

CODING REFERENCE

Psychiatry coding quick reference

An educational, plain-language map of common psychiatry service codes and how they fit together. CPT is copyright the American Medical Association; confirm descriptors, rules, and payer policy with official CPT and CMS sources.

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Current as of July 7, 2026. Laws, payer rules, and billing codes change. Confirm the current requirements for your jurisdiction and setting before you rely on anything here.

Initial psychiatric evaluation

90792: psychiatric diagnostic evaluation with medical services

90791: diagnostic evaluation without medical services (often non-prescribers)

Follow-up medication management

Outpatient E/M codes (for example 99213, 99214, 99215) chosen by MDM or time

See the E/M documentation checklist for how the level is set

Psychotherapy add-on codes

90833: about 30 minutes of psychotherapy with an E/M visit

90836: about 45 minutes with an E/M visit

90838: about 60 minutes with an E/M visit

Add-on psychotherapy is reported in addition to the E/M code and requires separate, timed documentation

Telehealth

- Use the correct place-of-service code and any required telehealth modifier for the payer and date of service
- Rules and flexibilities change; confirm current CMS and payer policy
- Licensure and prescribing follow the patient's physical location

Diagnosis coding

Diagnoses are reported with ICD-10-CM codes, mapped from the DSM-5-TR clinical picture. Keep the documented diagnosis, the code, and the plan aligned.

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