

ACBH FEE FOR SERVICE (FFS) MENTAL HEALTH PLAN PROVIDER  
PROCEDURE CODE CROSSWALK FY23-24

eCura CPT Code	OLD PROCEDURE DESCRIPTION	CaAIM CPT Code	NEW PROCEDURE DESCRIPTION	Max units that can be billed		CaAIM Add-on or add'l CPT Code	
10173	Brokerage/Linkage (30 min)	T1017	Targeted Case Management, Each 15 Minutes	96			
10176	Brokerage/Linkage (60 min)	T1017	Targeted Case Management, Each 15 Minutes	96			
90791	Hosp Psychiatric Diag Eval	90791	Psychiatric Diagnostic Evaluation, 15 Minutes	1	G2212	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	
90791	Initial Hospital Assessment	90791	Psychiatric Diagnostic Evaluation, 15 Minutes	1	G2212		
90791	Initial SNF/B&C/Grp/Dom Assessment (delete time)	90791	Psychiatric Diagnostic Evaluation, 15 Minutes	1	G2212		
90791	OP Psychiatric Diag Eval	90791	Psychiatric Diagnostic Evaluation, 15 Minutes	1	G2212		
90792	Hosp Psychiatric Diag Eval w/Med Srv	90792	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	1	G2212		
90792	Initial Hospital Inpatient Assessment by MD	90792	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	1	G2212		
90792	Initial Outpatient Assessment by MD	90792	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	1	G2212		
90792	Initial Outpatient Assessment w/Med Support	90792	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	1	G2212		
90792	Initial SNF/B&C/Grp/Dom Assessment w/Med Support	90792	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	1	G2212		
90792	OP Psychiatric Diag Eval w/Med Srv	90792	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	1	G2212		
90832	Individual Psychotherapy (30 min)	90832	Psychotherapy, 30 Minutes with Patient	1			
90833	Individual Psychotherapy by MD 30 min	90833	Psychotherapy, 30 Minutes with Patient when Performed with an Evaluation and Management Service	1			
90834	Individual Psychotherapy (60 mins)	90834	Psychotherapy, 45 Minutes with Patient	1	G2212	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	
90836	Individual Psychotherapy by MD 60 min	90836	Psychotherapy, 45 Minutes with Patient when Performed with an Evaluation and Management Service	1	G2212		
90837	Individual Psychotherapy (90 mins)	90837	Psychotherapy, 60 Minutes with Patient	1	G2212		
90838	Individual Psychotherapy by MD 90 min	90838	Psychotherapy, 60 Minutes with Patient when Performed with an Evaluation and Management Service	1	G2212		
90846	Family Therapy (60 min)	90847	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	1	G2212		
90853	Group Therapy (60 min)	90853	Group Psychotherapy (Other Than of a Multiple-Family Group), 15 Minutes	1	G2212		
90870	Electroconvulsive Therapy by MD	90870	Electroconvulsive Therapy (Includes Necessary Monitoring	1	G2212		
90887	Collateral Call (10 min)	90887	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	1			
90888	Collateral Visit (45 min)	90887	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	1			
99212	OP E/M EST Prob Focused (8 to 12 min) by MD	99212	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	1			
99212	OP E/M EST Prob Focused 8-12 min	99212	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	1			
99213	OP E/M EST Expanded (13 to 20 min) by MD	99213	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	1			
99213	OP E/M EST Expd 13-20min	99213	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	1			
99214	OP E/M EST Mod Complex (21 to 32 min) by MD	99214	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	1			

ACBH FEE FOR SERVICE (FFS) MENTAL HEALTH PLAN PROVIDER  
PROCEDURE CODE CROSSWALK FY23-24

eCura CPT Code	OLD PROCEDURE DESCRIPTION	CaAIM CPT Code	NEW PROCEDURE DESCRIPTION	Max units that can be billed		CaAIM Add-on or add'l CPT Code	
99214	OP E/M EST Mod Complex 21-32 min	99214	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	1			
99215	OP E/M EST High Complex 33>	99215	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	1			
99215	OP E/M EST HighComplex (33>min) by MD	99215	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	1			
99221	IP E/M New Low Comp (16 to 40 min) by MD	99221	Initial hospital care, per day, for the evaluation and management of a patient. Usually, the problem(s) requiring admission are of low severity. 20- 39 minutes	1			
99221	IP E/M New Low Comp 15 - 40 min	99221	Initial hospital care, per day, for the evaluation and management of a patient. Usually, the problem(s) requiring admission are of low severity. 20- 39 minutes	1			
99222	IP E/M New Mod Comp (41 to 60 min) by MD	99222	Initial hospital care, per day, for the evaluation and management of a patient. Usually, the problem(s) requiring admission are of moderate severity. 40-59 mins	1			
99222	IP E/M New Mod Comp 41 - 60 min	99222	Initial hospital care, per day, for the evaluation and management of a patient. Usually, the problem(s) requiring admission are of moderate severity. 40-59 mins	1			
99223	IP E/M New High Comp (61>min) by MD	99223	Initial hospital care, per day, for the evaluation and management of a patient. Usually, the problem(s) requiring admission are of high severity. (60- 79 mins)	1			
99223	IP E/M New High Comp 61- min	99223	Initial hospital care, per day, for the evaluation and management of a patient. Usually, the problem(s) requiring admission are of high severity. (60- 79 mins)	1			
99231	IP E/M Subseq Low Comp (8 to 20 min) by MD	99231	Subsequent Hospital Care, per Day, for the Evaluation and Management of a Patient. Usually, Patient is Stable, Recovering or Improving, 6-19 Minutes	1			
99231	IP E/M Subseq Low Complex 7-20 min	99231	Subsequent Hospital Care, per Day, for the Evaluation and Management of a Patient. Usually, Patient is Stable, Recovering or Improving, 6-19 Minutes	1			
99232	IP E/M Subseq Mod Complex 21-30 min	99232	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, 20- 29 Minutes	1			
99232	IP E/M Subseq Mod Comp (21 to 30 min) by MD	99232	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, 20- 29 Minutes	1			
99233	IP E/M Subseq Hgh Complex 31-35 min	99233	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, 30-40 Minutes	1			
99233	IP E/M Subseq High Comp (31>min) by MD	99233	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, 30-40 Minutes	1			
99238	IP E/M Discharge (16 - 30 min) by MD	No CPT Code for	No CPT Code for this duration. See codes below				
99239	IP E/M Discharge (31> min) by MD	99234	Observation or Inpatient Hospital Care, Including Admission and Discharge on the Same Date, 35-44 Minutes	1	99235	Observation or Inpatient Hospital Care, Including Admission and Discharge on the Same Date, 45-53 minutes	Observation or Inpatient Hospital Care, Including Admission and Discharge on the Same Date, 54-60 Minutes
99283	Emergency Dep't by MD (30 min or less)	99218	Initial Observation Care, per Day, for the Evaluation and Management of a Patient, 20-39 Minutes	1			
99284	Emergency Dep't. by MD (31 to 55 min)	99219	Initial Observation Care, per Day, for the Evaluation and Management of a Patient, 40-59 Minutes	1			
99285	Emergency Dep't. by MD (over 56 min)	99220	Initial Observation Care, per Day, for the Evaluation and Management of a Patient, 60-79 Minutes	1			

ACBH FEE FOR SERVICE (FFS) MENTAL HEALTH PLAN PROVIDER  
PROCEDURE CODE CROSSWALK FY23-24

eCura CPT Code	OLD PROCEDURE DESCRIPTION	CaAIM CPT Code	NEW PROCEDURE DESCRIPTION	Max units that can be billed		CaAIM Add-on or add'l CPT Code	
99307	SNF E/M Subseq Prob Foc by MD (10-12 min)	99307	Subsequent Nursing Facility Care per Day for the Evaluation and Management of a Patient. Usually, the Patient is Stable, Recovering or Improving, 1-12 Minutes	1			
99308	SNF E/M Low Comp by MD (13-20 min)	99308	Initial Nursing Facility 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, 13- 19 Minutes	1			
99309	SNF E/M Mod Comp by MD (21-30 min)	99309	Initial Nursing Facility Care per Day, for the Evaluation and Management of a Patient. Usually, the Patient has Developed a Significant Complication or a Significant New Problem, 20-29 Minutes	1			
99310	SNF E/M High Comp by MD (31 > min)	99310	Initial 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, 30-40 Minutes	1			
90839	Crisis Intervention 60 minutes	90839	Psychotherapy for Crisis, First 30-74 Minutes	1	90840	Psychotherapy for Crisis, Each Additional 30 Minutes	
ED0173	ED Brokerage/Linkage (30min)	ED-T1017	Targeted Case Management, Each 15 Minutes	96			
ED0176	ED Brokerage/Linkage (60min)	ED-T1019	Targeted Case Management, Each 15 Minutes	96			
ED0791	ED Psychiatric Diagnostic Eval	ED-90791	Psychiatric Diagnostic Evaluation, 15 Minutes	1	ED-G2212	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	
ED0832	ED Psychotherapy 30 min	ED-90832	Psychotherapy, 30 Minutes with Patient	1			
ED0834	ED Psychotherapy 45 min	ED-90834	Psychotherapy, 45 Minutes with Patient	1			
ED0837	ED Psychotherapy 60 min	ED-90837	Psychotherapy, 60 Minutes with Patient	1			
ED0887	ED Collateral-Phone (10min)	ED-90887	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	1			
ED0888	ED Collateral-Visit (45min)	ED-90887	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	1			
ED212	OP E/M EST Prob Focused (8 to 12 min) by MD	ED-99212	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	1			
ED213	OP E/M EST Expanded (13 to 20 min) by MD	ED-99213	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	1			
ED214	OP E/M EST Mod Complex (21 to 32 min) by MD	ED-99214	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	1			
ED215	OP E/M EST HighComplex (33>min) by MD	ED-99215	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	1			
ED221	IP E/M New Low Comp (16 to 40 min) by MD	ED-99221	Initial hospital care, per day, for the evaluation and management of a patient. Usually, the problem(s) requiring admission are of low severity. 20- 39 minutes	1			
ED222	IP E/M New Mod Comp (41 to 60 min) by MD	ED-99222	Initial hospital care, per day, for the evaluation and management of a patient. Usually, the problem(s) requiring admission are of moderate severity. 40-59 mins	1			
ED223	IP E/M New High Comp (61>min) by MD	ED-99223	Initial hospital care, per day, for the evaluation and management of a patient. Usually, the problem(s) requiring admission are of high severity. (60- 79 mins)	1			
ED231	IP E/M Subseq Low Comp (8 to 20 min) by MD	ED-99231	Subsequent Hospital Care, per Day, for the Evaluation and Management of a Patient. Usually, Patient is Stable, Recovering or Improving, 6-19 Minutes	1			
ED232	IP E/M Subseq Mod Comp (21 to 30 min) by MD	ED-99232	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, 20- 29 Minutes	1			

ACBH FEE FOR SERVICE (FFS) MENTAL HEALTH PLAN PROVIDER  
PROCEDURE CODE CROSSWALK FY23-24

eCura CPT Code	OLD PROCEDURE DESCRIPTION	CaAIM CPT Code	NEW PROCEDURE DESCRIPTION	Max units that can be billed		CaAIM Add-on or add'l CPT Code	
ED233	IP E/M Subseq High Comp (31>min) by MD	ED-99233	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, 30-40 Minutes	1			
ED238	IP E/M Discharge (16 to 30 min) by MD	No CPT Code for this duration. See codes below					
ED239	IP E/M Discharge (31> min) by MD	ED-99234	Observation or Inpatient Hospital Care, Including Admission and Discharge on the Same Date, 35-44 Minutes	1	ED-99235	Observation or Inpatient Hospital Care, Including Admission and Discharge on the Same Date, 45-53 minutes	Observation or Inpatient Hospital Care, Including Admission and Discharge on the Same Date, 54-60 Minutes
ED792	Initial Hospital Inpatient Assessment by MD	ED-90792	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	1	ED-G2212	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	
ED792	Initial Outpatient Assessment by MD	ED-90792	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	1	ED-G2212		
ED8466	ED Family Therapy w/o client 60 min	No procedure code in billing manual for family therapy w/o patient. Currently, pending clarification from DHCS.					
ED8469	ED Family Therapy w/o client 90 min	No procedure code in billing manual for family therapy w/o patient. Currently, pending clarification from DHCS.					
ED8476	ED Family Therapy w/client 60 min	ED-90847	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	1	ED-G2212	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	
ED8479	ED Family Therapy w/client 90 min	ED-90847	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	1	ED-G2212		
ED8536	ED Group Therapy 60 min	ED-90853	Group Psychotherapy (Other Than of a Multiple-Family Group), 15 Minutes	1	ED-G2212		
ED8539	ED Group therapy 90 min	ED-90853	Group Psychotherapy (Other Than of a Multiple-Family Group), 15 Minutes	1	ED-G2212		
X9510	Family Therapy (90 min)	90847	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	1	G2212		
<b>NON-BILLABLE CODES BELOW</b>							
Y0001	Testing, Scoring & Reporting (1 hr)	Y0001	Testing, Scoring & Reporting (1 hr)				
Y0002	Testing, Scoring & Reporting (2 hrs)	Y0002	Testing, Scoring & Reporting (2 hrs)				
Y0003	Testing, Scoring & Reporting (3 hrs)	Y0003	Testing, Scoring & Reporting (3 hrs)				
Y0004	Testing, Scoring & Reporting (4 hrs)	Y0004	Testing, Scoring & Reporting (4 hrs)				
Y0005	Testing, Scoring & Reporting (5 hrs)	Y0005	Testing, Scoring & Reporting (5 hrs)				
Y0006	Testing, Scoring & Reporting (6 hrs)	Y0006	Testing, Scoring & Reporting (6 hrs)				
Y0007	Testing, Scoring & Reporting (7 hrs)	Y0007	Testing, Scoring & Reporting (7 hrs)				
Y0008	Testing, Scoring & Reporting (8 hrs)	Y0008	Testing, Scoring & Reporting (8 hrs)				
Y0009	Testing, Scoring & Reporting (9 hrs)	Y0009	Testing, Scoring & Reporting (9 hrs)				
Y0010	Testing, Scoring & Reporting (10 hrs)	Y0010	Testing, Scoring & Reporting (10 hrs)				
Y0011	Testing, Scoring & Reporting (11 hrs)	Y0011	Testing, Scoring & Reporting (11 hrs)				
Y0012	Testing, Scoring & Reporting (12 hrs)	Y0012	Testing, Scoring & Reporting (12 hrs)				
Y0013	Testing, Scoring & Reporting (13 hrs)	Y0013	Testing, Scoring & Reporting (13 hrs)				
Y0014	Testing, Scoring & Reporting (14 hrs)	Y0014	Testing, Scoring & Reporting (14 hrs)				
Y0015	Testing, Scoring & Reporting (15 hrs)	Y0015	Testing, Scoring & Reporting (15 hrs)				
Y0016	Testing, Scoring & Reporting (16 hrs)	Y0016	Testing, Scoring & Reporting (16 hrs)				
Y0017	Testing, Scoring & Reporting (17 hrs)	Y0017	Testing, Scoring & Reporting (17 hrs)				
Y0018	Testing, Scoring & Reporting (18 hrs)	Y0018	Testing, Scoring & Reporting (18 hrs)				
Y0019	Testing, Scoring & Reporting (19 hrs)	Y0019	Testing, Scoring & Reporting (19 hrs)				
Y9101	Sexual Perp Individual Therapy	SP-90837	Sexual Perp Individual Therapy				
Y9105	Sexual Perp Group Therapy	SP-90853	Sexual Perp Group Therapy				
Y9108	Sexual Perp Evaluation	SP-90791	Sexual Perp Evaluation				
Y9111	Dangerous Client Indiv Therapy	DC-90837	Dangerous Client Indiv Therapy				
Y9115	Dangerous Client Group Therapy	DC-90853	Dangerous Client Group Therapy				
Y9118	Dangerous Client Evaluation	DC-90791	Dangerous Client Evaluation				
Y9506	Group Therapy (90 min)	90853	Group Psychotherapy (Other Than of a Multiple-Family Group), 15 Minutes	1	G2212	Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	

