

## CODE OPTIONS FOR PSYCHEDELIC-ASSISTED THERAPY: QUICK GUIDE

	Credentialed Clinicians Licensed to Provide Psychotherapy		Evaluation and Management (E/M)-Eligible Clinicians Only		Clinical Staff or Technician <sup>1</sup>
<b>SCREENING, ASSESSMENT, AND INTAKE</b> CHOICE DEPENDS ON CLINICIAN TYPE AND SERVICES PROVIDED					
Testing	<b>96103</b> +96131	<b>96136</b> +96137	<b>96127</b>	<b>96146</b>	<b>96138</b> +96139
Psychiatric Diagnostic Evaluation	<b>90791</b> +90785		<b>90792</b> +90785		
E/M			<b>99202-99205</b> +99415-99417		
<b>MEDICATION MANAGEMENT</b> ONLY FOR E/M-ELIGIBLE CLINICIANS					
E/M (psychotherapy add-on if appropriate)			<b>99212-99215</b> +90833 +90836 +90838 +90785		
<b>PREPARATION</b> CHOICE DEPENDS ON PAYER NEGOTIATION, SESSION DURATION, AND CLINICIAN TYPE					
If two licensed psychotherapists, consider negotiating use of modifier XP	<b>90832</b> +90785	<b>90834</b> +90785 Consider payer negotiation to bill twice for 90 min.	<b>90837</b> +90785	<b>90837 and 90853</b> +90785 Include modifier 59	
E/M (psychotherapy add-on if appropriate)			<b>99212-99215</b> +90833 +90836 +90838 +90785		

## CODE OPTIONS FOR PSYCHEDELIC-ASSISTED THERAPY: QUICK GUIDE

	Credentialed Clinicians Licensed to Provide Psychotherapy	Evaluation and Management (E/M)- Eligible Clinicians Only	Clinical Staff or Technician <sup>1</sup>
<b>MEDICATION ADMINISTRATION SESSION</b> CHOICE DEPENDS ON PAYER NEGOTIATION AND CLINICIAN TYPE			
Psychedelic medication therapy codes + E/M codes for medical oversight only	0820T +0821T		+0822T
		99212-99215 +99415 +99416 +99417	
Negotiate to compensate all practitioners (including medical oversight)	H2020		
Negotiate to compensate two practitioners (medical oversight billed separately)	H2020	99212-99215 +99415 +99416 +99417	H2020
<b>INTEGRATION</b>			
	See code options above for Preparation		

<sup>1</sup> The American Medical Association (n.d.) defines clinical staff as “a person who works under the supervision of a physician or other qualified health care professional, and who is allowed by law, regulation and facility policy to perform or assist in the performance of a specific professional service but does not individually report that professional service.” Technician certification levels may range from a high school diploma to baccalaureate or even master’s degree in psychology and they may have undertaken additional training in standardized administration and scoring of psychological and/or neuropsychological testing.

*Italics = add-on code for practitioner consideration based on services provided and factors present*

## CODE DESCRIPTIONS

CODE	SHORT DESCRIPTION	RESTRICTIONS ON USE	TIME	RVU	MUE
+90785	Interactive complexity; may be added to psychotherapy services (90791, 90832, 90834, 90837, or 90853) when complicating factors are present during the visit	A		0.44	1
90791	Psychiatric diagnostic evaluation	A		5.16	1
90792	Psychiatric diagnostic evaluation with medical services	A		5.80	1
90832	Psychotherapy, 30 minutes with patient	A	16-37 min	2.23	2
+90833	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service	B	16-37 min	2.05	2
90834	Psychotherapy, 45 minutes with patient	A	38-52 min	2.95	2
+90836	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service	B	38-52 min	2.60	2
90837	Psychotherapy, 60 minutes with patient	A	53+ min	4.34	2
+90838	Psychotherapy, 60 minutes with patient when performed with an evaluation and management service	B	53+ min	3.44	2
90853	Group psychotherapy (other than of a multiple-family group), no more than 12 participants	A	45-60 min	0.79	
96127	Brief emotional/behavioral assessment (e.g. depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument. Report code for each instrument used	A		0.14	3
96130	Psychological testing evaluation services by a physician or other QHP, 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	A	~60 min	3.55	1
+96131	Each additional hour of 96130	A	~60 min	2.56	7
96136	Psychological or neuropsychological test administration and scoring by a physician or other QHP, two or more tests, any method, first 30 minutes	A	~30 min	1.26	1
+96137	Each additional 30 minutes of 96136	A	~30 min	1.16	11
96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method, first 30 minutes	Technician	~30 min	1.01	1
+96139	Each additional 30 minutes of 96138	Technician	~30 min	1.04	11
96146	Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only	A		0.07	1
99202	Evaluation and Management (E/M) new patient, straightforward MDM, minimal number and complexity of problems addressed	B	15-29 min	2.15	1
99203	E/M New patient, low MDM, low number and complexity of problems addressed	B	30-44 min	3.33	1

## CODE DESCRIPTIONS

CODE	SHORT DESCRIPTION	RESTRICTIONS ON USE	TIME	RVU*	MUE
99204	E/M new patient, moderate MDM, moderate number and complexity of problems addressed	B	45-59 min	4.94	1
99205	E/M new patient, high MDM, high number and complexity of problems addressed	B	60-74 min	6.52	1
99212	E/M established patient, straightforward MDM, minimal number and complexity of problems addressed	B	10-19 min	1.68	2
99213	E/M established patient, low MDM, low number and complexity of problems addressed	B	20-29 min	2.68	2
99214	E/M established patient, moderate MDM, moderate number and complexity of problems addressed	B	30-39 min	3.79	2
99215	E/M established patient, high MDM, high number and complexity of problems addressed	B	40-54 min	5.31	1
+99415	Prolonged clinical staff service during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; first hour (Use 99415 with 99202-99205, 99212-99215)	B	30+ min	0.56	1
+99416	Prolonged clinical staff service during an evaluation and management service in the office or outpatient setting, direct patient contact with physician supervision; each additional 30 minutes (Use 99416 with 99415)	B	15+ min	0.26	3
+99417	Prolonged office or other outpatient E/M service beyond the total time for Level 5 E/M code only (99205, 99215); each 15 minutes	B	15 min	0.92	6
H2010	Comprehensive medication services, per 15 minutes (not payable by Medicare)		15 min	N/A	
0820T	Continuous in-person monitoring and intervention (e.g. psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; first physician or other QHP, each hour	Physician or other QHP	60 min	N/A	
+0821T	Continuous in-person monitoring and intervention (e.g. psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; second physician or other qualified health care professional, concurrent with first physician or other QHP, each hour	Physician or other QHP	60 min	N/A	
+0822T	Continuous in-person monitoring and intervention (e.g. psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; clinical staff under the direction of a physician or other QHP, concurrent with the first physician or other QHP, each hour	Clinical staff	60 min	N/A	

• 2023 Medicare Non-facility Total Relative Value Unit (RVU), includes Work, Practice Expense, and Malpractice RVUs

+ Add-on code, list separately in addition to the code for the primary procedure

**A** For Medicare billing purposes, eligible providers include Physicians (MD, DO), Clinical Psychologists (CP), Clinical Social Workers (CSWs), Clinical Nurse Specialists (CNSs), Nurse Practitioners (NPs), Physician Assistants (PAs), Certified Nurse-Midwives (CNMs), Independently Practicing Psychologists (IPPs), and Certified Registered Nurse Anesthetists (CRNAs) (for supervision of diagnostic psychological and neuropsychological tests) (U.S. Centers for Medicare & Medicaid Services, 2022b).

**B** CPT guidance instructs that E/M codes (CPT codes 99091, 99202-99499) should only be reported by physicians (MD, DO) or other qualified healthcare professionals, which CMS defines as NPs, CNSs, CNMs, and PAs.

**MUE** Medically Unlikely Edit. Part of the National Correct Coding Initiative to reduce improper payments, an MUE represents the maximum units of service that a provider would report under most circumstances for a single patient on a single date of service.

# For Credentialed Clinicians Licensed to Provide Psychotherapy

## SCREENING, ASSESSMENT, AND INTAKE

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### TESTING

**96130** First hour

+96131 Each additional hour

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**96136** First 30 minutes

+96137 Each additional  
30 minutes

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**96127** One standardized instrument

**96146** One standardized instrument  
via electronic platform

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### PSYCHIATRIC DIAGNOSTIC EVALUATION

**90791**

Consider +90785, interactive complexity

## MEDICATION MANAGEMENT

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N/A

## PREPARATION AND INTEGRATION

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**90832** 30 minutes

**90834** 45 minutes

**90837** 60 minutes

Consider +90785, interactive complexity

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Practitioners using **group therapy**  
may consider:

**90837** 60 minutes

**90853** Group psychotherapy  
(modifier 59, distinct  
procedural service)

Negotiate with insurer to bill **90834**  
twice for a 90-minute session

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If using **two licensed psychotherapists**,  
consider negotiating use of modifier  
XP (distinct service performed by a  
different practitioner)

## MEDICATION ADMINISTRATION SESSION

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**0820T** 60 minutes

+0821T if second practitioner is a  
physician or other qualified  
healthcare professional

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**H2010** negotiate a **team-based  
rate** (per 15 minutes) to  
compensate all providers

# BRAINFUTURES

# For Evaluation And Management-Eligible Clinicians Only

## SCREENING, ASSESSMENT, AND INTAKE

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### 99202-99205

E/M code for new patient

+99415-99417 with add-on codes  
for time if needed

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## TESTING

### 96130 First hour

+96131 Each additional hour

### 96136 First 30 minutes

+96137 Each additional 30 minutes

### 96127 One standardized instrument

### 96146 One standardized instrument via electronic platform

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## PSYCHIATRIC DIAGNOSTIC EVALUATION

### 90792

Consider +90785, interactive complexity

## MEDICATION MANAGEMENT

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### 99212-99215

E/M code for existing patient

*Psychotherapy add-on if appropriate*

**+90833** 30 minutes

**+90836** 45 minutes

**+90838** 60 minutes

*Consider +90785, interactive complexity*

## PREPARATION AND INTEGRATION

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### 99212-99215

E/M code for existing patient

**90832** 30 minutes

**90834** 45 minutes

**90837** 60 minutes

*Consider +90785, interactive complexity*

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Practitioners using **group therapy**  
may consider using:

**90837** 60 minutes

**90853** Group psychotherapy  
(modifier 59, distinct  
procedural service)

---

Negotiate with insurer to bill **90834**  
twice for a **90-minute session**

*Psychotherapy add-on if appropriate*

**+90833** 30 minutes

**+90836** 45 minutes

**+90838** 60 minutes

*Consider +90785, interactive complexity*

If using **two licensed psychotherapists**,  
consider negotiating use of modifier  
XP (distinct service performed by a  
different practitioner)

## MEDICATION ADMINISTRATION SESSION

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**0820T** 60 minutes

*+0821T if second practitioner is a  
physician or other qualified  
healthcare professional*

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*Medical oversight only*  
E/M code for existing patient  
(**99212-99215**)

+99415 +99416 +99417, if necessary

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**H2010** negotiate a **team-based  
rate** (per 15 minutes) to  
compensate all providers

# BRAIN FUTURE.S

# Clinical Staff or Technician<sup>1</sup>

## SCREENING, ASSESSMENT, AND INTAKE

### TESTING

**96138** First 30 minutes

**+96139** Each additional 30 minutes

## MEDICATION MANAGEMENT

N/A

## PREPARATION AND INTEGRATION

N/A

## MEDICATION ADMINISTRATION SESSION

**+0822T** If second practitioner is a clinical staff member under the direction of a physician or other QHP

**H2010** negotiate a **team-based rate** (per 15 minutes) to compensate all providers

<sup>1</sup> The American Medical Association (n.d.) defines clinical staff as “a person who works under the supervision of a physician or other qualified health care professional, and who is allowed by law, regulation and facility policy to perform or assist in the performance of a specific professional service but does not individually report that professional service.” Technician certification levels may range from a high school diploma to baccalaureate or even master’s degree in psychology and they may have undertaken additional training in standardized administration and scoring of psychological and/or neuropsychological testing.