

E/M CPT Codes — Psychiatrist

Quick-reference sheet for psychiatrists and prescribers: evaluation and management plus psychotherapy add-ons

Diagnostic evaluation

90792 Psychiatric diagnostic evaluation, with medical services

E/M — new patient

99202 New patient office visit — straightforward MDM

99203 New patient office visit — low MDM

99204 New patient office visit — moderate MDM

99205 New patient office visit — high MDM

E/M — established patient

99211 Established patient office visit — minimal

99212 Established patient office visit — straightforward MDM

99213 Established patient office visit — low MDM

99214 Established patient office visit — moderate MDM

99215 Established patient office visit — high MDM

Psychotherapy add-on codes (billed with an E/M, same time tiers)

+90833 Psychotherapy add-on 16–37 minutes

+90836 Psychotherapy add-on 38–52 minutes

+90838 Psychotherapy add-on 53+ minutes

+90785 Interactive complexity (add-on, no time)

E/M level is chosen by total time on the date of the encounter or by medical decision-making (MDM). Confirm current CPT E/M guidelines and documentation rules before coding.

Add-on codes need a significant, separately identifiable E/M service on the same date. Document the E/M and the psychotherapy time and content separately.

Telehealth: modifiers and place of service vary by payer and state. Many payers want modifier 95 for audio-video visits. Medicare place of service (POS) 10 means the patient is at home and POS 02 means telehealth elsewhere. Confirm each payer's current policy.

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Checked October 2026. Quick reference only. Confirm codes and time ranges in the current AMA CPT manual, the CMS sources below and each payer's policy before billing.

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