



CMU CPT Code Updates

INTRODUCTIONS



Welcome



Purpose of Training

Update on upcoming
CPT Code changes
Review of Current CPT
Codes



Question Format

Please type
questions in the
“chat”.



Presenter Introductions

CPT Codes – Updates Effective 7/1/2024

90791/90792 - Assessment

Effective 7/1/2024

**Assessment codes
90791/90792 will
change to 60-
minute units.**

**The maximum
number of units
allowed per day
remains one (1).**

90853 – Group Therapy

Effective 7/1/2024

**Group Therapy
Code 90853 will
change to a 50-
minute unit.**

**The maximum
number of units
allowed per day
remains one (1).**

G2212 – Add On Code

Effective 7/1/2024

**This code will
no longer be
used.**

What is Replacing G2212?

Effective 7/1/2024

Initial/Annual Assessments exceeding 67 minutes will be billed using **T2024**.

Appropriate therapy codes exceeding their upper limit by more than 7 minutes will be billed using **T2021**.

Both T2024 and T2021 are 15-minute units.

T2021 – Use this code in the following scenarios:

**Individual
Psychotherapy
that exceeds 67
minutes.**

**Family Therapy
w/client that
exceeds 57
minutes.**

**Group Therapy
that exceeds 57
minutes.**

T2024 – Use this code in the following scenarios:

**Initial/Annual
Assessment that
exceeds 67 minutes.**

**Developmental
Screening that
exceeds 67 minutes.**

**Brief
Emotional/Behavioral
Assessment that
exceeds 67 minutes.**



IMPORTANT

When using **T2024** or **T2021**, do not bill any other assessment/therapy code.

For example, if you provide an assessment lasting 75 minutes, bill 5 units of T2024. You will not bill using 90791 at all.

CPT Code	Description	Units allowed per day	Allowable Modifiers	May not be billed with:	Notes
90785	INTERACTIVE COMPLEXITY, PER OCCURRENCE	1	93, 95	T1013	This must be billed with another service as a base code
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION 31-67 MINUTES	1	59, 93, 95	90839, 90840, 90847, 90853	May bill assessment w/ 90832-37, 96127, & 90885 using a 59 modifier on one of these codes
90832	PSYCHOTHERAPY W/ PATIENT 16-37 MINUTES	1	59, 93, 95	90834, 90837, 90839, 90840	
90834	PSYCHOTHERAPY W/ PATIENT 38-52 MINUTES	1	59, 93, 95	90832, 90837, 90839, 90840	
90837	PSYCHOTHERAPY W/ PATIENT 53-67 MINUTES	1	59, 93, 95	90832, 90834, 90839, 90840, T2021	If session lasts 68+ minutes, bill under T2021
90839	PSYCHOTHERAPY FOR CRISIS, FIRST 30-74 MINUTES	1	None	90791, 90792, 90785, 90832, 90834, 90837, 90847, 90853	Must be performed in person
90840	PSYCHOTHERAPY FOR CRISIS, EACH ADDTL 30 MINUTES	13	None	90791, 90792, 90785, 90832, 90834, 90837, 90847, 90853	Must be billed with 90839. Must be performed in person
90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 26-57 MINUTES	1	59, 93, 95	90791, 90792, 90839, 90840, T2021	May bill w/ 90832-37 and 96127 using a 59 modifier on one of these codes
90853	GROUP PSYCHOTHERAPY, 26-57 MINUTES	1	59, 93, 95	90791, 90792, 90839, 90840, T2021	May bill w/ 90832-37, 90847, and 99127 using a 59 modifier on one of these codes
90885	REVIEW OF HOSPITAL RECORDS 31-67 MINUTES	1	59, 95	90791, 90792, 90839, 90840	
96110	DEVELOPMENTAL SCREENING, 31-67 MINUTES (PER INSTRUMENT)	1	59, 95		
96127	BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT, 31-67 MINUTES (PER INSTRUMENT)	1	93, 95		

LMFT, LCSW, LPCC, PsyD, & PHD Codes

CPT Code	Description	Units allowed per day	Allowable Modifiers	May not be billed with:	Notes
96130	PSYCHOLOGICAL TESTING EVALUATION, 1ST HOUR	1	59, 93, 95	90785, 96110, 96127	
96131	PSYCHOLOGICAL TESTING EVALUATION, EACH ADDITIONAL HOUR	22	59, 93, 95	90785, 96110, 96127	Must be billed with 96130
H0032	MENTAL HEALTH SERVICE PLAN DEVELOPMENT, 15 MINUTES (family tx w/o member)	96	SC		
H2011	CRISIS INTERVENTION SERVICE, PER 15 MINUTES	32	SC		
H2021	COMMUNITY BASED WRAP AROUND SERVICES, 15 MINUTES (COLLATERAL)	96	SC		
T1013	SIGN LANGUAGE OR ORAL INTERPRETIVE SERVICES, 15 MINUTES	variable	SC	90785 & 90885	Bill the number of units needed to cover the service provided.
T2024	Assessment Substitute, 15 MINUTES	5-96	95	90839, 90840, 90847, 90853	Use in place of 90791, 90792, 96110, 96127
T2021	Therapy Substitute, 15 MINUTES	5-96	95, 93	90839, 90840	Use in place of 90837, 90847, 90853

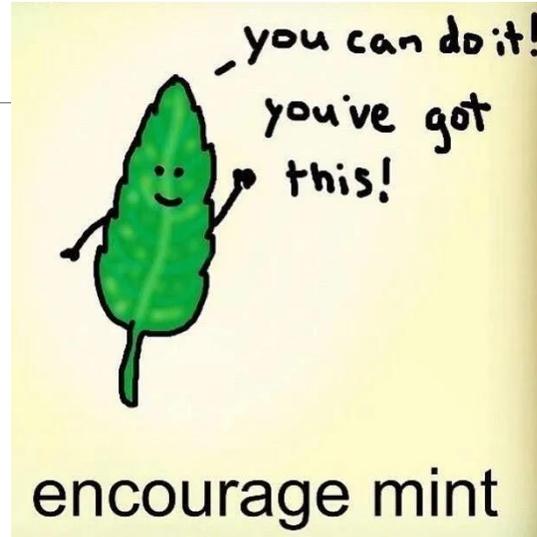
LMFT, LCSW, LPCC, PsyD, & PHD Codes

CPT Code	Description	Units allowed per day	Allowable Modifiers	May not be billed with:	Notes
90785	INTERACTIVE COMPLEXITY, PER OCCURRENCE	1	93, 95	90839,90840,T1013	
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION 31-0 MINUTES	1	59, 93, 95	90792, T2024	May bill assessment w/ 99202-05, 99212-15, & 90885 using a 59 modifier on one of these codes
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION 31- 60 MINUTES	1	59, 93, 95	90791, T2024	May bill assessment w/ 99202-05, 99212-15, & 90885 using a 59 modifier on one of these codes
90833	PSYCHOTHERAPY, 30 MINUTES W/ PATIENT WHEN PERFORMED W/ E&M SERVICE	1	59, 93, 95	90839, 90840	Must be billed w/ an E&M code (99202-99205 or 99212-99215)
90836	PSYCHOTHERAPY, 45 MINUTES W/ PATIENT WHEN PERFORMED W/ E&M SERVICE	1	59, 93, 95	90839, 90840	Must be billed w/ an E&M code (99202-99205 or 99212-99215)
90838	PSYCHOTHERAPY, 60 MINUTES W/ PATIENT WHEN PERFORMED W/ E&M SERVICE	1	59, 93, 95	90839, 90840	Must be billed w/ an E&M code (99202-99205 or 99212-99215)
90839	PSYCHOTHERAPY FOR CRISIS, FIRST 30-74 MINUTES	1	None	90785	Must be performed in person
90840	PSYCHOTHERAPY FOR CRISIS, EACH ADDTL 30 MINUTES	13	None	90785	Must be billed with 90839. Must be performed in person
90885	REVIEW OF HOSPITAL RECORDS	1	59, 95		
99202	OFFICE OR OTHER OUTPATIENT VISIT OF NEW PATIENT 15-29 MINUTES	1	59, 95	99212-99215	MUST BE PROVIDED IN PERSON OR VIDEO
99203	OFFICE OR OTHER OUTPATIENT VISIT OF NEW PATIENT 30-44 MINUTES	1	59, 95	99212-99215	MUST BE PROVIDED IN PERSON OR VIDEO
99204	OFFICE OR OTHER OUTPATIENT VISIT OF NEW PATIENT 45-59 MINUTES	1	59, 95	99212-99215	MUST BE PROVIDED IN PERSON OR VIDEO
99205	OFFICE OR OTHER OUTPATIENT VISIT OF NEW PATIENT 60-74 MINUTES	1	59, 95	99212-99215	MUST BE PROVIDED IN PERSON OR VIDEO

CPT Code	Description	Units allowed per day	Allowable Modifiers	May not be billed with:	Notes
99212	OFFICE OR OTHER OUTPATIENT VISIT OF ESTABLISHED PATIENT 10-19 MINUTES	1	59, 95	99202-99205	MUST BE PROVIDED IN PERSON OR VIDEO
99213	OFFICE OR OTHER OUTPATIENT VISIT OF ESTABLISHED PATIENT 20-29 MINUTES	1	59, 95	99202-99205	MUST BE PROVIDED IN PERSON OR VIDEO
99214	OFFICE OR OTHER OUTPATIENT VISIT OF ESTABLISHED PATIENT 30-39 MINUTES	1	59, 95	99202-99205	MUST BE PROVIDED IN PERSON OR VIDEO
99215	OFFICE OR OTHER OUTPATIENT VISIT OF ESTABLISHED PATIENT 40-54 MINUTES	1	59, 95	99202-99205	MUST BE PROVIDED IN PERSON OR VIDEO
H2011	CRISIS INTERVENTION SERVICE, PER 15 MINUTES	32	SC		Use when crisis intervention was provided via phone or video appointment
H2017	Psychosocial Rehabilitation, 15 MINUTES	96	SC		Use this when performing an E&M service via telephone
H2021	COMMUNITY BASED WRAP AROUND SERVICES, 15 MINUTES (COLLATERAL)	96	SC		
T1013	SIGN LANGUAGE OR ORAL INTERPRETIVE SERVICES, 15 MINUTES	variable	SC	90785 & 90885	Bill the number of units needed to cover the service provided.
T2024	Assessment Code Replacement, 15 MINUTES	5-96	95		Use in place of 90791, 90792

MD Codes

Lastly, We're Here for *YOU!*



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