported in 4 hour blocks of time

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Unit	Max Unit	Mode	Service Function Code
<b>Socialization Day Services</b> <b>H2030:HX</b>	Client	In Person	Bundled service not claimed by individual staff	Emergency Room (23)	1	4	10	41
<b>Vocational Day Services (Skill Training and Development)</b> <b>H2014</b>	Client	In Person	Bundled service not claimed by individual staff	Urgent Care Facility (20)	1	4	10	31

## DAY SERVICES

DTI/DTR requires Pre-Authorization

Services are recorded in the clinical record and reported in the IBHIS/on claims in Units.

For additional information, refer to the Organizational Provider's Manual Chapter 3.

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Hour	Max Hour	Max Units	Mode	Service Function Code
<b>Crisis Stabilization: Emergency Room</b> <b>S9484:HE:TG</b>	Client	In Person	Bundled service not claimed by individual staff	Emergency Room (23)	1	20	20	10	20-24
<b>Crisis Stabilization: Urgent Care</b> <b>S9484:HE</b>	Client	In Person	Bundled service not claimed by individual staff	Urgent Care Facility (20)	1	20	20	10	25-29
<b>Day Treatment Intensive: Half Day</b> <b>H2012:HQ:TG</b>	Client	In Person	Bundled service not claimed by individual staff	All except Prison/Correctional Facility (09)	N/A	N/A	1	10	82
<b>Day Treatment Intensive: Full Day</b> <b>H2012:HE:TG</b>	Client	In Person	Bundled service not claimed by individual staff	All except Prison/Correctional Facility (09)	N/A	N/A	1	10	85
<b>Day Rehabilitation: Half Day</b> <b>H2012:HQ</b>	Client	In Person	Bundled service not claimed by individual staff	All except Prison/Correctional Facility (09)	N/A	N/A	1	10	92
<b>Day Rehabilitation: Full Day</b> <b>H2012:HE</b>	Client	In Person	Bundled service not claimed by individual staff	All except Prison/Correctional Facility (09)	N/A	N/A	1	10	98

**RESIDENTIAL**

Requires Pre-Authorization

These services are reported into IBHIS as days.

For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 4.

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Mode	Service Function Code
<b>HERAPEUTIC FOSTER CARE</b>						
<b>Therapeutic Foster Care</b> <b>S5145:HE</b>	Client	In Person	Mental Health Worker (TFC Parent)	School (03), Office (11), Home (12), Temporary Logging (16)	5	95
<b>RESIDENTIAL SERVICES</b>						
<b>Crisis Residential, Children and Adult's Crisis Residential Program (Under Age 21)</b> <b>H0018:HA:HE</b>	Client	In Person	Bundled service not claimed by individual staff	56	5	43
<b>Crisis Residential: Non-Geriatric (Ages 21 to 64)</b> <b>H0018:HB:HE</b>	Client	In Person	Bundled service not claimed by individual staff	56	5	43
<b>Crisis Residential: Geriatric (Over Age 64)</b> <b>H0018:HC:HE</b>	Client	In Person	Bundled service not claimed by individual staff	56	5	43
<b>Adult Residential: Non-Geriatric (Ages 21 to 64)</b> <b>H0019:HB:HE</b>	Client	In Person	Bundled service not claimed by individual staff	56	5	65
<b>Adult Residential: Geriatric (Over Age 64)</b> <b>H0019:HC:HE</b>	Client	In Person	Bundled service not claimed by individual staff	56	5	65

**RESIDENTIAL**

Requires Pre-Authorization

These services are reported into IBHIS as days.

For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 4.

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Mode	Service Function Code
<b>NON-BILLABLE TO MEDI-CAL RESIDENTIAL SERVICES</b>						
<b>Crisis Residential, Children and Adult's Crisis Residential Program (Under Age 21) Non Medi-Cal</b> <b>H0018:HA:HE:HX</b>	Client	In Person	Bundled service not claimed by individual staff	56	5	44
<b>Adult Crisis Residential: Non-Geriatric (Ages 21 to 64)</b> <b>H0018:HB:HE:HX</b>	Client	In Person	Bundled service not claimed by individual staff	56	5	44
<b>Adult Crisis Residential: Geriatric (Over Age 64) Non Medi-Cal</b> <b>H0018:HC:HE:HX</b>	Client	In Person	Bundled service not claimed by individual staff	56	5	44
<b>Adult Residential- Non-Geriatric (Ages 21-64) Non Medi-Cal</b> <b>H0019:HB:HE:HX</b>	Client	In Person	Bundled service not claimed by individual staff	56	5	66
<b>Adult Residential- Geriatric (Over Age 64) Non Medi-Cal</b> <b>H0019:HC:HE:HX</b>	Client	In Person	Bundled service not claimed by individual staff	56	5	66
<b>NON-BILLABLE TO MEDI-CAL SUPPORTED LIVING SERVICES</b>						
<b>Life Support</b> <b>134</b>	Client	In Person	Bundled service not claimed by individual staff	56	5	40
<b>Semi-Supervising Living</b> <b>H0019:HX</b>	Client	In Person	Bundled service not claimed by individual staff	56	5	80

## INPATIENT SERVICES

Professional Services provided in inpatient are not part of the bundled services/rates and should be claimed separately using Outpatient Mode 15 procedure codes with POS 21 or 51

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Facility Type	Mode	Service Function Code
<b>NON-BILLABLE TO MEDI-CAL INPATIENT SERVICES</b>						
<b>State Hospital Facility</b> <b>100</b>	Client	In Person	Bundled service not claimed by individual staff	89	5	01
<b>Skilled Nursing Facility – Acute Intensive</b> <b>77777</b>	Client	In Person	Bundled service not claimed by individual staff	21	5	30
<b>NON-BILLABLE TO MEDI-CAL INSTITUTIONS FOR MENTAL DISEASE</b>						
<b>Institutions for Mental Disease (IMD) without Special Treatment Patch (STP) Under 60 beds (Laurel Park, Provider #0058)</b> <b>100:HE</b>	Client	In Person	Bundled service not claimed by individual staff	89	5	35
<b>Institutions for Mental Disease (IMD) without Special Treatment Patch (STP) 60 beds &amp; over (Olive Vista, Provider #0061)</b> <b>100:HE:GZ</b>	Client	In Person	Bundled service not claimed by individual staff	89	5	35
<b>Institutions for Mental Disease (IMD) without Special Treatment Patch (STP) Indigent</b> <b>100:HX</b>	Client	In Person	Bundled service not claimed by individual staff	89	5	36
<b>Institutions for Mental Disease (IMD) with Special Treatment Patch (STP) Subacute, Forensic History in County (Olive Vista, Provider #0061)</b> <b>100:HE:TG</b>	Client	In Person	Bundled service not claimed by individual staff	89	5	36
<b>Institutions for Mental Disease (IMD) with Special Treatment Patch (STP) Subacute, Forensic History Out of County</b> <b>100:HE:TN</b>	Client	In Person	Bundled service not claimed by individual staff	89	5	37
<b>Institutions for Mental Disease (IMD) with Special Treatment Patch (STP) Non-MIO/Hearing Impaired (Sierra Vista, Provider #0066)</b> <b>100:HK</b>	Client	In Person	Bundled service not claimed by individual staff	89	5	36
<b>Institutions for Mental Disease (IMD) with Special Treatment Patch (STP) MIO (Olive Vista, Provider #0061)</b> <b>100:HB:HZ</b>	Client	In Person	Bundled service not claimed by individual staff	89	5	37
<b>Institutions for Mental Disease (IMD) with Special Treatment Patch (STP) Indigent MIO (Olive Vista, Provider #0061)</b> <b>100:TG</b>	Client	In Person	Bundled service not claimed by individual staff	89	5	38

## INPATIENT SERVICES

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Facility Type	Mode	Service Function Code
Base Code						
NON-BILLABLE TO MEDI-CAL INSTITUTIONS FOR MENTAL DISEASE (CONTINUED)						
Institutions for Mental Disease (IMD) with Special Treatment Patch (STP) Subacute, Forensic History, Indigent Olive Vista, Provider #0061) <b>100:HB:TG</b>	Client	In Person	Bundled service not claimed by individual staff	89	5	39
Institutions for Mental Disease (IMD) with Special Treatment Patch (STP) Subacute, Forensic History, Indigent Out of County <b>100:HB:TN</b>	Client	In Person	Bundled service not claimed by individual staff	89	5	39
IMD Pass Day <b>183</b>	Client	In Person	Bundled service not claimed by individual staff	89	5	39
NON-BILLABLE TO MEDI-CAL MENTAL HEALTH REHABILITATION						
MH Rehabilitation Center, Level One <b>100:GZ</b>	Client	In Person	Bundled service not claimed by individual staff	86	5	90
MH Rehabilitation Center, Level Two <b>100:GZ:HE</b>	Client	In Person	Bundled service not claimed by individual staff	86	5	91
MH Rehabilitation Center, Level Three <b>100:GZ:HK</b>	Client	In Person	Bundled service not claimed by individual staff	86	5	92

## INPATIENT SERVICES

Code Description/ Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Facility Type	Mode	Service Function Code
<b>PSYCHIATRIC HEALTH FACILITY</b>						
Psychiatric Health Facility <b>H2013</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	20-29
<b>INPATIENT PSYCHIATRIC HOSPITAL FACILITY SERVICES</b>						
General Hospital (Short Doyle County Medical Center) – Acute Day <b>100:AT:HT</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	10
General Hospital (Short Doyle County Medical Center) – Admin Day <b>101:HE</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	19
Psychiatric Hospital (Short Doyle), age 21 or under – Acute Day <b>100:HA</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	14
Psychiatric Hospital (Short Doyle), age 65 or over – Acute Day <b>100:HC</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	15
Psychiatric Hospital (Short Doyle), age 21 or under – Admin Day <b>101:HA</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	19
Psychiatric Hospital (Short Doyle), age 65 or over – Admin Day <b>101:HC</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	19
Psychiatric Hospital (Short Doyle), age 21 or under – Acute Day Murphy Bed <b>100:HA:H9</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	14
Psychiatric Hospital (Short Doyle), age 65 or over – Acute Day Murphy Bed <b>100:HC:H9</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	15
Psychiatric Hospital (Short Doyle), age 21 or under – Admin Day Murphy Bed <b>101:HA:H9</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	19
Psychiatric Hospital (Short Doyle), age 65 or over – Admin Day Murphy Bed <b>101:HC:H9</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	19
Psychiatric Hospital (Short Doyle), age 21 or under – Acute Day Special Population Bed <b>100:HA:TF</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	14
Psychiatric Hospital (Short Doyle), age 65 or over – Acute Day Special Population Bed <b>100:HC:TF</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	15
Psychiatric Hospital (Short Doyle), age 21 or under – Admin Day Special Population Bed <b>101:HA:TF</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	19
Psychiatric Hospital (Short Doyle), age 65 or over – Admin Day Special Population Bed <b>101:HC:TF</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	19

## INPATIENT SERVICES

Code Description/Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Facility Type	Mode	Service Function Code
<b>Base Code</b>						
<b>NON-BILLABLE TO MEDI-CAL INPATIENT PSYCHIATRIC HOSPITAL FACILITY SERVICES</b>						
<b>General Hospital (Short Doyle County Medical Center) – Acute Day</b> <b>100:AT:HX</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	10
<b>General Hospital (Short Doyle County Medical Center) - Admin Day</b> <b>101:HE:HX</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	19
<b>Psychiatric Hospital (Short Doyle), age 22-64– Acute Day</b> <b>100:HB</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	15
<b>Psychiatric Hospital (Short Doyle), age 22-64 – Admin Day</b> <b>101:HB</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	19
<b>Psychiatric Hospital (Short Doyle), age 21 or under – Acute Day</b> <b>100:HA:HX</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	11
<b>Psychiatric Hospital (Short Doyle), age 21 or under- Admin Day</b> <b>101:HA:HX</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	19
<b>Psychiatric Hospital (Short Doyle), age 65+ - Acute Day</b> <b>100:HC:HX</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	11
<b>Psychiatric Hospital (Short Doyle), age 65+ - Admin Day</b> <b>101:HC:HX</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	19
<b>Psychiatric Hospital (Short Doyle) - Day Murphy Bed</b> <b>100:HX:T9</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	11
<b>Psychiatric Hospital (Short Doyle) - Day Special Population</b> <b>100:HX:TF</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	11
<b>Local Psychiatric Hospital, PDP</b> <b>100:SC</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	15
<b>Forensic Inpatient Unit</b> <b>100:HZ</b>	Client	In Person	Bundled service not claimed by individual staff	89	5	50
<b>Psych Hospital, PDP – Admin Day</b> <b>101</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	19
<b>Acute Hospital, PDP – Admin Day</b> <b>101:HX</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	19
<b>Acute General Hospital – PDP</b> <b>100:AT</b>	Client	In Person	Bundled service not claimed by individual staff	11	5	10

**PSYCHIATRIC INPATIENT HOSPITAL PROFESSIONAL SERVICES**

The below service codes may be used for **PSYCHIATRIC INPATIENT HOSPITAL PROFESSIONAL SERVICES**. The place of service must be either 21 or 51 and the discipline of the practitioner must be a Psychologist, MD, DO, or Resident. For all other claiming rules for these codes refer to the rest of this manual.

Psychologist Base Code				
Assessment	Psychological Testing	Psychotherapy	Rehabilitation	Treatment Planning
90791/ T2024	96105/ T2024	90832	H2017	H0032
H0031	96112	90834	H2017:HQ	H2021
H2000	96125/ T2024	90837/ T2021		99366
98966	96130	90847/ T2021		99368
98967	96132	90849/ T2021:HQ		99484
98968	96136	90853/ T2021:HQ		
90885/ T2024	96146/ T2024			
96127/ T2024				
96110/ T2024				
96116				

MD/DO, Resident (GC) Evaluation & Management Medication Base Code		
90792/ T2024	99232	99238
99221	99233	99239
99222	99223	99231

## ENHANCED CARE MANAGEMENT

For directly operated providers using IBHIS only.

Code Description/ Service Provided	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units
Base Code							
ECM Clinical Staff G9008U1	Client	In Person	<ul style="list-style-type: none"> <li>MD/DO</li> <li>PA</li> <li>PhD/PsyD (Licensed or Waivered)</li> <li>SW/MFT/PCC (Licensed, Registered or Waivered)</li> <li>NP or CNS (Certified)</li> </ul>	All except Prison/ Correctional Facility (09)	N/A	N/A	N/A
ECM Clinical Staff G9008U1GQ	Client	Telephone Telehealth		All except Prison/ Correctional Facility (09)	N/A	N/A	N/A
ECM Outreach Clinical Staff G9008U8	Client	In Person		All except Prison/ Correctional Facility (09)	N/A	N/A	N/A
ECM Outreach Clinical Staff G9008U8GQ	Client	Telephone Telehealth		All except Prison/ Correctional Facility (09)	N/A	N/A	N/A
ECM Non-Clinical Staff G9012U2	Client	In Person	<ul style="list-style-type: none"> <li>Mental Health Rehab Specialist</li> <li>Other Qualified Provider</li> <li>Certified Peer Specialist</li> </ul>	All except Prison/ Correctional Facility (09)	N/A	N/A	N/A
ECM Non-Clinical Staff G9012U2GQ	Client	Telephone Telehealth		All except Prison/ Correctional Facility (09)	N/A	N/A	N/A
ECM Outreach Non-Clinical Staff G9012U8	Client	In Person		All except Prison/ Correctional Facility (09)	N/A	N/A	N/A
ECM Outreach Non-Clinical Staff G9012U8GQ	Client	Telephone Telehealth		All except Prison/ Correctional Facility (09)	N/A	N/A	N/A

COMMUNITY OUTREACH SERVICES

These services are claimed in IBHIS in minutes.  
For more information, refer to the Community Outreach Services Manual.

Code Description/Service Provided Base Code		Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Mode	Service Function Code
Mental Health Promotion 200		Community Potential Client	In Person Telephone (SC) Telehealth (GT)	All disciplines	All Places	1	1440	45	10
Community Client Services 231		Community Potential Client  Client Significant Support Person	In Person Telephone (SC) Telehealth (GT)	All disciplines	All Places	1	1440	45	20

# NON-BILLABLE TO MEDI-CAL

Services are recorded in clinical record and reported in IBIS/on claims in units.  
For more information, refer to the Short-Doyle/Medi-Cal Organizational Provider's Manual Chapter 2.

Code Description/Service Provided Base Code	Type of Service Contact	Allowable Methods of Delivery	Allowable Disciplines	Place of Service	Min Min	Max Min	Max Units	Extend Duration Code & Unit Breakdown	Mode	Service Function Code
<b>MAT - Case Conference Attendance</b>  MAT Team Meeting time that cannot be claimed to Medi-Cal  <b>G9007</b>	Significant Support Person	In Person Telephone  Telehealth	Ph.D./PsyD (Licensed or Waivered)  SW/MFT/PCC (Licensed, Registered or Waivered)	All except Prison/ Correctional Facility (09)	8	1,440	96	Unit = 8-22m Unit = 23-37m Unit = 38-52m Unit = 53-67m Unit = 68-82m Unit = 83-97m Unit = 98-112m	15	42
<b>MAT - Report Writing/Summary Finding</b>  Preparation of reports of client's psychiatric status, history, treatment, or progress  <b>90889:HX</b>	N/A	N/A	Ph.D./PsyD (Licensed or Waivered)  SW/MFT/PCC (Licensed, Registered or Waivered)	All except Prison/ Correctional Facility (09)	8	1,440	96	Same as above	15/	42
<b>PEI - Outcome Measurement</b>  Used for activities related to completing and scoring outcome measures that are not part of another billable service.  Reviewing and interpreting completed outcome questionnaires Scoring of measures Entering scaled scores, individual item responses or total scores  Reading or translating outcome questionnaires to clients/family members  <b>S9986:HE:HX</b>	Client Significant Support Person	In Person Telephone  Telehealth	All Disciplines except Certified Peer Specialist	All except Prison/ Correctional Facility (09)	8	1,440	96	Same as above	15	44
<b>Travel Time</b>  Used for programs that are eligible for travel time reimbursement.  All travel claims must be associated to a primary service claim, based on the practitioner, date of service, client, and other claim information  <b>99199:HX</b>	Client Significant Support Person	In Person	All Disciplines	All except Telehealth Other than Client's Home (02)  Telehealth in Client's Home (10)  Office (11)	8	1,440	96	Same as above	15	0