

| Threshold Services | | | | | |
|--|----------|--|----------------|------------------|--|
| Code | Modifier | Definition | Effective Date | Termination Date | |
| Criteria 4C: Crisis Behavioral Health Services | | | | | |
| 90839 | | Psychotherapy for crisis; first 60 minutes | 7/1/2025 | | |
| G0017 | | Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis service applies, other than the office setting); first 60 minutes | 7/1/2025 | | |
| H0007 | | Alcohol and/or drug services; crisis intervention (outpatient) | 7/1/2025 | | |
| H2011 | U3 | Crisis intervention service - mobile crisis response. Use modifier U3 when billing PPS. | 7/1/2025 | | |
| S9484 | TF | Crisis intervention mental health services, per hour. Use modifier TF for community. No residential may be billed under PPS. | 7/1/2025 | | |
| S9485 | TF | Crisis intervention mental health services, per diem. Use modifier TF for community. No residential may be billed under PPS. | 7/1/2025 | | |
| | | Criteria 4D: Screening, Assessment and Diagnosis | S | | |
| 90791 | | Psychiatric diagnostic evaluation | 7/1/2025 | | |
| 90792 | | Psychiatric diagnostic evaluation with medical services | 7/1/2025 | | |
| 90887 | | Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient | 7/1/2025 | | |
| 96127 | | Brief emotional/behavioral assessment (eg, depression inventory, attention-deficit/hyperactivity disorder [ADHD] scale), with scoring and documentation, per standardized instrument | 7/1/2025 | | |
| 96130 | | Psychological testing evaluation services by physician or other qualified health care professional, 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 | 7/1/2025 | | |



| Threshold Services | | | | |
|---|---|----------|--|--|
| 96136 | Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes | 7/1/2025 | | |
| 96138 | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes | 7/1/2025 | | |
| 96156 | Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making) | 7/1/2025 | | |
| 99408 | Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes | 7/1/2025 | | |
| 99409 | Alcohol and/or substance (other than tobacco) abuse structured screening (eg, AUDIT, DAST), and brief intervention (SBI) services; greater than 30 minutes | 7/1/2025 | | |
| G0396 | Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and brief intervention 15 to 30 minutes | 7/1/2025 | | |
| G0397 | Alcohol and/or substance (other than tobacco) misuse structured assessment (e.g., audit, dast), and intervention, greater than 30 minutes | 7/1/2025 | | |
| G0442 | Annual alcohol misuse screening, 5 to 15 minutes | 7/1/2025 | | |
| G0444 | Annual depression screening, 5 to 15 minutes | 7/1/2025 | | |
| H0003 | Alcohol and/or drug screening; laboratory analysis of specimens for presence of alcohol and/or drugs | 7/1/2025 | | |
| H0031 | Mental health assessment, by nonphysician | 7/1/2025 | | |
| H0049 | Alcohol and/or drug screening | 7/1/2025 | | |
| Criteria 4E: Person-Centered and Family-Centered Treatment Planning | | | | |
| H0032 | Mental health service plan development by nonphysician | 7/1/2025 | | |
| | Criteria 4F: Outpatient Mental Health and Substance Use S | Services | | |
| 90832 | Psychotherapy, 30 minutes with patient | 7/1/2025 | | |
| 90834 | Psychotherapy, 45 minutes with patient | 7/1/2025 | | |



| Threshold Services | | | | |
|--------------------|--|----------|--|--|
| 90837 | Psychotherapy, 60 minutes with patient | 7/1/2025 | | |
| 90846 | Family psychotherapy (without the patient present), 50 minutes | 7/1/2025 | | |
| 90847 | Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes | 7/1/2025 | | |
| 90849 | Multiple-family group psychotherapy | 7/1/2025 | | |
| 90853 | Group psychotherapy (other than of a multiple-family | 7/1/2025 | | |
| 90863 | Pharmacologic management with psychotherapy | 7/1/2025 | | |
| 90875 | Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); 30 minutes | 7/1/2025 | | |
| 90876 | Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavior modifying or supportive psychotherapy); 45 minutes | 7/1/2025 | | |
| 90899 | Unlisted psychiatric service or procedure | 7/1/2025 | | |
| 96116 | Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, [e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities]), by physician or other qualified health care professional, both face-to- face time with the patient and time interpreting test results and preparing the report; first hour | 7/1/2025 | | |
| 96132 | Neuropsychological testing evaluation services by physician or other qualified health care professional, 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 | 7/1/2025 | | |



| Threshold Services | | | | |
|--------------------|---|----------|--|--|
| 99202 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter. | 7/1/2025 | | |
| 99203 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 30-44 minutes of total time is spent on the date of the encounter. | 7/1/2025 | | |
| 99204 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 45-59 minutes of total time is spent on the date of the encounter. | 7/1/2025 | | |
| 99205 | Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 60-74 minutes of total time is spent on the date of the encounter | 7/1/2025 | | |
| 99211 | Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician or other qualified health care professional | 7/1/2025 | | |
| 99212 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using time for code selection, 10-19 minutes of total time is spent on the date of the encounter. | 7/1/2025 | | |



| Threshold Services | | | | |
|--------------------|---|----------|--|--|
| 99213 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. When using time for code selection, 20-29 minutes of total time is spent on the date of the encounter. | 7/1/2025 | | |
| 99214 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter. | 7/1/2025 | | |
| 99215 | Office or other outpatient visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. When using time for code selection, 40-54 minutes of total time is spent on the date of the encounter. | 7/1/2025 | | |
| 99499 | Unlisted evaluation and management service | 7/1/2025 | | |
| 99510 | Home visit for individual, family, or marriage counseling | 7/1/2025 | | |
| G0443 | Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes | 7/1/2025 | | |
| G0445 | Semiannual high intensity behavioral counseling to prevent STIs, individual, face-to-face, includes education skills training & guidance on how to change sexual behavior | 7/1/2025 | | |
| G0446 | Intensive behavioral therapy 15 min: Annual, face to face intensive behavioral health therapy for cardiovascular disease, individual | 7/1/2025 | | |
| G2068 | Medication assisted treatment, buprenorphine (oral); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing | 7/1/2025 | | |
| G2069 | Medication assisted treatment, buprenorphine (injectable); weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing | 7/1/2025 | | |



| Threshold Services | | | | |
|--------------------|--|----------|--|--|
| G2073 | Medication assisted treatment, naltrexone; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program) | 7/1/2025 | | |
| G2074 | Medication assisted treatment, weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy and toxicology testing | 7/1/2025 | | |
| G2075 | Medication Assisted Treatment, Medication not otherwise specified; weekly bundle including dispensing and/or administration, substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare enrolled opioid treatment program) | 7/1/2025 | | |
| H0004 | Behavioral health counseling and therapy, 15 minutes | 7/1/2025 | | |
| H0015 | Alcohol and/or drug services, intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education | 7/1/2025 | | |
| H0040 | Assertive Community Treatment | 7/1/2025 | | |
| H0046 | Mental health services, not otherwise specified | 7/1/2025 | | |
| H0050 | Alcohol and/or drug services, brief intervention, per 15 minutes | 7/1/2025 | | |
| J0571 | Buprenorphine, oral, 1 mg | 7/1/2025 | | |
| J0572 | Buprenorphine/naloxone, oral, less than or equal to 3 mg buprenorphine | 7/1/2025 | | |
| J0573 | Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg buprenorphine | 7/1/2025 | | |
| J0574 | Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg buprenorphine | 7/1/2025 | | |
| J0575 | Buprenorphine/naloxone, oral, greater than 10 mg buprenorphine | 7/1/2025 | | |



| | | Threshold Services | | | | |
|-------|--|---|------------|--|--|--|
| J0577 | | Injection, buprenorphine extended-release (Brixadi), less than or equal to 7 days of therapy | 7/1/2025 | | | |
| J0578 | | Injection, buprenorphine extended-release (Brixadi), greater than 7 days and up to 28 days of therapy | 7/1/2025 | | | |
| J0592 | | Injection, buprenorphine HCI, 0.1 mg | 7/1/2025 | | | |
| J2315 | | Injection, naltrexone, depot form, 1 mg | 7/1/2025 | | | |
| Q9991 | | Injection, buprenorphine extended-release (Sublocade), less than or equal to 100 mg | 7/1/2025 | | | |
| Q9992 | | Injection, buprenorphine extended-release (Sublocade), greater than 100 mg | 7/1/2025 | | | |
| | | Criteria 4G: Outpatient Clinic Primary Care Screening and N | Monitoring | | | |
| 99401 | | Preventative Medicine counseling/risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes | 7/1/2025 | | | |
| 99402 | | Preventative Medicine counseling/risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes | 7/1/2025 | | | |
| 99403 | | Preventative Medicine Counseling/risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes | 7/1/2025 | | | |
| 99404 | | Preventative Medicine Counseling/risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes | 7/1/2025 | | | |
| | Criteria 4I. Psychiatric Rehabilitative Services | | | | | |
| 90846 | HK | Functional Family Therapy-family therapy without youth present, use HK modifier, provider types HP, HO, AF, SA | 7/1/2025 | | | |
| 90847 | HK | Functional Family Therapy-family therapy with youth present, use HK modifier, provider types HP, HO, AF, SA | 7/1/2025 | | | |
| H0034 | | Medication training and support, per 15 minutes | 7/1/2025 | | | |
| H2012 | | Behavioral health day treatment, per hour | 7/1/2025 | | | |
| H2033 | | Multisystemic therapy, per 15 minutes | 7/1/2025 | | | |



| Threshold Services | | | | |
|---|--|--|----------|--|
| S9480 | | Intensive outpatient psychiatric services, per diem | 7/1/2025 | |
| Criteria 4J. Peer Supports, Peer Counseling and Family/Caregiver Supports | | | | |
| H0038 | | Self-help/peer services, per 15 minutes | 7/1/2025 | |
| T1027 | | Family training and counseling for child development, per 15 minutes | 7/1/2025 | |