



MHP FFS General Utilization Table for Individual and Organizational Providers August 21, 2023

Core Services	Billing Code and Time Associated	Add On Codes and Other Information	Monthly Minimum Sessions Based on Practice Guidelines <small>(Not used for claims processing purposes.)</small>	Monthly Session Maximum¹
Individual Therapy**	90832- 30 min 90834- 45 min 90837*- 60 min	G2212 add on code for 15 min can be used for additional time for 90837 only. See below for example.	2	10 sessions
Case Management/Brokerage	T1017- 15 min	This CPT code allows for services beyond 15 minutes and no add on codes are needed. See below for example ² .	1	As clinically appropriate with no maximum limit per month
Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons ^{3**} (Formerly known as Collateral)	90887- 15 min	ACBH QA is in process of clarifying use of this code with DHCS. Information will be shared with Providers once received from DHCS.	1-4 if client has significant support person/people involved in their treatment	12 sessions
Family Psychotherapy with Patient Present**	90847*- 50 min	G2212 add on code for 15 min can be used for additional time. See below for example.	2 if clinically appropriate	8 sessions
Psychological Testing Evaluation	96130- 31-60min	This CPT code is used for the 1 st hour of psych testing. Use 96131 for each additional hour	n/a	22

¹ The type of service, time billed, and the frequency of service delivery must be justified by the clinical documentation of the client’s mental health needs in their Assessment and Problem List. The Assessment and Problem List must be updated as the client progresses through treatment to justify the ongoing delivery of mental health services. If a client is need of additional services over the amount listed on in the maximum column, the Provider can call Utilization Management at 510-567-8141 to request additional services.

² Example for use of T1017: If you have a 60 minute case management/brokerage session, you can bill one T1017 code for 60 minutes.

³ Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons (formerly known as collateral) cannot be claimed as a “stand alone” service. A provider must claim a “stand alone” service and then can also bill a collateral service on the same day. All other services listed on the Utilization Table are “stand alone” services. Please note that for care coordination, referral and follow up on referral activities, Case Management/Brokerage is the appropriate code to use.

MHP FFS General Utilization Table for Individual and Organizational Providers August 21, 2023

Psychotherapy for Crisis ⁴ (Formerly known as Crisis Intervention)	90839- 30-74 min	Please review footnote #4 below. Can bill this code up to 74 minutes per client per day. No maximum limit on the number of sessions a per client per month. Consult with ACBH ACCESS for clients with recurring or severe crises who may need a higher level of care. 1-800-491-9099.	As needed	As clinically appropriate with no maximum limit per month
OP Psychiatric Diagnostic Eval (Formerly known as Assessment)	90791*- 15 min	G2212 add on code for 15 min can be used for additional time. See below for example.	Initial month and annually: 2 All other months: as needed	6 sessions
Group Therapy ^{5**}	90853- 15 min	G2212 add on code for 15 min can be used for additional time. See below for example.	2 if clinically appropriate	8 sessions

*G2212 is an add on code to extend the time. See examples for specific codes below:

- If you have a 90 minute Individual Therapy session, you can bill 60 minutes using 90837 code and 30 minutes using G2212 code.
- If you have a 90 minute Family Therapy session, you can bill 50 minutes using 90847 code and 40 minutes using G2212 code.
- If you have a 2 hour OP Psychiatric Diagnostic Eval session you can bill 15 minutes using 90791 code and 105 minutes using G2212 code.

** If your agency utilizes student trainees please put STDNT followed by the code.

Link to [Specialty Mental Health Services Medi-Cal Billing Manual](#)

⁴ To bill Psychotherapy for Crisis, the presenting mental health problem must typically be life threatening or complex and require immediate attention to a client in high distress. This is an emergency response service enabling the beneficiary to cope with a crisis, while assisting the beneficiary in regaining their status as a functioning community member. The goal of crisis intervention is to stabilize an immediate mental health crisis within a community or clinical treatment setting.

⁵ If you have not delivered group Therapy before and plan to do so, please contact ACBH QA office at QATA@acgov.org prior to delivering this service. Documentation and claiming for Group Therapy is significantly more complex than it is for other codes. ACBH will conduct training on the delivering, documenting, and coding for Group Therapy soon.