



# ***PROVIDER BULLETIN***

July 31, 2020

Sixth Edition, Issue 7

Network Providers

A Publication of the Local Mental Health Plan of the County of Los Angeles Department of Mental Health

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### **1. Termination of Procedure Codes Effective September 1, 2020**

Effective September 1, 2020, the following evaluation and management (E&M) service procedure codes will be terminated: 99301, 99302, 99303, 99311, 99312, 99313, 99321, 99322, 99323, 99331, 99332 & 99333. Psychiatrists performing these E&M services will use the new E&M procedure codes listed in section 2 of this bulletin.

### **2. Addition of New Procedure Codes Effective September 1, 2020**

Effective September 1, 2020, psychiatrists performing the E&M services in section 1 above will use the following new E&M procedure codes: 99304, 99305, 99306, 99309, 99310, 99325, 99326, 99327, 99335, 99336 & 99337.

Procedure code 90792 is added for psychiatrists and nurse practitioners to submit claims for psychiatric diagnostic interview with medical services.

Procedure codes "90847 HE:HQ" and "90887 HE:HQ" are added to the family and group collateral services for all Network Providers to account for the fact that multiple clients were involved in a claim.

The details of the new procedure codes are provided in the attachment I to this bulletin.

### **3. Procedure Codes, Durations and Rates by Disciplines** **Effective September 1, 2020**

In additions to the termination and addition of procedure codes allowable to the Network Providers, some of the duration of face-to-face minutes and rates are revised effective September 1, 2020. When choosing the appropriate procedure code, Network Providers must select the appropriate set of codes that are identified according to the service, place of service, and duration of the service as provided in the attachment I to this bulletin. Please input the exact service time in minutes as documented in the patient's record when submitting claims for reimbursement.

The procedure codes allowable for claiming video telehealth and telephone services, until further notice from the Local Mental Health Plan, are listed on Attachment II entitled, FFS Telehealth and Telephone Procedure Codes. The telehealth modifier GT or telephone modifier SC modifier must be added to the procedure code.

### **4. Removal of Prior Authorization Requirement on Specialty Mental Health Services (SMHS) Effective September 1, 2020**

The restriction to a threshold of 8 sessions per client within a 4-month trimester period will be lifted effective September 1, 2020. When SMHS are medically necessary, Network Providers are not required to go to the Provider Connect Application and submit an over threshold authorization request.

Electroconvulsive Therapy, with procedure codes of 90870 & 90871, will no longer be performed by Network Providers. Network Providers performing Psychological Testing are not required to obtain a pre-authorization for services after August 31, 2020. Intensive Care Division, Central Authorization Unit will issue a Funding Source Authorization for Psychological Testing services rendered on and after September 1, 2020.

If you have any questions regarding this Provider Bulletin, please contact the FFS Hotline at (213) 738-3311 or send an email to: [FFS2@dmh.lacounty.gov](mailto:FFS2@dmh.lacounty.gov), or submit a HEAT Ticket.

Provider Bulletins are posted on the DMH Website:

<https://dmh.lacounty.gov/pc/cp/ffs/>

Local Mental Health Plan  
Intensive Care Division  
Medi-Cal Professional Service and Authorization Division  
550 S Vermont Ave, 7<sup>th</sup> FL, Los Angeles CA 90020  
Website : <https://dmh.lacounty.gov>

FFS Procedure Codes, Durations and Rates by disciplines effective September 1, 2020

**INDIVIDUAL AND GROUP NETWORK PROVIDERS  
MD/DO, PhD/PSYD, LCSW, MFT AND NP/CNS SERVICES**

**ASSESSMENT**

<b>Service</b>	<b>Code</b>	<b>Duration of Face- to-Face</b>	<b>Rate for PhD/PsyD, MFT, LCSW</b>	<b>Rate for NP/CNS</b>	<b>Rate for MD/DO</b>
Psychiatric diagnostic interview	90791	21-39 min.	\$40.00	\$40.00	\$64.00
Psychiatric diagnostic interview	90791	40-90 min.	\$80.00	\$80.00	\$106.00
Psychiatric diagnostic interview with Medical Services	90792	21-39 min.	Not Applicable	\$40.00	\$64.00
Psychiatric diagnostic interview with Medical Services	90792	40-90 min.	Not Applicable	\$80.00	\$106.00

**Note:**

- This is an activity that may include a clinical analysis of the history and current status of a client's mental, emotional, or behavioral disorder; relevant cultural issues and history; and diagnosis.
- These services are recorded in the clinical record and reported into the County's claims processing information system in minutes.

**Documentation:**

- These codes should be used when completing an Initial Assessment form or when performing subsequent assessment activities that are documented on an assessment form.

FFS Procedure Codes, Durations and Rates by disciplines effective September 1, 2020

**INDIVIDUAL AND GROUP NETWORK PROVIDERS  
MD/DO, PHD/PSYD, LCSW, MFT AND NP/CNS SERVICES**

**INDIVIDUAL PSYCHOTHERAPY (NON-FAMILY)**

<b>Service</b>	<b>Code</b>	<b>Duration of Face-to-Face</b>	<b>Rate for PhD/PsyD, MFT, LCSW &amp; NP/CNS</b>	<b>Rate for MD/DO</b>
Insight oriented, behavior modifying, and/or supportive psychotherapy delivered to one client.	90832	16-20 min.	\$30.00	\$48.00
	90832	21-37 min.	\$40.00	\$64.00
	90834	38-52 min.	\$80.00	\$106.00
	90837	53+ min.	\$80.00	\$106.00

**Note:**

- These services are recorded in the clinical record and reported into the County's claims processing information system in minutes.

**Documentation:**

- Clinical interventions must be included in the progress note and must be consistent with the client's goals/desired results identified in the treatment plan.
- The service focuses primarily on symptom reduction as a means of improving functional impairments.

FFS Procedure Codes, Durations and Rates by disciplines effective September 1, 2020

**INDIVIDUAL AND GROUP NETWORK PROVIDERS  
MD/DO, PhD/PSYD, LCSW, MFT AND NP/CNS SERVICES**

**INDIVIDUAL PSYCHOTHERAPY (NON-FAMILY)**

<b>Service</b>	<b>Code</b>	<b>Duration of Face- to-Face</b>	<b>Rate for PhD/PsyD, LCSW, MFT, NP/CNS</b>	<b>Rate for MD/DO</b>
<b>Psychotherapy in Crisis:</b> Implementation of psychotherapeutic interventions to minimize the potential for psychological trauma while a client is in a crisis state.	90839	30-39 min.	\$68.00	\$91.00
		40-60 min.	\$80.00	\$106.00

**Note:**

- These services are recorded in the clinical record and reported into the County's claims processing information system in minutes.

**Documentation:**

- Clinical interventions must be included in the progress note and must be consistent with the client's goals/desired results identified in the treatment plan.
- The service focuses primarily on symptom reduction as a means of improving functional impairments.

FFS Procedure Codes, Durations and Rates by disciplines effective September 1, 2020

**INDIVIDUAL AND GROUP NETWORK PROVIDERS  
MD/DO, PhD/PsyD, LCSW, MFT AND NP/CNS SERVICES  
FAMILY AND GROUP SERVICES (EXCEPT MED SUPPORT GROUP)**

Service	Code	Duration of Face-to-Face	Rate for PhD/PsyD, MFT, LCSW & NP/CNS	Rate for MD/DO
<b>Family Psychotherapy with One Client Present</b> Psychotherapy delivered to a family with the intent of improving or maintaining the mental health status of the client.	90847	30-49 min.	\$48.00	\$84.00
<b>Family Psychotherapy with More Than One Client Present (Group Service)</b> Psychotherapy delivered to a family with the intent of improving or maintaining the mental health status of the clients.	90847 HE:HQ	50-59 min.	94.00	\$140.00
<b>Individual Collateral with One Client Present</b> Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist client.	90887	60 + min.	\$140.00	\$140.00
<b>Group Collateral with More Than One Client Present</b> Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist clients.	90887 HE:HQ			
<b>Multi-family Group Psychotherapy</b> Psychotherapy delivered to more than one family unit each with at least one enrolled client. Generally clients are in attendance.	90849	30 minutes minimum with 2 clients minimum to 9 clients maximum	\$28.00 per client per hour. Maximum billable session is \$252.00	\$30.00 per client per hour. Maximum billable session is \$270.00
<b>Group Psychotherapy</b> Insight orientated, behavior modifying, supportive services delivered at the same time to more than one non-family client.	90853			

**Notes:**

- If 2 or more clients within a family are seen together, only one family therapy claim can be reimbursed regardless of the number of clients in the family therapy session. Use the name of any one client to bill for the entire session. Account for the fact that multiple clients were involved by adding "HE:HQ" modifiers to the procedure code.
- When group therapy is provided, only one claim is to be submitted.
- These services are recorded in the clinical record and reported into the County's claims processing information system in minutes.

FFS Procedure Codes, Durations and Rates by disciplines effective September 1, 2020

**INDIVIDUAL AND GROUP NETWORK PROVIDERS  
MD/DO, PhD/PsyD, LCSW, MFT AND NP/CNS SERVICES  
PLAN DEVELOPMENT**

<b>Service</b>	<b>Code</b>	<b>Duration of Face- to-Face</b>	<b>Rate for PhD/PsyD, LCSW, MFT, NP/CNS &amp; RN</b>	<b>Rate for MD/DO</b>
<b>Plan Development</b> A stand-alone service that includes developing Client Care Plans, approval of Client Care Plans and/or monitoring of a client's progress. Plan development may be done as part of an interdisciplinary inter/intra-agency conference and/or consultation in order to develop and/or monitor the client's mental health treatment. Plan development may also be done as part of a contact with the client in order to develop and/or monitor the client's mental health treatment.	<b>H0032</b>	<b>35+ minutes</b>	<b>\$72.00</b>	<b>\$106.00</b>

**Notes:**

- These services are recorded in the clinical record and reported into the County's claims processing information system in minutes.
- For Team Conferences: Claimable time should only include the actual time a staff person participated in the conference and any other time a staff person actually spent related to the conference, such as travel or documentation. Participation includes time when information was shared that can be used in planning for client care or services to the client.
- When plan development is done as part of a team conference and/or consultation, it is best practice that only those practitioners who are providing direct services to that client claim. If the practitioner is not providing direct services, there should be detailed documentation to support the practitioner's involvement and time claimed.

FFS Procedure Codes, Durations and Rates by disciplines effective September 1, 2020

**INDIVIDUAL AND GROUP NETWORK PROVIDERS  
MD/DO AND PHD/PSYD SERVICES  
PSYCHOLOGIST SERVICES - PSYCHOLOGICAL TESTING**

Service	Code	Duration of Face-to-Face	Rate for PhD/PsyD	Rate for MD/DO
<b>Psychological Testing</b> Psycho-diagnostic assessment (includes psycho-diagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g. MMPI, Rorschach, and WAIS).  For children, referrals are made to clarify symptomology, rule out diagnoses and help delineate emotional from learning disabilities.	96130  Psychological Testing Evaluation Services (does not include administration or scoring)	60-1200 min for MD/DO	\$1.20 per minute	\$1.50 per minute
	96136  Administration & Scoring	60-900 min. for PhD/PsyD		
<b>Neuropsychological Testing</b> (e.g. Halstead-Reitan Neuropsychological Batter, Wechsler Memory Scales and Wisconsin Card Sorting Test)	96132  Neuropsychological Testing Evaluation Services (does not include administration or scoring)	60-1200 min for MD/DO	\$1.20 per minute	\$1.50 per minute
	96136  Administration & Scoring	60-900 min. for PhD/PsyD		

**Notes:**

- Providers must document and submit a claim for the testing evaluation service on the day the service is provided. A separate claim is to be submitted for the administration and scoring of test on the day of the administration and scoring indicating which tests were administered.
- These services are recorded in the clinical record and reported into the County's claims processing information system by indicating the exact numbers of minutes the services took.



FFS Procedure Codes, Durations and Rates by disciplines effective September 1, 2020

**INDIVIDUAL AND GROUP NETWORK PROVIDERS  
MD/DO AND NP SERVICES  
EVALUATION AND MANAGEMENT - OFFICE OR OTHER OUTPATIENT SERVICES**

Service	Components	Severity of Presenting Problem(s)	Code	Duration of Face-to-Face	Rate for NP	Rate for MD/DO
<b><u>New Client</u></b> Evaluation and management of a client that includes at least the three components noted in the next column.  Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client's and/or family's needs.	<ul style="list-style-type: none"> <li>Expanded problem focused or detailed history</li> <li>Expanded problem focused exam</li> <li>Medical decision making for prescribing, adjusting, or monitoring medication</li> </ul>	Low to Moderate	99201	10-20 min.	\$40.00	\$40.00
	<ul style="list-style-type: none"> <li>Expanded problem focused history</li> <li>Expanded problem focused exam</li> <li>Straightforward medical decision making</li> </ul>	Low to Moderate	99202	21-29 min.	\$40.00	\$64.00
	<ul style="list-style-type: none"> <li>Detailed history</li> <li>Detailed examination</li> <li>Medical decision making of low complexity</li> </ul>	Moderate	99203	30-39 min.	\$40.00	\$64.00
	<ul style="list-style-type: none"> <li>Comprehensive history</li> <li>Comprehensive examination</li> <li>Medical decision making of moderate complexity</li> </ul>	Moderate to High	99204	40-59 min.	\$80.00	\$106.00
	<ul style="list-style-type: none"> <li>Comprehensive history</li> <li>Comprehensive examination</li> <li>Medical decision making of high complexity</li> </ul>	Moderate to High	99205	60+ min.	\$80.00	\$106.00

**Notes:**

- A new client is one who has not received any professional services from the physician or qualified health care professional who belongs to the same group practice, within the past three years.
- Medi-Cal Lockout: Medication Support services are reimbursable up to a maximum of 4 hours a day per client.
- These services are categorized in the data system as Individual Services and are recorded in the clinical record and reported into the County's claims processing information system in minutes.
- The duration is different from CPT codes and based on reimbursement not selection of code.

FFS Procedure Codes, Durations and Rates by disciplines effective September 1, 2020

**INDIVIDUAL AND GROUP NETWORK PROVIDERS  
MD/DO AND NP SERVICES  
EVALUATION AND MANAGEMENT - OFFICE OR OTHER OUTPATIENT SERVICES**

Service	Components	Severity of Presenting Problem(s)	Code	Duration of Face-to-Face	Rate for NP	Rate for MD/DO
<b><u>Established Client</u></b> Evaluation and management of a client that includes at least the three components noted in the next column.  Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client's and/or family's needs.	<ul style="list-style-type: none"> <li>Brief or problem focused history</li> <li>Expanded problem focused exam</li> <li>Straightforward medical decision making regarding renewal or simple dosage adjustments.</li> </ul>	Low to Moderate	99212	10-20 min.	\$40.00	\$40.00
	<ul style="list-style-type: none"> <li>Detailed history</li> <li>Detailed examination</li> <li>Medical decision making of low complexity</li> </ul>	Moderate	99213	21-24 min.	\$40.00	\$64.00
	<ul style="list-style-type: none"> <li>Comprehensive history</li> <li>Comprehensive examination</li> <li>Medical decision making of moderate complexity</li> </ul>	Moderate to High	99214	25-39 min.	\$40.00	\$64.00
	<ul style="list-style-type: none"> <li>Comprehensive history</li> <li>Comprehensive examination</li> <li>Medical decision making of high complexity</li> </ul>	Moderate to High	99215	40+ min.	\$80.00	\$106.00

**Notes:**

- An established client is one who has received any professional services from the physician or qualified health care professional who belongs to the same group practice, within the past three years.
- Medi-Cal Lockout: Medication Support services are reimbursable up to a maximum of 4 hours a day per client.
- These services are categorized in the data system as Individual Services and are recorded in the clinical record and reported into the County's claims processing information system in minutes.
- The duration is different from CPT codes and based on reimbursement not selection of code.

FFS Procedure Codes, Durations and Rates by disciplines effective September 1, 2020

**INDIVIDUAL AND GROUP NETWORK PROVIDERS  
PHD/PSYD SERVICES**

**CONSULTATIONS, OFFICE OR OTHER OUTPATIENT**

These services may be delivered in any setting other than Inpatient Hospital:

- Office (POS 11)
- Home (POS 12)
- Urgent Care (POS 20)
- Outpatient Hospital (POS 22)
- Hospital Emergency Room (POS 23)
- Ambulatory Surgical Center (POS 24)
- Skilled Nursing Facility (POS Code 31)
- Nursing Facility (POS Code 32)
- Custodial Care Facility (POS Code 33)
- Hospice (POS Code 34)

Service	Code	Duration of Face-to Face	Rate for PhD/PsyD
Psychiatric diagnostic interview	90791	21-39 min.	\$40.00
	90791	40+ min.	\$80.00

**Note:**

- Services are recorded in the clinical record and reported into the County's claims processing information system in minutes.

FFS Procedure Codes, Durations and Rates by disciplines effective September 1, 2020

**INDIVIDUAL AND GROUP NETWORK PROVIDERS  
MD/DO SERVICES**

**EVALUATION AND MANAGEMENT – CONSULTATIONS, OFFICE OR OTHER OUTPATIENT**

These services may be delivered in any setting other than Inpatient Hospital:

- Office (POS 11)
- Home (POS 12)
- Urgent Care (POS 20)
- Outpatient Hospital (POS 22)
- Hospital Emergency Room (POS 23)
- Ambulatory Surgical Center (POS 24)
- Skilled Nursing Facility (POS Code 31)
- Nursing Facility (POS Code 32)
- Custodial Care Facility (POS Code 33)
- Hospice (POS Code 34)

Service	Components	Severity of Presenting Problems	Code	Duration of Face-to Face	Rate for MD/DO
New or Established Client	<ul style="list-style-type: none"> <li>• Problem focused history</li> <li>• Problem focused examination</li> <li>• Straightforward medical decision making</li> </ul>	Self-Limited or Minor	99241	21-29 min.	\$64.00
Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client's and/or family's needs	<ul style="list-style-type: none"> <li>• Expanded problem focused history</li> <li>• Expanded problem focused exam</li> <li>• Straightforward medical decision making</li> </ul>	Low Severity	99242	30-39 min.	\$64.00
	<ul style="list-style-type: none"> <li>• Detailed history</li> <li>• Detailed examination</li> <li>• Medical decision making of low complexity</li> </ul>	Moderate Severity	99243	40-59 min.	\$106.00
	<ul style="list-style-type: none"> <li>• Comprehensive history</li> <li>• Comprehensive examination</li> <li>• Medical decision making of moderate complexity</li> </ul>	Moderate to High Severity	99244	60-79 min.	\$106.00
	<ul style="list-style-type: none"> <li>• Comprehensive history</li> <li>• Comprehensive examination</li> <li>• Medical decision making of high complexity</li> </ul>	Moderate to High Severity	99245	80+ min.	\$106.00

**Note:**

- Services are recorded in the clinical record and reported into the County's claims processing information system in minutes.

FFS Procedure Codes, Durations and Rates by disciplines effective September 1, 2020

**INDIVIDUAL AND GROUP NETWORK PROVIDERS  
MD/DO SERVICES**

**EVALUATION AND MANAGEMENT – INPATIENT CONSULTATIONS**

These services may only be delivered at an outpatient hospital (Place of Service Code 22).

Service	Components	Severity of Presenting Problem	Code	Duration of Face-to Face	Rate for MD/DO
<b>Inpatient Consultations for the evaluation and management services related to the admission of a new or established client that requires three components.</b>  <b>Only one consultation should be reported by a consultant per admission.</b>	<ul style="list-style-type: none"> <li>• Problem focused history</li> <li>• Problem focused examination</li> <li>• Straightforward medical decision making</li> </ul>	Self-limited or minor	99251	21-39 min.	\$64.00
	<ul style="list-style-type: none"> <li>• Expanded problem focused history</li> <li>• Expanded problem focused examination</li> <li>• Straightforward medical decision making</li> </ul>	Low	99252	40-54 min.	\$106.00
	<ul style="list-style-type: none"> <li>• Detailed history</li> <li>• Detailed examination</li> <li>• Medical decision making of low complexity</li> </ul>	Moderate	99253	55-79 min.	\$106.00
	<ul style="list-style-type: none"> <li>• Comprehensive history</li> <li>• Comprehensive examination</li> <li>• Medical decision making of moderate complexity</li> </ul>	Moderate to high	99254	80-109 min.	\$106.00
	<ul style="list-style-type: none"> <li>• Comprehensive history</li> <li>• Comprehensive examination</li> <li>• Medical decision making of high complexity</li> </ul>	High	99255	110+ min.	\$106.00

**Note:**

- Services are recorded in the clinical record and reported into the County's claims processing information system in minutes.

FFS Procedure Codes, Durations and Rates by disciplines effective September 1, 2020

**INDIVIDUAL AND GROUP NETWORK PROVIDERS  
MD/DO SERVICES  
EVALUATION AND MANAGEMENT - NURSING FACILITY**

These services may be delivered at any of these locations:

- Skilled Nursing Facility (POS\* Code 31)
- Nursing Facility (POS Code 32)
- Intermediate Care Facility/Mentally Retarded (POS Code 54)
- Residential Substance Abuse Treatment Facility (POS Code 55)
- Psychiatric Residential Treatment Center (POS Code 56)

Service	Components	Severity of Condition and/or Plan Requirements	code	Duration of Face-to-Face	Rate
<b><u>Initial Assessment</u></b> Evaluation and management of a new or established client provided by the admitting physician when the client is admitted to the nursing facility that requires <u>three</u> components. Counseling or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client's and/or family's needs.	<ul style="list-style-type: none"> <li>Detailed history</li> <li>Comprehensive examination</li> <li>Straight-forward or low complexity medical decision-making</li> </ul>	Stable, recovering, or improving; Affirmation of plan of care required	99304	21-39 min.	\$64.00
	<ul style="list-style-type: none"> <li>Detailed history</li> <li>Comprehensive examination</li> <li>Medical decision-making of moderate to high complexity</li> </ul>	Significant complication or new problem; New plan of care required	99305	40-49 min.	\$106.00
	<ul style="list-style-type: none"> <li>Comprehensive history</li> <li>Comprehensive examination</li> <li>Medical decision-making of moderate to high complexity</li> </ul>	Creation plan of care required	99306	50+ min.	106.00
<b><u>Subsequent</u></b> Care, per day, for the evaluation and management of a new or established client that requires <u>three</u> components. Counseling or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client's and/or family's needs	<ul style="list-style-type: none"> <li>Expanded history</li> <li>Expanded examination</li> <li>Medical decision-making of moderate complexity</li> </ul>	Inadequate response to therapy or minor complication	99309	21-39 min.	\$64.00
	<ul style="list-style-type: none"> <li>Detailed history</li> <li>Detailed examination</li> <li>Medical decision making of moderate to high complexity</li> </ul>	Unstable, Significant complication or new problem	99310	40+ min.	\$106.00
<b><u>Discharge</u></b>	All services on day of discharge	N/A	99315	21-39 min.	\$64.00
			99316	40+ min.	\$106.00

**Note:**

- These services are categorized in the data system as Individual Services and are recorded in the clinical record and reported into the County's claims processing information system in minutes.

FFS Procedure Codes, Durations and Rates by disciplines effective September 1, 2020

**INDIVIDUAL AND GROUP NETWORK PROVIDERS  
MD/DO SERVICES**

**DOMICILIARY, BOARD, & CARE, OR CUSTODIAL CARE FACILITY (Place of Service Code 33).**

Service	Components	Severity of Presenting Problem	code	Duration of Face-to-Face	Rate
<b><u>New Client</u></b> Service for the evaluation and management of a new client that requires <u>three</u> components.  Counseling or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client's and/or family's needs.	<ul style="list-style-type: none"> <li>Problem focused history</li> <li>Problem focused examination</li> <li>Straight-forward or low complexity medical decision making</li> </ul>	Low	99325	21-30 min.	\$64.00
	<ul style="list-style-type: none"> <li>Expanded history</li> <li>Expanded examination</li> <li>Medical Decision-making of moderate</li> </ul>	Moderate	99326	31-45 min.	\$106.00
	<ul style="list-style-type: none"> <li>Detailed history</li> <li>Detailed examination</li> <li>Medical Decision-making of high complexity</li> </ul>	High	99327	46-60 min.	\$106.00
<b><u>Established Client</u></b> Services for the evaluation and management of an established client that requires at least <u>two</u> of <u>three</u> components.  Counseling or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client's and/or family's needs.	<ul style="list-style-type: none"> <li>Problem focused history</li> <li>Problem focused examination</li> <li>Straight-forward or low complexity medical decision-making</li> </ul>	Stable, recovering, or improving	99335	16-25 min.	\$64.00
	<ul style="list-style-type: none"> <li>Expanded history</li> <li>Expanded examination</li> <li>Medical Decision-making of moderate complexity</li> </ul>	Inadequate response to therapy or minor complication	99336	26-40 min.	\$106.00
	<ul style="list-style-type: none"> <li>Detailed history</li> <li>Detailed examination</li> <li>Medical Decision making of high complexity</li> </ul>	Significant complication or new problem	99337	41-60 min.	\$106.00

**Note:**

- These services are categorized in the data system as Individual Services and are recorded in the clinical record and reported into the County's claims processing information system in minutes.

FFS Procedure Codes, Durations and Rates by disciplines effective September 1, 2020

**INDIVIDUAL AND GROUP NETWORK PROVIDERS  
NETWORK ADMITTING PHYSICIANS ONLY  
EVALUATION AND MANAGEMENT - HOSPITAL INPATIENT SERVICES**

These services may only be delivered at Inpatient Psychiatric Hospital or Psychiatric Facility  
(Place of Service Code 21 or 51)

Service	Components	Severity of Presenting Problem	Code	Duration of Face-to-Face	Rate for MD/DO
<b>Initial Care</b> The first hospital encounter the admitting physician has with a client on the inpatient unit for the management and evaluation of a new client that requires <u>three</u> components. Counseling or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client's and/or family's needs.	<ul style="list-style-type: none"> <li>Detailed history</li> <li>Detailed or comprehensive exam</li> <li>Straight-forward or low complexity medical decision-making</li> </ul>	Low	99221	21-29 min.	\$100.00
	<ul style="list-style-type: none"> <li>Comprehensive history</li> <li>Comprehensive examination</li> <li>Medical decision-making of moderate complexity</li> </ul>	Moderate	99222	30-69 min.	21 and over: \$156.00 20 and under: \$170.00
	<ul style="list-style-type: none"> <li>Comprehensive history</li> <li>Comprehensive examination</li> <li>Medical decision-making of high complexity</li> </ul>	High	99223	70+ min.	21 and over: \$196.00 20 and under: \$210.00
<b>Subsequent</b> Care, per day, for the evaluation and management of a client that requires at least <u>two</u> of <u>three</u> components. Counseling or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the client's and/or family's needs.	<ul style="list-style-type: none"> <li>Problem focused history</li> <li>Problem focused examination</li> <li>Straight-forward or low complexity medical decision-making</li> </ul>	Stable, recovering, or improving	99231	15-24 min.	\$80.00
	<ul style="list-style-type: none"> <li>Expanded problem focused history</li> <li>Expanded problem focused exam</li> <li>Medical decision-making of moderate complexity</li> </ul>	Inadequate response to therapy or minor complication	99232	25-34 min.	21 and over: \$120.00 20 and under: \$128.00
	<ul style="list-style-type: none"> <li>Detailed history</li> <li>Detailed examination</li> <li>Medical decision making of moderate to high complexity</li> </ul>	Unstable, Significant complication, or new problem	99233	35+ min.	21 and over: \$120.00 20 and under: \$128.00
<b>Discharge</b>	<u>All</u> services on day of discharge	N/A	99238	15-24 min.	\$80.00
			99239	25+ min.	21 and over: \$120.00 20 and under: \$128.00

**Note:**

- These services require Treatment Authorization Requests (TAR) from the Inpatient Hospital.
- These services are categorized in the data system as Individual Services and are recorded in the clinical record and reported into the County's claims processing information system in minutes.



COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH  
INTENSIVE CARE DIVISION  
FOR FFS INDIVIDUAL AND GROUP NETWORK PROVIDERS  
FFS Telehealth and Telephone Procedure Codes

**FFS Telehealth and Telephone Procedure Codes Allowable Until Further Notice**

SPECIALTY MENTAL HEALTH SERVICES		
Procedure Code	Definition	Telehealth SMHS Modifier
90791	PSYCH DIAGNOSTIC INTERVIEW	GT
90792	PSYCH DIAGNOSTIC INTERVIEW WITH MEDICAL SERVICES	GT
90832	INDIVIDUAL PSYCHOTHERAPY	GT
90834	INDIVIDUAL PSYCHOTHERAPY	GT
90837	INDIVIDUAL PSYCHOTHERAPY	GT
90839	INDIVIDUAL PSYCHOTHERAPY IN CRISIS	GT
90847	FAMILY PSYCHOTHERAPY WITH ONE CLIENT PRESENT	GT
90847 HE:HQ	FAMILY PSYCHOTHERAPY WITH MORE THAN ONE CLIENT PRESENT	GT
90849	MULTI-FAMILY GROUP PSYCHOTHERAPY	GT
90853	GROUP PSYCHOTHERAPY WITH MORE THAN ONE NON-FAMILY CLIENT	GT
90887	INDIVIDUAL COLLATERAL WITH ONE CLIENT PRESENT	GT
90887 HE:HQ	GROUP COLLATERAL WITH MORE THAN ONE CLIENT PRESENT	GT
99201	E&M INDIVIDUAL MEDICATION SERVICE	GT
99202	E&M OFFICE OR OTHER OUTPATIENT EVALUATION NEW	GT
99203	E&M OFFICE OR OTHER OUTPATIENT EVALUATION NEW	GT
99204	E&M OFFICE OR OTHER OUTPATIENT EVALUATION NEW	GT
99205	E&M OFFICE OR OTHER OUTPATIENT EVALUATION NEW	GT
99212	E&M BRIEF MEDICATION VISIT	GT
99213	E&M OFFICE OR OTHER OUTPATIENT EVALUATION ESTABLISHED	GT
99214	E&M OFFICE OR OTHER OUTPATIENT EVALUATION ESTABLISHED	GT
99215	E&M OFFICE OR OTHER OUTPATIENT EVALUATION ESTABLISHED	GT
99221	E&M HOSPITAL INPATIENT INITIAL CARE	GT
99222	E&M HOSPITAL INPATIENT INITIAL CARE	GT
99223	E&M HOSPITAL INPATIENT INITIAL CARE	GT
99231	E&M HOSPITAL INPATIENT SUBSEQUENT	GT
99232	E&M HOSPITAL INPATIENT SUBSEQUENT	GT
99233	E&M HOSPITAL INPATIENT SUBSEQUENT	GT
99238	E&M HOSPITAL INPATIENT DISCHARGE	GT
99239	E&M HOSPITAL INPATIENT DISCHARGE	GT
99241	E&M CONSULTS OFFICE OR OTHER OUTPATIENT	GT
99242	E&M CONSULTS OFFICE OR OTHER OUTPATIENT	GT
99243	E&M CONSULTS OFFICE OR OTHER OUTPATIENT	GT
99244	E&M CONSULTS OFFICE OR OTHER OUTPATIENT	GT
99245	E&M CONSULTS OFFICE OR OTHER OUTPATIENT	GT
99251	E&M CONSULTS INPATIENT/NURSING FACILITY INITIAL	GT
99252	E&M CONSULTS INPATIENT/NURSING FACILITY INITIAL	GT
99253	E&M CONSULTS INPATIENT/NURSING FACILITY INITIAL	GT
99254	E&M CONSULTS INPATIENT/NURSING FACILITY INITIAL	GT
99255	E&M CONSULTS INPATIENT/NURSING FACILITY INITIAL	GT

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH  
 INTENSIVE CARE DIVISION  
 FOR FFS INDIVIDUAL AND GROUP NETWORK PROVIDERS  
 FFS Telehealth and Telephone Procedure Codes

99304	E&M NURSING FACILITY ASSESSMENT	GT
99305	E&M NURSING FACILITY ASSESSMENT	GT
99306	E&M NURSING FACILITY ASSESSMENT	GT
99309	E&M NURSING FACILITY SUBSEQUENT	GT
99310	E&M NURSING FACILITY SUBSEQUENT	GT
99315	E&M NURSING FACILITY DISCHARGE	GT
99316	E&M NURSING FACILITY DISCHARGE	GT
99325	E&M DOMICILIARY BOARD & CARE OR CUSTODIAL NEW CLIENT	GT
99326	E&M DOMICILIARY BOARD & CARE OR CUSTODIAL NEW CLIENT	GT
99327	E&M DOMICILIARY BOARD & CARE OR CUSTODIAL NEW CLIENT	GT
99335	E&M DOMICILIARY BOARD & CARE OR CUSTODIAL ESTABLISHED	GT
99336	E&M DOMICILIARY BOARD & CARE OR CUSTODIAL ESTABLISHED	GT
99337	E&M DOMICILIARY BOARD & CARE OR CUSTODIAL ESTABLISHED	GT
H0032	PLAN DEVELOPMENT	GT

SPECIALTY MENTAL HEALTH SERVICES		
Procedure Code	Definition	Telephone SMHS Modifier
90791	ASSESSMENT	SC
90792	PSYCH DIAGNOSTIC INTERVIEW WITH MEDICAL SERVICES	SC
90839	PSYCHOTHERAPY IN CRISIS	SC
90847	FAMILY PSYCHOTHERAPY WITH ONE CLIENT PRESENT	SC
90847 HE:HQ	FAMILY PSYCHOTHERAPY WITH MORE THAN ONE CLIENT PRESENT	SC
90849	MULTI-FAMILY GROUP PSYCHOTHERAPY	SC
90853	GROUP PSYCHOTHERAPY WITH MORE THAN ONE NON-FAMILY CLIENT	SC
90887	INDIVIDUAL COLLATERAL WITH ONE CLIENT PRESENT	SC
90887 HE:HQ	GROUP COLLATERAL WITH MORE THAN ONE CLIENT PRESENT	SC
H0032	PLAN DEVELOPMENT	SC