



Telebehavioral Health Codes and Services

The table below includes current (as of 2021) telebehavioral health codes, grouped and with brief descriptions and CMS prices (national payment amount for the non-facility price) for the Category 1 and Category 2 codes only. Note that there are many additional telehealth and other codes that can and will be used to serve patients with behavioral health issues. For example, the Transitional Care Management telehealth codes and services may be used to support patients who are recently discharged from a hospital. We strongly encourage readers to peruse the full [CMS List of Telehealth Services](#) to adequately assess the full range of options for patients, families and caregivers. See your CPT® Professional codebook for full descriptions and additional requirements.

If you have feedback, suggestions or corrections, please let us know at info@NRTRC.org

Telebehavioral Health Codes

- **Category 1 and 2 codes (in black font)** are on the permanent CMS list of telehealth services.
- **Category 3 codes (in blue font)** will likely be available through at least December 31, 2023, provided the current proposed changes in the [Calendar Year 2022 Physician Fee Schedule Proposed Rule](#) are finalized.
- **Codes in italics** are added only on an interim basis and will not be available after the end of the public health emergency (PHE).

Service	HCPCS/CPT Code(s)	
Evaluation & Management (E/M) Visits		
Office or other outpatient visits – For many health care and behavioral health providers, the E/M codes are how behavioral health support services are delivered, which is why these codes are included.	99202(\$74)	99211(\$23)
	99203(\$114)	99212(\$57)
	99204(\$170)	99213(\$92)
	99205(\$224)	99214(\$131)
		99215(\$184)
Prolonged E/M or psychotherapy services in the office or other outpatient setting requiring direct patient contact beyond the usual service; first hour (99354) and each additional 30 minutes (99355)		99354(\$129) 99355(\$96)
Prolonged preventive service(s) (beyond the typical service time of the primary procedure) in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (G0513) and each additional 30 minutes (G0514) CY 2018 PFS FR p. 53079		G0513(\$66) G0514(\$66)
Prolonged office or other outpatient E/Ms beyond the maximum required time of the primary procedure which has been selected using total time on the date of the primary service; each additional 15 minutes – add-on code for 99205 and 99215		G2212(\$34)
Behavioral and Mental Health		
Must-Have Resource: Medicare Mental Health. CMS. Updated June 2021.		
Individual psychotherapy		90832(\$78)
		90833(\$71)
		90834(\$103)
		90836(\$90)
		90837(\$152)
		90838(\$119)



Service	HCPCS/CPT Code(s)
Psychiatric diagnostic interview examination	90791(\$181) 90792(\$202)
Neurobehavioral status examination (clinical assessment of thinking, reasoning and judgement) – includes face-to-face time and interpreting test results and preparing the report, first hour (96116) <i>and each additional hour (96121)</i>	96116(\$97) 96121(\$82)
Psychoanalysis	90845(\$98)
Family psychotherapy (without the patient present)	90846(\$99)
Family psychotherapy (conjoint psychotherapy) (with patient present)	90847(\$103)
Group psychotherapy (other than of a multiple-family group)	90853(\$28)
Psychotherapy for crisis	90839(\$145) 90840(\$69)
Interactive complexity add-on (for psychotherapy codes) See Commonly Used CPT Codes section in Medicare Mental Health . CMS. Updated June 2021.	90785(\$15)
96156 Health behavior assessment, or re-assessment (i.e., health-focused clinical interview, behavioral observations, clinical decision making)	96156(\$97)
96159 Health behavior intervention (HBI), individual—Each additional 15 minutes (list separately in addition to 96158, which is not a Category 1 code but is listed as a temporary code during the PHE)	96159(\$23) 96164(\$10) 96165(\$5) 96167(\$71)
96164 HBI, group (2 or more patients), face-to-face; initial 30 minutes	96168(\$25)
96165 HBI, group - each additional 15 minutes (list separately in addition to code for primary services)	
96167 HBI, family (with the patient present), face-to-face; initial 30 minutes	
96168 HBI, family (with the patient present)-each additional 15 minutes (list separately in addition to code for primary services)	
Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour. 96131 is an add-on code for each additional hour	96130 96131
Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour. 96133 is an add-on code for each additional hour	96132 96133
Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method, first 30 minutes. 96137 is an add-on code for each additional 30 minutes	96136 96137
Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes. 96139 is an add-on code for each additional 30 minutes	96138 96139
<i>Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); 30 minutes</i>	90875
<i>Developmental screening (e.g., developmental milestone survey, speech and language development screen with scoring and documentation, per standardized instrument</i>	96110

Service	HCPCS/CPT Code(s)
<i>Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour. 96113 is an add-on code for each additional 30 minutes.</i>	96112 96113
<i>Standardized cognitive performance testing (e.g., Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face times administering tests to the patient and time interpreting these test results and preparing the report</i>	96125
<i>Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder (ADHD) scale), with scoring and documentation, per standardized instrument</i>	96127
<i>Health behavior intervention, individual. face-to-face; initial 30 minutes</i>	96158
<i>Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes. 96171 is an add-on code for each additional 15 minutes</i>	96170 96171
<i>Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes. 97130 is an add-on code for each additional 15 minutes</i>	97129 97130
<i>Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and nonface-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan</i>	97151
<i>Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes</i>	97152
<i>Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes</i>	97153
<i>Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes</i>	97154
<i>Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician face-to-face with one patient, each 15 minutes</i>	97155
<i>Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s) /caregiver(s), each 15 minutes</i>	97156
<i>Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes</i>	97157
<i>Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes</i>	97158



Service	HCPCS/CPT Code(s)
<p><i>Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.</i></p>	0373T
<p><i>Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.</i></p>	0362T
<p><i>Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 minutes</i></p>	G0410
Substance Use Disorder (in addition to Behavioral/Mental Health above)	
<p>G2086: Office-based treatment for a substance use disorder (SUD), including development of the treatment plan, care coordination, individual therapy and group therapy and counseling; at least 70 minutes in the first calendar month. G2087: Office-based treatment for (SUD), including care coordination, individual therapy and group therapy and counseling; at least 60 minutes in a subsequent calendar month. G2088: Office-based treatment for (SUD), including care coordination, individual therapy and group therapy and counseling; each additional 30 minutes beyond the first 120 minutes</p> <p>Note that the facility price for the three codes is lower: \$287, \$281, \$34, respectively. For full discussion of these codes and services see Bundled Payments Under the PFS for Substance Use Disorders (HCPCS Codes G2086, G2087, and G2088) in the CY 2021 PFS FR (pp. 84642-3)</p>	G2086(\$395) G2087(\$351) G2088(\$66)
<p>Level 1 (99334) or Level 2 (99335) established patient domiciliary, rest home, or custodial care visit Level 1 (99347) or Level 2 (99348) established patient home visit The CY 2021 PFS FR (p. 84505) states that “the patient’s home cannot serve as an originating site” and that “because the home is not generally a permissible telehealth originating site, these services could be billed when furnished as telehealth services only for treatment of a SUD or co-occurring mental health disorder,” citing the SUPPORT Act.</p>	99334(\$60) 99335(\$96) 99347(\$55) 99348(\$84)
Patient Self-Management, Education, Wellness and Lifestyle Changes Technically these are not telebehavioral health codes.	
<p>Individual and group medical nutrition therapy</p>	G0270(\$32) 97802(\$38) 97803(\$32) 97804(\$17)



Service	HCPCS/CPT Code(s)
<p>Individual and group diabetes self-management training (DSMT) services, with a minimum of 1 hour of in-person instruction furnished in the initial year training period to ensure effective injection training</p> <p>American Diabetes Association’s 2020 Standards of Medical Care in Diabetes states that “all people with diabetes should participate in diabetes self-management education” and “all individuals with diabetes should be referred for individualized MNT.”</p> <p>Medicare Reimbursement Guidelines for DSMT. Centers for Disease Control and Prevention’s (CDC). Accessed June 2021.</p> <p>Medicare Preventive Services - Diabetes Self-Management Training. CMS. Accessed June 2021.</p>	<p>G0108(\$56) G0109(\$16)</p>
<p>Smoking cessation services</p> <p>Tobacco Use Prevention and Cessation Counseling. American Academy of Family Physicians. 2017.</p>	<p>99406(\$16) 99407(\$29)</p>
<p>Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention services</p> <p>Screening, Brief Intervention, & Referral to Treatment (SBIRT) Services. CMS. Updated February 2021</p>	<p>G0396(\$36) G0397(\$68)</p>
<p>Annual alcohol misuse screening, 15 minutes (G0442) and brief face-to-face behavioral counseling for alcohol misuse, 15 minutes (G0444)</p>	<p>G0442(\$19) G0443(\$27)</p>
<p>Annual depression screening, 15 minutes</p> <p>Screening for Depression in Adults. CMS. Updated March 2012.</p>	<p>G0444(\$44)</p>
<p>High-intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes</p> <p>Screening for Sexually Transmitted Infections (STIs) and High Intensity Behavioral Counseling (HIBC) to Prevent STIs. CMS. Updated May 2012.</p>	<p>G0445(\$28)</p>
<p>Annual, face-to-face intensive behavioral therapy for cardiovascular disease, individual, 15 minutes</p> <p>Intensive Behavioral Therapy (IBT) for Cardiovascular Disease (CVD). CMS. Updated March 2012.</p>	<p>G0446(\$27)</p>
<p>Face-to-face behavioral counseling for obesity, 15 minutes</p> <p>Annual Wellness Visit, includes a personalized prevention plan of service (PPPS) first visit (G0438) and subsequent visit (G0439)</p> <p>Medicare Annual Wellness Visits. CMS. Accessed June 2021.</p>	<p>G0447(\$27) G0438(\$169) G0439(\$134)</p>
<p>Advance Care Planning, 30 minutes (99497) and each additional 30 minutes (99498)</p> <p>Advance Care Planning Fact Sheet. CMS. Updated 2020.</p>	<p>99497(\$86) 99498(\$74)</p>



Service	HCPCS/CPT Code(s)
<p>Counseling visit to discuss need for lung cancer screening using low dose CT scan (LDCT) (service is for eligibility determination and shared decision making)</p> <p>Medicare Coverage of Screening for Lung Cancer with Low Dose Computed Tomography (LDCT). CMS. Updated June 2017. For a decision tree and lung cancer screening guidelines across organizations, see Lung Cancer Screening Guidelines Implementation in Primary Care: A Call to Action. Ann Fam Med. 2020.</p>	G0296(\$29)
<p>Health Risk Assessment: administer questionnaire to help identify a specific health risk to a patient (96160) or a patient’s caregiver (96161), analyzes the results, assigns a score, and documents the findings.</p>	96160(\$3) 96161(\$3)
<p>Comprehensive assessment of and care planning for patients requiring chronic care management</p> <p>Chronic Care Management Services. CMS. 2019.</p>	G0506(\$62)
<p>Assessment of and care planning for a patient with cognitive impairment, requiring an independent historian in the office or other outpatient, home or domiciliary or rest home with all required elements (~ 50 minutes face-to-face with patient and/or family or caregiver)</p>	99483(\$283)
<p>National payment amount for the non-facility price from the Physician Fee Schedule Search as of June 25, 2021, rounded to the nearest dollar provided only to assess potential revenue if code is used. Do not rely on these. Have your biller/coder double-check.</p>	