Eligible Service Description	Eligible CPT/HCPCS Code
Psychiatric interactive complexity	90785
Psychiatric diagnostic interview examination	90791, 90792
Individual psychotherapy	90832, 90833, 90834, 90836, 90837, 90838
Psychotherapy for crisis	90839, 90840
Psychoanalysis	90845
Family or group psychotherapy	90846, 90847, 90853
Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device	94664
Developmental screening (e.g., developmental milestone survey, speech, and language delay screen), with scoring and documentation	96110
Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions); each additional 30 minutes	96113
Neurobehavioral testing	96116, 96121
Brief emotional/behavioral assessment	96127
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)	96130, 96131
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)	96132, 96133
Psychological or neuropsychological test administration and scoring, two or more tests, any method	96136, 96137, 96138, 96139

Health behavior assessment or re-	
assessment (e.g., health-focused clinical	96156
interview, behavioral observations, clinical	50130
decision making) Health behavior intervention, individual	96158, 96159
Patient focused health risk assessment	96160, 96161
Caregiver health risk assessment	96161
Health behavior intervention, group	96164, 96165
Health behavior intervention, family (with	50104, 50105
the patient present)	96167, 96168
Individual and group medical nutrition	
therapy	97802, 97083, 97084
Office or other outpatient visit or consult	99201 – 99205, 99211 – 99215
Prolonged service, inpatient or office	99354, 99355
Smoking and tobacco use cessation	
counseling visit	99406, 99407, G0436, G0437
Assessment of and care planning for a	99483
patient with cognitive impairment	99485
Transitional care management services	99495, 99496
Advanced care planning	99497, 99498
Individual and group diabetes self-	G0108, G0109
management training services	G0108, G0109
Medical nutrition therapy; reassessment	
and subsequent intervention(s) for change	G0270
in diagnosis, medical condition, or	
treatment	
regimen	
Counseling visit to discuss need for lung cancer screening using low dose CT scan	G0296
Alcohol and/or substance abuse structured	
assessment	G0396, G0397
Follow-up inpatient telehealth consultations	
furnished to beneficiaries in hospitals or	G0406, G0407, G0408
SNFs	
Telehealth consultations, emergency	00405 00400 00407
department or initial inpatient	G0425, G0426, G0427
Annual wellness visits	G0438, G0439
Alcohol misuse screening, counseling	G0442, G0443
Annual depression screening	G0444
High intensity behavioral counseling to	G0445
prevent sexually transmitted infection	
Annual, face-to-face intensive behavioral	G0446
therapy for cardiovascular disease	G0446

Behavioral counseling for obesity	G0447
Telehealth pharmacologic management	G0459
Comprehensive assessment of and care planning for patients requiring chronic care management services	G0506
Prolonged preventive service	G0513, G0514
Opioid treatment	G2086, G2087, G2088
Brief communication technology-based service (virtual check in) by a qualified healthcare professional	G25251, G5525
Prolonged service with or without direct patient contact on the date of an office or other service	99417
End Stage Renal Disease: Management of all services associated with the monthly care of a patient and has a condition known as end stage renal disease, or ESRD. For this service, the provider sees the patient face-to-face at least four times during the month to accomplish this care.	90951, 90952, 90954, 90955, 90957, 90958, 90960, 90961
End Stage Renal Disease: Management of all the provider related services for one full month for the home dialysis care who has a condition known as end stage renal disease, or ESRD.	90963, 90964, 90965, 90966
End Stage Renal Disease: Management for less than one full month all the daily services associated with the dialysis care of a patient who is younger than 2 years old and has a condition known as end stage renal disease, or ESRD.	90967, 90968, 90969, 90970
E/M service level for a patient receiving subsequent nursing facility care	99307, 99308, 99309, 99310
Additional time on an inpatient or observation evaluation and management service.	99356, 99357
Telehealth consultation, critical care	G0508, G0509
Smoking and tobacco cessation counseling visit for the asymptomatic patient	G0436, G0437

See Evidence of Coverage for a complete description of plan benefits, exclusions,

limitations, and conditions of coverage. Plan features and availability may vary by service area.

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