

Non-E/M CPT Codes — Psychotherapy

Quick-reference sheet for psychotherapists: individual, family, group and crisis codes

Diagnostic evaluation

90791 Psychiatric diagnostic evaluation, without medical services

Individual psychotherapy — time-based

90832	Individual psychotherapy	16–37 minutes
90834	Individual psychotherapy	38–52 minutes
90837	Individual psychotherapy *	53+ minutes

Crisis psychotherapy

90839	Psychotherapy for crisis, first 60 minutes	30–74 minutes
+90840	Crisis, each additional 30 minutes	75+ minutes

Family and group psychotherapy

90846	Family psychotherapy, without patient present
90847	Family psychotherapy (conjoint), with patient present
90849	Multiple-family group psychotherapy
90853	Group psychotherapy (non-family), per patient

Add-on and brief assessment codes

+90785	Interactive complexity (add-on, no time)
96127	Brief emotional/behavioral assessment (e.g., PHQ-9, GAD-7), per instrument

* **90837** draws the most payer and Medicare audit attention and may need prior authorization. Document exact start and stop times. There is no code for a 75-minute or 90-minute session, and under 16 minutes is not separately billable.

Family and group codes (90846, 90847, 90849, 90853) are billed per session and have no time tiers like 90832–90837. Document session length anyway, and check each payer's rules.

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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