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COMMON PLACE OF SERVICE CODES IN 2026

AND THEIR DESCRIPTIONS

POS 02

Telehealth - A location where health services and consultations are provided via real-time interactive audio and video telecommunications to a patient at a remote site.

POS 10

Home - A private residence where a patient receives care, typically via home health services.

POS 11

Office - A location other than a hospital, skilled nursing facility, or other facility where health professionals provide medical, diagnostic, and/or treatment services.

POS 12

Home Visit - Healthcare services provided in a patient's home by a medical professional.

POS 27

Outpatient Hospital - A facility where patients receive services without being admitted.

POS 31

Skilled Nursing Facility - A facility providing nursing care and rehabilitation services for patients who need medical or nursing care on an inpatient basis.

POS 32


Nursing Facility - A residential facility providing nursing care for patients.

POS 50

Federally Qualified Health Center (FQHC) - A community-based center providing primary care services in underserved areas, meeting specific criteria for receiving funding.

POS 53

Community Mental Health Center (CMHC) - A facility providing mental health services, including treatment for mental illnesses and emotional disorders.

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THERAPY & ASSESSMENT CPT CODES QUICK REFERENCE (2026)

Psychiatric Assessment Codes

- **90791** – Psychiatric Diagnostic Evaluation
- **90792** – Psychiatric Diagnostic Evaluation with Medical Services

Individual Psychotherapy Codes

Used by licensed therapists and prescribing providers (if no E/M billed)

- 90832** – 30 minutes (16–37 minutes)
- 90834** – 45 minutes (38–52 minutes)
- 90837** – 60 minutes (53+ minutes)

Psychotherapy Add-On Codes (With E/M)

Used when billing therapy with medication management (99202–99215)

- 90833** – 30 min add-on
- 90836** – 45 min add-on
- 90838** – 60 min add-on
- 90785** – Interactive Complexity Add-on to: 90791, 90832–90838, 90846–90847

Family Therapy Related Codes

(Not technically add-ons but often paired in treatment planning)

- **90846** – Family psychotherapy (without patient)
- **90847** – Family psychotherapy (with patient)
- **90849** – Multiple-family group
- **90853** – Group psychotherapy



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TOP E/M CODES

EVALUATION & MANAGEMENT

99202 New Patient - Straightforward Visit (15-29 mins)
New Patient | 15-29 mins)

99203 New Patient - Low Complexity (30-44 mins)
New Patient | 30-44 mins)

99204 New Patient - Moderate Complexity (45-59 mins)
New Patient | 45-59 mins)


99205 New Patient - High Complexity (60-74 mins)
New Patient | 60-74 mins)

99212 Est. Patient - Straightforward Visit (10-19 mins)
Est. Patient | 10-19 mins)

99213 Est. Patient - Low Complexity (20-29 mins)
Est. Patient | 20-29 mins)

99214 Est. Patient - Moderate Complexity (30-39 mins)
Est. Patient | 30-34 mins)

99215 Est. Patient - High Complexity (40-54 mins)
Est. Patient | 40-54 mins)

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TOP MODIFIERS

DESCRIPTIONS & USES

25

Significant, Separate E/M Service

An E/M service was performed on the same day as a procedure.

59

Distinct Procedural Service

Two procedures on the same day were independent, separate & distinct.

95

Synchronous Telehealth Service

Real-time, interactive audio-video telehealth service provided.

KX

Requirements Met

Billing transgender care often involves preventing denials due to **gender marker mismatches**.

GY

— Statutorily Excluded Service

Modifier GY = Item or service statutorily excluded or does not meet the definition of a Medicare benefit.

- The service is **never covered by Medicare**
- You want Medicare to **automatically deny the claim**
- You need a **denial to bill the secondary insurance**
- This generates a **Medicare denial (CO-50 / PR-206 type)** that can be forwarded to secondary.

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