

Behavioral health coding resource

This American Medical Association resource outlines key CPT® codes that physicians and their care teams can use (as appropriate) when administering behavioral health screening, treatment, and/or preventative services (**telemedicine-related codes highlighted with a T**). Codes are mapped to the behavioral health integration (BHI) model continuum to help physicians quickly determine which sets of codes might be most relevant to their practice.

Please consult the [CPT code set](#) to verify that the code selected best reflects the work performed as noted in the code descriptors.

CPT® codes across the BHI continuum

Co-location		Integrated care	
		Collaborative care	
A	B	C	D
Preventive Medicine 99401, 99402, 99403, 99404, 99411, 99412	Psychotherapy 90832, 90833, 90834, 90836, 90837, 90838, 90853	Adaptive Behavior Services 97151, 97152, 97153, 97154, 97155, 97156, 97157, 97158	General Behavioral Health Integration Care Management 99484
Behavior Change Interventions 99406, 99407, 99408, 99409	Developmental Behavioral Screening 96127, 96110, 96161	Health Behavior Assessment and Intervention 96156, 96158, 96159, 96160, 96161, 96164, 96165, 96167, 96168 96170, 96171	Psychiatric Collaborative Care Management 99492, 99493, 99494, G2214
			Cognitive Assessment and Care Plan Services 99483
			Inter-professional Digital Services 99446–9, 99451, 99452 G0546–G0551
			CoCM General Management (Medicare) G0511
			Psychiatric Collaborative Care Model (Medicare) G0512

Under “co-location” (see chart, page 1) the behavioral health specialist is physically located in a primary care clinic, or the primary care physician or other clinician is physically located in a mental health or substance use disorder treatment setting. The distinguishing feature here is physical proximity. Codes under Column A and Column B both fall under co-location.

Column A codes: *These codes are intended to be preventive in nature/used prior to formal diagnosis in the hopes of addressing issues before they become larger health issues. They do not require a large team to implement.*

Preventive Medicine

- 99401, 99402, 99403, 99404 (Individual)
- 99411, 99412 (Group)

Behavior Change Interventions

- 99406, 99407 Smoking and tobacco use cessation counseling visit **T** **93**
- 99408, 99409 Alcohol and/or substance (other than tobacco) abuse structured screening, brief intervention (SBI) services **T** **93**

Column B codes: *These are behavioral health-focused codes that do not, depending on the capabilities of your practice, require larger collaboration.*

Psychotherapy

- 90832, 90834, 90837 Psychotherapy (30, 45, 60 min) **T** **93**
 - Real-time audio-visual required, has a modifier 95 that can be recorded with codes
- 90833, 90836, 90838 Psychotherapy when performed with E/M service **T** **93**
 - Real-time audio-visual required, has a modifier 95 that can be recorded with codes
 - See “Additional resources” (below) for more information on use of Modifier 25 when reporting these codes
- 90853 Group Psychotherapy

Developmental/Behavioral Screening

- 96127 Brief emotional/behavioral assessment (e.g., depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument
- 96110 Developmental screening (e.g., developmental milestone survey, speech and language delay screen), with scoring and documentation, per standardized instrument **93**
- 96161 Administration of caregiver-focused health risk assessment instrument (e.g., depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument **T** **93**

Under “integrated care” (see chart, page 1) the practice team includes primary care and behavioral health physicians and other clinicians working together with patients and families, using a systematic, seamless approach to provide patient-centered care for a defined population. The defining feature here is practice change. Codes under Column C and Column D fall under integrated care, codes under Column C apply only to collaborative care.


Column C codes: *This is where we begin to see a clear focus on behavioral health with a broader range of roles for the care team that allow the physician or the qualified health care professional to bill the code.*

Adaptive Behavior Services

- 97151, 97152 (Assessment), 97153–97158 (Treatment)
- Address deficient adaptive behaviors, maladaptive behaviors, or other impaired functioning secondary to deficient adaptive or maladaptive behaviors (e.g., instruction following, verbal and nonverbal communication, imitation, play and leisure, social interactions, self-care, daily living, personal safety)

Health Behavior Assessment and Intervention

NOTE: In the CY2025 PFS Final Rule, CMS finalized a set of six G-codes (G0546, G0547, G0548, G0549, G0550 and G0551) for inter-professional consultations authorized by statute to treat behavioral health conditions. A key driver appeared to be to ensure that these services could be reported by those who cannot independently bill Medicare for E/M visits, such as clinical psychologists, clinical social workers, marriage and family therapists, or mental health counselors. The new codes would facilitate interprofessional consultations between treating/requesting practitioners and consultant practitioners, whether one or both of the practitioners is in a specialty whose practice is limited to the diagnosis and treatment of mental illness. More information can be found in the PDF Final Rule, p. 601–607: <https://public-inspection.federalregister.gov/2024-25382.pdf>.

- 96156–96171  (Individual, Group, Family)
- Focus on psychological, behavioral, emotional, cognitive, and interpersonal factors complicating medical conditions and treatments

Column D codes: *These are some of the most comprehensive codes for an expansive coordination model with a physician or a qualified health professional guiding the work of a defined team. Codes in this section are reported over an extended period of time.*

Care Management

- 99484 General Behavioral Health Integration Care Management
- 99492–99494, G2214 Psychiatric Collaborative Care Management

Inter-professional Digital Services

- G0546, Interprofessional telephone/Internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a verbal and written report to the patient's treating/requesting practitioner; 5-10 minutes of medical consultative discussion and review
 - G0547, 11–20 minutes of medical consultative discussion and review
 - G0548, 21–30 minutes of medical consultative discussion and review
 - G0549, 31 or more minutes of medical consultative discussion and review
- G0550, Interprofessional telephone/Internet/electronic health record assessment and management service provided by a practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, including a written report to the patient's treating/requesting practitioner, five minutes or more of medical consultative time

- G0551, Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting practitioner in a specialty whose covered services are limited by statute to services for the diagnosis and treatment of mental illness, 30 minutes
- 99446–9, 99451 Professional-to-professional digital consultation, billable by the consulting psychiatrist
- 99452 Professional-to-professional digital consultation, billable by the primary care professional (telephone/Internet/EHR referral services)

Cognitive Assessment and Care Plan Services, 99483

- Provided when a comprehensive evaluation of a new or existing patient who exhibits signs and/or symptoms of cognitive impairment is required to establish or confirm a diagnosis, etiology and severity for the condition
- Thorough evaluation of medical and psychosocial factors, potentially contributing to increased morbidity

CoCM General Care Management (Medicare), G0511

Psychiatric Collaborative Care Model (Medicare), G0512

Modifier 25 may be necessary to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed.

- A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported. (Please refer to the guidelines in the *CPT 2025 Professional Edition*.)
- The E/M service may be prompted by the symptom or condition for which the procedure and/or service was provided. As such, different diagnoses are not required for reporting of the E/M services on the same date. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service.

NOTE: This modifier is not used to report an E/M service that resulted in a decision to perform surgery (See modifier 57). For significant, separately identifiable non-E/M services, see modifier 59.

Modifier 93 (in effect as of Jan. 1, 2023) may be used for reporting audio-only services when appended with Modifier 93. Procedures on this list involve electronic communication using interactive telecommunications equipment that includes, at a minimum, audio. The codes eligible to be reported with this modifier are indicated in Appendix T in *CPT® 2025 Professional Edition*, which include those marked with a 93 above.

- A significant, separately identifiable E/M service is defined or substantiated by documentation that satisfies the relevant criteria for the respective E/M service to be reported. (Please refer to the guidelines in the *CPT 2025 Professional Edition*.)

NOTE: Modifier 93 (audio-only) and Modifier 95 (audio-visual) are not fully interchangeable. Some codes are eligible for reporting with either modifier, but the list of CPT codes eligible to report Modifier 93 is more focused than that for Modifier 95.

For the latest on behavioral health exemptions, please review [CMS' Final Rule Fact Sheet](#) or page 602 of the [Final Rule](#).

Additional resources (accessed March 3, 2025)

- [Billing, Workflow and Administrative Tools for Successful implementation of the Collaborative Care Model](#) (American Psychiatric Association, webinar recording)
- [Integrating Behavioral Health Care into Primary Care: Advancing Primary Care Innovation in Medicaid Managed Care](#) (Center for Health Care Strategy Inc., toolkit)
- [Getting Paid for Screening and Assessment Services](#) (American Academy of Family Physicians, short toolkit)
- [Standardized Screening/Testing Coding Fact Sheet for Primary Care Pediatricians: Developmental/Emotional/Behavioral](#) (American Academy of Pediatrics, toolkit)
- [Behavioral Health Integration Services](#) (Centers for Medicare & Medicaid Services, Medicare Learning Network Toolkit; August 2024)
- [BHI Compendium](#) (American Medical Association, toolkit; list of relevant codes, page. 23)