



INDIANA HEALTH COVERAGE PROGRAMS

PROVIDER CODE TABLES

Behavioral Health Services Codes

Note: Due to possible changes in Indiana Health Coverage Programs (IHCP) policy or national coding updates, inclusion of a code on the code tables does not necessarily indicate **current** coverage. See [IHCP Bulletins](#) and [IHCP Fee Schedules](#) for updates to coding, coverage and benefit information. Previous versions of code tables are archived for purposes of historical reference.

For information about using these code tables, see the [Behavioral Health Services](#) provider reference module.

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Table 1 – Covered Procedure Codes for Behavioral Health Provider Specialties 616–621

Reviewed/Updated: September 22, 2024

Reimbursement for the following provider specialties is limited to the procedure codes listed in this table:

616 – Licensed Psychologist	619 – Licensed Marriage and Family Therapist (LMFT)
617 – Licensed Independent Practice School Psychologist	620 – Licensed Mental Health Counselor (LMHC)
618 – Licensed Clinical Social Worker (LCSW)	621 – Licensed Clinical Addiction Counselor (LCAC)

In addition to the codes listed in this table, these practitioners may also be eligible to render certain Medicaid Rehabilitation Option (MRO) services. See the [Medicaid Rehabilitation Option Services](#) module for details.

Procedure Code	Description
90785	Psychotherapy, interactive complexity
90791	Psychiatric diagnostic evaluation
90832	Psychotherapy [with patient], 30 minutes
90834	Psychotherapy [with patient], 45 minutes
90837	Psychotherapy [with patient], 60 minutes
90839	Psychotherapy for crisis, first 60 minutes

Table 1 – Covered Procedure Codes for Behavioral Health Provider Specialties 616–621**Reviewed/Updated: September 22, 2024**

<p><i>Reimbursement for the following provider specialties is limited to the procedure codes listed in this table:</i></p> <p>616 – Licensed Psychologist 617 – Licensed Independent Practice School Psychologist 618 – Licensed Clinical Social Worker (LCSW)</p> <p>619 – Licensed Marriage and Family Therapist (LMFT) 620 – Licensed Mental Health Counselor (LMHC) 621 – Licensed Clinical Addiction Counselor (LCAC)</p> <p><i>In addition to the codes listed in this table, these practitioners may also be eligible to render certain Medicaid Rehabilitation Option (MRO) services. See the Medicaid Rehabilitation Option Services module for details.</i></p>	
Procedure Code	Description
90840	Psychotherapy for crisis, each additional 30 minutes
90846	Family psychotherapy [without the patient present], 50 minutes
90847	Family psychotherapy including patient, 50 minutes
90849	Multiple-family group psychotherapy
90853	Group psychotherapy
90899	Psychiatric service or procedure
96127	Brief emotional or behavioral assessment
96136*	Administration of psychological or neuropsychological test, first 30 minutes
96137*	Administration of psychological or neuropsychological test, each additional 30 minutes
96138	Psychological or neuropsychological test administration and scoring by technician, first 30 minutes
96139	Psychological or neuropsychological test administration and scoring by technician, additional 30 minutes
96146	Psychological or neuropsychological test administration and scoring by single standardized instrument via electronic platform with automated result
96156	Health behavior assessment, or re-assessment
96158	Health behavior intervention, individual, face-to-face; initial 30 minutes
96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes
96164	Health behavior intervention, group, face-to-face; initial 30 minutes
96165	Health behavior intervention, group, face-to-face; each additional 15 minutes
96167	Health behavior intervention, family (with the patient present), face-to-face; initial 30 minutes
96168	Health behavior intervention, family (with the patient present), face-to-face; each additional 15 minutes
96170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes
96171	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes
99401 HK	Preventive medicine counseling, typically 15 minutes; for a mental health bridge appointment
99406	Smoking and tobacco use intensive counseling, 4-10 minutes
99407	Smoking and tobacco use intensive counseling, more than 10 minutes
99408	Alcohol and/or substance abuse screening and intervention, 15-30 minutes
99409	Alcohol and/or substance abuse screening and intervention, greater than 30 minutes
C7903**	Group psychotherapy service for diagnosis, evaluation, or treatment of a mental health or substance use disorder provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service

Table 1 – Covered Procedure Codes for Behavioral Health Provider Specialties 616–621
Reviewed/Updated: September 22, 2024

<p><i>Reimbursement for the following provider specialties is limited to the procedure codes listed in this table:</i></p> <p>616 – Licensed Psychologist 617 – Licensed Independent Practice School Psychologist 618 – Licensed Clinical Social Worker (LCSW)</p> <p>619 – Licensed Marriage and Family Therapist (LMFT) 620 – Licensed Mental Health Counselor (LMHC) 621 – Licensed Clinical Addiction Counselor (LCAC)</p> <p><i>In addition to the codes listed in this table, these practitioners may also be eligible to render certain Medicaid Rehabilitation Option (MRO) services. See the Medicaid Rehabilitation Option Services module for details.</i></p>	
Procedure Code	Description
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 services applies, other than the office setting); first 60 minutes
G0018**	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); each additional 30 minutes (list separately in addition to code for primary service)
G0108 U6***	Diabetes outpatient self-management training services, individual; per 15 minutes
G0109 U6***	Diabetes outpatient self-management training service, group session (2 or more); per 15 minutes
G0444	Annual depression screening, 5 to 15 minutes
G0466	Federally qualified health center (FQHC) visit, new patient
G0467	Federally qualified health center (FQHC) visit, established patient
G0468	Federally qualified health center (FQHC) visit that includes an initial preventive physical examination (IPPE) or annual wellness visit (AWV)
G0469	Federally qualified health center (FQHC) visit, mental health, new patient
G0470	Federally qualified health center (FQHC) visit, mental health, established patient
H0015	Alcohol and or drug services
H0019	Behavioral health; long-term residential (non-medical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem
H0031	Mental health assessment, by non-physician
H0034 U9****	Medication training and support, per 15 minutes)
H0035	Mental health partial hospitalization, treatment, less than 24 hours
H0038	Self-help/peer services, per 15 minutes
H2011	Crisis intervention service, per 15 minutes
H2011 UA****	Crisis intervention service, per 15 minutes
Q3014****	Telehealth originating site facility fee
S9480	Intensive outpatient psychiatric services
S9484****	Mobile crisis response without transportation, up to 3 hours
S9484 UB****	Mobile crisis response with transportation, up to 3 hours
S9485****	Mobile crisis response without transportation, 3 hours or more
S9485 UB****	Mobile crisis response with transportation, 3 hours or more
T1015*****	Clinic visit/encounter, all-inclusive

Table 1 Notes

- * **96136 and 96137** are covered only for specialty 617. These services are **not** reimbursable for specialties 616 or 618–621.
- ** **C7903, G0017 and G0018** are covered for specialties 616 and 618–621. These services are **not** reimbursable for specialty 617.
- *** **G0108 U6 and G0109 U6** are covered for specialties 616, 618 and 619. These services are **not** reimbursable for specialties 617, 620 or 621.
- **** **H0034 U9, H2011 UA, S9484, S9484 UB, S9485 and S9485 UB** are covered only when billed by a Division of Mental Health and Addiction (DMHA)-certified mobile crisis unit.
- ***** **Q3014**, signifying the telehealth originating site facility fee, can only be used with place of service (POS) code 02 and modifier 95. **Q3014** is not eligible for reimbursement when billed with POS code 10 or modifier 93.
- ***** **T1015** is allowed only if the billing provider on the claim is a federally qualified health center (FQHC) or rural health clinic (RHC). This code indicates that the claim is eligible for the all-inclusive Prospective Payment System (PPS) rate for FQHC or RHC encounters.

Table 1 Revision History**September 22, 2024, update:**

Added for specialty 617 (effective September 22, 2024): 96136 and 96137

May 1, 2024, update:

Revised descriptions for 99401 HK, 99406, G0444

February 29, 2024, update:

Added for specialties 616 and 618–621 (effective January 1, 2024): C7903, G0017, G0018

December 12, 2023, update:

Added (effective July 1, 2023): H0034 U9, H2011 UA, S9484, S9484 UB, S9485, S9485 UB and related footnote

April 25, 2023, update:

Added (effective July 21, 2022): Q3014 and related footnote

Added (correction): H0019

September 19, 2022, update:

Added for specialties 616, 618 and 619 (correction): G0108 U6, G0109 U6

July 1, 2021, update:

Added (effective July 1, 2021): 99406

Removed U6 modifier (effective July 1, 2021): 99407

June 8, 2021, update:

Added (effective November 1, 2020): H0015, S9480

December 1, 2020, update:

Published table (effective November 1, 2020)

Table 2 –Covered Procedure Codes for Mobile Crisis Units (Specialty 622)**Reviewed/Updated: December 12, 2023**

See IHCP Bulletin [BT202430](#) for information about enrolling in the IHCP under specialty 622 – Mobile Crisis Unit. This specialty is available only to providers with a Division of Mental Health and Addiction (DMHA) designation as a mobile crisis unit; a DMHA mobile crisis response designation application, agreement and checklist are available on the [988 Indiana](#) page at in.gov/fssa/dmha.

Bundled-Rate Codes for Mobile Crisis Units		
Procedure Code (and Modifier)	IHCP Description	Services Included in Coverage
S9484	Mobile crisis response without transportation, up to 3 hours	<ul style="list-style-type: none"> • Triage/screening • Assessment • Brief counseling • Safety planning • Peer recovery support • Follow-up stabilization services <i>See table note for details.</i>
S9484 UB	Mobile crisis response with transportation, up to 3 hours; with transportation	<ul style="list-style-type: none"> • Triage/screening • Assessment • Brief counseling • Safety planning • Peer recovery support • Follow-up stabilization services <i>See table note for details.</i>
S9485	Mobile crisis response without transportation, 3 hours or more	<ul style="list-style-type: none"> • Triage/screening • Assessment • Brief counseling • Safety planning • Peer recovery support • Follow-up stabilization services <i>See table note for details.</i>
S9485 UB	Mobile crisis response with transportation, 3 hours or more; with transportation	<ul style="list-style-type: none"> • Triage/screening • Assessment • Brief counseling • Safety planning • Peer recovery support • Follow-up stabilization services <i>See table note for details.</i>
Non-Bundled-Rate Codes for Mobile Crisis Units		
Procedure Code (and Modifier)	IHCP Description	Services Included in Coverage
H0034 U9	Medication training and support, per 15 minutes	<ul style="list-style-type: none"> • Monitoring medication compliance • Providing education and training about medications • Monitoring medication side effects • Providing other nursing/medical assessments Also allows for monitoring of medication-assisted treatment (MAT) and/or psychotropic medication services
H2011 UA	Crisis intervention service, per 15 minutes	<ul style="list-style-type: none"> • A follow-up crisis assessment • Crisis planning • Counseling specific to the crisis

Table 2 Notes

Specific details of each service are listed for codes S9484, S9484 UB, S9485 and S9485 UB:

- **Triage/Screening:** Determines the level of risk that is faced by the individual in crisis and assessing the most appropriate response.
- **Assessment:** Collects information on the circumstances of the crisis event, safety and risk related to the individual and others involved, medication and substance use, strengths and resources of the individual, recent inpatient hospitalizations or mental health services, mental health conditions, medical history, and other pertinent information.
- **De-escalation through brief counseling:** Brief counseling techniques specific to the crisis that aims to lower risks and resolve the crisis so that a higher level of care is not needed.
- **Safety planning:** Engagement of the individual in a crisis planning process, resulting in the creation or update of planning tools, including an individualized safety plan. The safety plan aims to keep an individual in crisis and their environment safe and may include lethal means counseling and other evidence-based interventions.
- **Peer recovery support:** Support provided by paraprofessional with lived experience with mental health and/or substance use disorder concerns.
- **Follow-up stabilization services:** Follow up contacts in-person, via phone, or telehealth up to 14 days following initial crisis intervention and can be billable up to 90 days.

Table 2 Revision History

March 12, 2024, update:

Added table note and split table into sections for bundled and nonbundled rates

Table effective July 1, 2023

**Table 3 – Covered Procedure Codes for Opioid Treatment Programs (OTPs)
(Specialty 835)**

Reviewed/Updated: February 6, 2025

Procedure Code	Description
90792	Psychiatric diagnostic evaluation with medical services
90832 SC	Psychotherapy, patient and family, 30 minutes; medically necessary service or supply
90833 SC	Psychotherapy, patient and family with evaluation and management, 30 minutes; medically necessary service or supply
90834 SC	Psychotherapy, patient and family, 45 minutes; medically necessary service or supply
90836 SC	Psychotherapy, patient and family with evaluation and management, 45 minutes; medically necessary service or supply
90837 SC	Psychotherapy, patient and family, 60 minutes; medically necessary service or supply
90838 SC	Psychotherapy, patient and family, with evaluation and management, 60 minutes; medically necessary service or supply
G0533	Medication assisted treatment, buprenorphine (injectable) administered on a weekly basis; 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)
G2067	Medication assisted treatment, methadone; 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)

**Table 3 – Covered Procedure Codes for Opioid Treatment Programs (OTPs)
(Specialty 835)*****Reviewed/Updated: February 6, 2025***

Procedure Code	Description
G2068	Medication assisted treatment, buprenorphine (oral); 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)
G2069	Medication assisted treatment, buprenorphine (injectable); 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)
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)
G2074	Medication assisted treatment, weekly bundle not including the drug, including substance use counseling, individual and group therapy, and toxicology testing if performed (provision of the services by a Medicare-enrolled opioid treatment program)
G2076	Intake activities, including initial medical examination that is a complete, fully documented physical evaluation and initial assessment by a program physician or a primary care physician, or an authorized health care professional under the supervision of a program physician qualified personnel that includes preparation of a treatment plan that includes the patient's short-term goals and the tasks the patient must perform to complete the short-term goals; the patient's requirements for education, vocational rehabilitation, and employment; and the medical, psycho-social, economic, legal, or other supportive services that a patient needs, conducted by qualified personnel (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
G2077	Periodic assessment; assessing periodically by qualified personnel to determine the most appropriate combination of services and treatment (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
G2078	Take home supply of methadone; up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
G2079	Take home supply of buprenorphine (oral); up to 7 additional day supply (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
G2080	Each additional 30 minutes of counseling in a week of medication assisted treatment, (provision of the services by a Medicare-enrolled opioid treatment program); list separately in addition to code for primary procedure
Table 3 Revision History	
<i>February 6, 2025, update:</i> Added (effective January 1, 2025): G0533 Removed (effective January 1, 2025): G2070, G2071, G2072 <i>December 12, 2023, update:</i> Added (effective July 1, 2023): G2067–G2074, G2076–G2080 Removed (effective July 1, 2023): H0020, H0020 UA	

Table 4 – Covered Procedure Codes for Substance Use Disorder (SUD) Residential Addiction Treatment Facilities (Specialty 836)**Reviewed/Updated: August 1, 2023**

Procedure Code	Description
H2034 U1	Alcohol and/or drug abuse half-way house service, per diem; adult (age 19 years and older)
H2034 U2	Alcohol and/or drug abuse half-way house service, per diem; child (age 0 through 18 years old)
H0010 U1	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient); adult (age 19 years and older)
H0010 U2	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient); child (age 0 through 18 years old)

Table 5 – Procedure Codes and Modifiers for Applied Behavior Analysis Therapy**Reviewed/Updated: November 29, 2024**

Note: For dates of service on and after January 1, 2024, applied behavior analysis (ABA) therapy codes must be billed with the appropriate modifier, as indicated in the following table, to reflect the credentials of the practitioner that rendered the service:

U1 = Delivered by a credentialed Registered Behavior Technician (RBT)

U2 = Delivered by a bachelor-level Board Certified Assistant Behavior Analyst (BCaBA)

U3 = Delivered by a physician, doctoral-level Board Certified Behavior Analyst-Doctoral (BCBA-D), master's-level Board Certified Behavior Analyst (BCBA), or health service provider in psychology (HSPP)

Effective July 1, 2025, the specialty of the rendering provider on the claim must align with the modifier usage, as indicated in [BT202539](#).

Procedure Code	Modifier	Description
97151	U2 or U3	Behavior identification assessment, administered by a physician or other qualified healthcare professional, each 15 minutes of the physician's or other qualified healthcare professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan
97152	U1	Behavior identification supporting assessment, administered by one technician under the direction of a physician or other qualified healthcare professional, face-to-face with the patient, each 15 minutes
97153	U1	Adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified healthcare professional, face-to-face with one patient, every 15 minutes
97154	U1	Group adaptive behavior treatment by protocol, administered by a technician under the direction of a physician or other qualified healthcare professional, with two or more patients, every 15 minutes
97155*	U2 or U3	Adaptive behavior treatment with protocol modification, administered by a physician or other qualified healthcare professional, which may include simultaneous direction of a technician, face-to-face with one patient, every 15 minutes

Table 5 – Procedure Codes and Modifiers for Applied Behavior Analysis Therapy**Reviewed/Updated: November 29, 2024**

<p><i>Note: For dates of service on and after January 1, 2024, applied behavior analysis (ABA) therapy codes must be billed with the appropriate modifier, as indicated in the following table, to reflect the credentials of the practitioner that rendered the service:</i></p> <p>U1 = Delivered by a credentialed Registered Behavior Technician (RBT)</p> <p>U2 = Delivered by a bachelor-level Board Certified Assistant Behavior Analyst (BCaBA)</p> <p>U3 = Delivered by a physician, doctoral-level Board Certified Behavior Analyst-Doctoral (BCBA-D), master's-level Board Certified Behavior Analyst (BCBA), or health service provider in psychology (HSPP)</p> <p><i>Effective July 1, 2025, the specialty of the rendering provider on the claim must align with the modifier usage, as indicated in BT202539.</i></p>		
Procedure Code	Modifier	Description
97156	U2 or U3	Family adaptive behavior treatment guidance, administered by a physician or other qualified healthcare professional (with or without the patient present), face-to-face with guardian(s)/ caregiver(s), every 15 minutes
97157	U2 or U3	Multiple-family group adaptive behavior treatment guidance, administered by a physician or other qualified healthcare professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, every 15 minutes
97158	U2 or U3	Group adaptive behavior treatment with protocol modification, administered by a physician or other qualified healthcare professional, face-to-face with multiple patients, every 15 minutes
0362T	U1	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administered by the physician or other qualified healthcare professional who is on site; with assistance of two or more technicians; for a patient who exhibits destructive behavior; completed in an environment that is customized to the patient's behavior
0373T	U1	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administered by the physician or other qualified healthcare professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completed in an environment that is customized to the patient's behavior
Table 5 Note		
<p>* Procedure code 97155 may be billed concurrently with technician-delivered services for code 97153 when the patient is present, one or more protocols have been modified, and the technician is directed by the qualified healthcare professional (BCBA-D, BCBA, BCaBA, psychologist, or other credentialed professional whose scope of practice, training and competence includes behavior analysis).</p>		
Table 5 Revision History		
<p>January 1, 2024, update: Added modifier column and explanatory note (effective January 1, 2024)</p> <p>July 1, 2021, update: Removed (effective July 1, 2019): 96150 U1, 96150 U2, 96151 U1, 96151 U2, 96152 U1, 96152 U2, 96152 U3, 96153 U1, 96153 U2, 96153 U3, 96154 U1, 96154 U2, 96154 U3, 96155 U1, 96155 U2, 96155 U3 (Note: For these ABA therapies modifier: U1 = provided by BCBA, BCBA-D, or HSPP; U2 = provided by BCaBA; and U3 = provided by RBT)</p> <p>January 1, 2019, update: Added (effective January 1, 2019): 97151–97158, 0362T, 0373T All codes previously on this table moved to the <i>Prior Authorizations Issued Before January 1, 2019</i> section</p>		

Table 6 – Procedure Codes Included in the Psychiatric Service Limit of 20 Units per Provider per Year

Reviewed/Updated: February 29, 2024

<i>Note: Members are limited to 20 units per provider per rolling 12-month period for any combination of the codes in this table. Prior authorization is required for any additional units beyond this limit.</i>	
Procedure Code	Description
90832	Psychotherapy, patient and family, 30 minutes
90833	Psychotherapy, patient and family with evaluation and management, 30 minutes
90834	Psychotherapy, patient and family, 45 minutes
90836	Psychotherapy, patient and family with evaluation and management, 45 minutes
90837	Psychotherapy, patient and family, 60 minutes
90838	Psychotherapy, patient and family, with evaluation and management, 60 minutes
90839	Psychotherapy for crisis, first 60 minutes
90845	Psychoanalysis
90846	Family psychotherapy without patient, 50 minutes
90847	Family psychotherapy including patient, 50 minutes
90849	Multiple-family group psychotherapy
90853	Group psychotherapy
90899	Psychiatric service or procedure
C7903	Group psychotherapy service for diagnosis, evaluation, or treatment of a mental health or substance use disorder provided remotely by hospital staff who are licensed to provide mental health services under applicable state law(s), when the patient is in their home, and there is no associated professional service
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 services applies, other than the office setting); first 60 minutes
G0018	Psychotherapy for crisis furnished in an applicable site of service (any place of service at which the non-facility rate for psychotherapy for crisis services applies, other than the office setting); each additional 30 minutes (list separately in addition to code for primary service)
Table 6 Revision History	
<i>February 29, 2024, update:</i> Added (effective January 1, 2024): C7903, G0017, G0018 <i>July 6, 2023, update:</i> Removed (effective July 6, 2023): 90785, 90840 <i>April 25, 2023, update:</i> Removed (correction): 90855, 90857	

Table 7 – ICD-10 Diagnosis Codes for Bridge Appointments***Reviewed/Updated: August 1, 2023***

Diagnosis Code	Description
F01.511	Vascular dementia, unspecified severity, with agitation
F01.518	Vascular dementia, unspecified severity, with other behavioral disturbance
F01.52	Vascular dementia, unspecified severity, with psychotic disturbance
F01.53	Vascular dementia, unspecified severity, with mood disturbance
F01.54	Vascular dementia, unspecified severity, with anxiety
F01.A0	Vascular dementia, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F01.A11	Vascular dementia, mild, with agitation
F01.A18	Vascular dementia, mild, with other behavioral disturbance
F01.A2	Vascular dementia, mild, with psychotic disturbance
F01.A3	Vascular dementia, mild, with mood disturbance
F01.A4	Vascular dementia, mild, with anxiety
F01.B0	Vascular dementia, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F01.B11	Vascular dementia, moderate, with agitation
F01.B18	Vascular dementia, moderate, with other behavioral disturbance
F01.B2	Vascular dementia, moderate, with psychotic disturbance
F01.B3	Vascular dementia, moderate, with mood disturbance
F01.B4	Vascular dementia, moderate, with anxiety
F01.C0	Vascular dementia, severe, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F01.C11	Vascular dementia, severe, with agitation
F01.C18	Vascular dementia, severe, with other behavioral disturbance
F01.C2	Vascular dementia, severe, with psychotic disturbance
F01.C3	Vascular dementia, severe, with mood disturbance
F01.C4	Vascular dementia, severe, with anxiety
F02.811	Dementia in other diseases classified elsewhere, unspecified severity, with agitation
F02.818	Dementia in other diseases classified elsewhere, unspecified severity, with other behavioral disturbance
F02.82	Dementia in other diseases classified elsewhere, unspecified severity, with psychotic disturbance
F02.83	Dementia in other diseases classified elsewhere, unspecified severity, with mood disturbance
F02.84	Dementia in other diseases classified elsewhere, unspecified severity, with anxiety
F02.A0	Dementia in other diseases classified elsewhere, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F02.A11	Dementia in other diseases classified elsewhere, mild, with agitation
F02.A18	Dementia in other diseases classified elsewhere, mild, with other behavioral disturbance
F02.A2	Dementia in other diseases classified elsewhere, mild, with psychotic disturbance
F02.A3	Dementia in other diseases classified elsewhere, mild, with mood disturbance
F02.A4	Dementia in other diseases classified elsewhere, mild, with anxiety

Table 7 – ICD-10 Diagnosis Codes for Bridge Appointments***Reviewed/Updated: August 1, 2023***

Diagnosis Code	Description
F02.B0	Dementia in other diseases classified elsewhere, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F02.B11	Dementia in other diseases classified elsewhere, moderate, with agitation
F02.B18	Dementia in other diseases classified elsewhere, moderate, with other behavioral disturbance
F02.B2	Dementia in other diseases classified elsewhere, moderate, with psychotic disturbance
F02.B3	Dementia in other diseases classified elsewhere, moderate, with mood disturbance
F02.B4	Dementia in other diseases classified elsewhere, moderate, with anxiety
F02.C0	Dementia in other diseases classified elsewhere, severe, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F02.C11	Dementia in other diseases classified elsewhere, severe, with agitation
F02.C18	Dementia in other diseases classified elsewhere, severe, with other behavioral disturbance
F02.C2	Dementia in other diseases classified elsewhere, severe, with psychotic disturbance
F02.C3	Dementia in other diseases classified elsewhere, severe, with mood disturbance
F02.C4	Dementia in other diseases classified elsewhere, severe, with anxiety
F03.911	Unspecified dementia, unspecified severity, with agitation
F03.918	Unspecified dementia, unspecified severity, with other behavioral disturbance
F03.92	Unspecified dementia, unspecified severity, with psychotic disturbance
F03.93	Unspecified dementia, unspecified severity, with mood disturbance
F03.94	Unspecified dementia, unspecified severity, with anxiety
F03.A0	Unspecified dementia, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F03.A11	Unspecified dementia, mild, with agitation
F03.A18	Unspecified dementia, mild, with other behavioral disturbance
F03.A2	Unspecified dementia, mild, with psychotic disturbance
F03.A3	Unspecified dementia, mild, with mood disturbance
F03.A4	Unspecified dementia, mild, with anxiety
F03.B0	Unspecified dementia, moderate, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F03.B11	Unspecified dementia, moderate, with agitation
F03.B18	Unspecified dementia, moderate, with other behavioral disturbance
F03.B2	Unspecified dementia, moderate, with psychotic disturbance
F03.B3	Unspecified dementia, moderate, with mood disturbance
F03.B4	Unspecified dementia, moderate, with anxiety
F03.C0	Unspecified dementia, severe, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety
F03.C11	Unspecified dementia, severe, with agitation
F03.C18	Unspecified dementia, severe, with other behavioral disturbance
F03.C2	Unspecified dementia, severe, with psychotic disturbance
F03.C3	Unspecified dementia, severe, with mood disturbance
F03.C4	Unspecified dementia, severe, with anxiety

Table 7 – ICD-10 Diagnosis Codes for Bridge Appointments***Reviewed/Updated: August 1, 2023***

Diagnosis Code	Description
F06.70	Mild neurocognitive disorder due to known physiological condition without behavioral disturbance
F06.71	Mild neurocognitive disorder due to known physiological condition with behavioral disturbance
F10.90	Alcohol use, unspecified, uncomplicated
F10.91	Alcohol use, unspecified, in remission
F11.91	Opioid use, unspecified, in remission
F12.91	Cannabis use, unspecified, in remission
F13.91	Sedative, hypnotic or anxiolytic use, unspecified, in remission
F14.91	Cocaine use, unspecified, in remission
F15.91	Other stimulant use, unspecified, in remission
F16.91	Hallucinogen use, unspecified, in remission
F18.91	Inhalant use, unspecified, in remission
F20.0	Paranoid schizophrenia
F20.1	Disorganized schizophrenia
F20.2	Catatonic schizophrenia
F20.3	Undifferentiated schizophrenia
F20.5	Residual schizophrenia
F20.8	Other schizophrenia
F20.9	Schizophrenia, unspecified
F22	Delusional disorders
F23	Brief psychotic disorder
F25.0	Schizoaffective disorder, bipolar type
F25.1	Schizoaffective disorder, depressive type
F25.8	Other schizoaffective disorders
F25.9	Schizoaffective disorder, unspecified
F28	Other psychotic disorder not due to a substance or known physiological condition
F29	Unspecified psychosis not due to a substance or known physiological condition
F30.1	Manic episode without psychotic symptoms
F30.2	Manic episode, severe with psychotic symptoms
F30.3	Manic episode in partial remission
F30.4	Manic episode in full remission
F30.8	Other manic episodes
F30.9	Manic episode, unspecified
F32.9	Depressive disorder NOS
F34.1	Dysthymic disorder
F42.2	Mixed obsessional thoughts and acts
F42.3	Hoarding disorder
F42.4	Excoriation (skin-picking) disorder

Table 7 – ICD-10 Diagnosis Codes for Bridge Appointments***Reviewed/Updated: August 1, 2023***

Diagnosis Code	Description
F42.8	Excoriation (skin-picking) disorder
F42.9	Obsessive-compulsive disorder, unspecified
F43.10	Post-traumatic stress disorder, unspecified
F43.11	Post-traumatic stress disorder, acute
F43.12	Post-traumatic stress disorder, chronic
F43.20	Adjustment disorder, unspecified
F43.21	Adjustment disorder with depressed mood
F43.22	Adjustment disorder with anxiety
F43.23	Adjustment disorder with mixed anxiety and depressed mood
F43.24	Adjustment disorder with disturbance of conduct
F43.25	Adjustment disorder with mixed disturbance of emotions and conduct
F43.29	Adjustment disorder with other symptoms
F43.81	Prolonged grief disorder
F43.89	Other reactions to severe stress
F43.9	Reaction to severe stress, unspecified
F84.0	Autistic disorder
F84.2	Rett's syndrome
F84.3	Other childhood disintegrative disorder
F84.5	Asperger's syndrome
F84.8	Other pervasive developmental disorders
F84.9	Pervasive developmental disorder, unspecified
F90.0	Attention-deficit hyperactivity disorder, predominantly inattentive type
F90.1	Attention-deficit hyperactivity disorder, predominantly hyperactive type
F90.2	Attention-deficit hyperactivity disorder, combined type
F90.8	Attention-deficit hyperactivity disorder, other type
F90.9	Attention-deficit hyperactivity disorder, unspecified type
F91.0	Conduct disorder confined to family context
F91.1	Conduct disorder, childhood-onset type
F91.2	Conduct disorder, adolescent-onset type
F91.3	Oppositional defiant disorder
F91.8	Other conduct disorders
F91.9	Conduct disorder, unspecified
F93.8	Other childhood emotional disorders
F93.9	Childhood emotional disorder, unspecified
F94.0	Reactive attachment disorder of childhood
F94.1	Reactive attachment disorder of childhood
F94.2	Disinhibited attachment disorder of childhood
F94.8	Other childhood disorders of social functioning

Table 7 – ICD-10 Diagnosis Codes for Bridge Appointments**Reviewed/Updated: August 1, 2023**

Diagnosis Code	Description
F94.9	Childhood disorder of social functioning, unspecified
F98.0	Enuresis not due to a substance or known physiological condition
F98.1	Encopresis not due to a substance or known physiological condition
F98.21	Rumination disorder of infancy
F98.29	Other feeding disorders of infancy and early childhood
F98.3	Pica of infancy and childhood
F98.4	Stereotyped movement disorder
F98.5	Adult onset fluency disorder
F98.8	Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence
F98.9	Unspecified behavioral and emotional disorders with onset usually occurring in childhood and adolescence
T43.652A	Poisoning by methamphetamines intentional self-harm, initial encounter
T43.652D	Poisoning by methamphetamines intentional self-harm, subsequent encounter
T43.652S	Poisoning by methamphetamines intentional self-harm, sequela
Table 7 Revision History	
<p>August 1, 2023, update: Added (effective October 1, 2016): F42.2, F42.3, F42.4, F42.8, F42.9 Removed (effective October 1, 2016): F42</p> <p>November 29, 2022, update: Added (effective October 1, 2022): T43.652A</p> <p>October 1, 2022, update: Added (effective October 1, 2022): F01.511, F01.518, F01.52–F01.54, F01.A0, F01.A11, F01.A18, F01.A2–F01.A4, F01.B0, F01.B11, F01.B18, F01.B2–F01.B4, F01.C0, F01.C11, F01.C18, F01.C2–F01.C4, F02.811, F02.818, F02.82–F02.84, F02.A0, F02.A11, F02.A18, F02.A2–F02.A4, F02.B0, F02.B11, F02.B18, F02.B2–F02.B4, F02.C0, F02.C11, F02.C18, F02.C2–F02.C4, F03.911, F03.918, F03.92–F03.94, F03.A0, F03.A11, F03.A18, F03.A2–F03.A4, F03.B0, F03.B11, F03.B18, F03.B2, F03.B3, F03.B4, F03.C0, F03.C11, F03.C18, F03.C2–F03.C4, F06.70, F06.71, F10.90, F10.91, F11.91, F12.91, F13.91, F14.91, F15.91, F16.91, F18.91, F43.81, F43.89, T43.652D, T43.652S Removed (effective October 1, 2022): F43.8</p>	