



FFS County of San Diego Funded CPT Codes - Effective 09/01/2024
Physician Assistant & Psychiatric Nurse Practitioner

Note: Providers are responsible for knowing the full description of the CPT code being billed and should review the current AMA American Medical Association CPT codebook for rules and guidelines.

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|---|-----------------|------------------------|---|
| *Modifiers below are required to ensure accurate claims payments for services rendered by telephone, telehealth or to children | | | |
| 93 = Telephone | 95 = Telehealth | SC = Telephone (T1017) | TJ = Services rendered to children |

Office or Other Outpatient Services

| CPT Code | Modifiers | Description | Minutes |
|----------|-----------|---|---------|
| 99202 | 95, TJ | 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. | 15 - 29 |
| 99203 | 95, TJ | 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. | 30 - 44 |
| 99204 | 95, TJ | 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. | 45 - 59 |
| 99205 | 95, TJ | 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. | 60 - 74 |
| 99212 | 95, TJ | 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. | 10 - 19 |
| 99213 | 95, TJ | 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 medical decision making. When using time for code selection 20-29 minutes of total time is spent on the date of the encounter. | 20 - 29 |
| 99214 | 95, TJ | 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 medical decision making. When using time for code selection, 30-39 minutes of total time is spent on the date of the encounter. | 30 - 39 |
| 99215 | 95, TJ | 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. | 40 - 54 |
| 99415 | N/A | Spravato Only - Prolonged office or other outpatient visit additional 60 minutes¹ (max 1 unit) | 60 |
| 99416 | N/A | Spravato Only - Prolonged office or other outpatient visit additional 30 minutes¹ (max 2 units) | 30 |
| 96372 | N/A | All injections regardless of amount or type of medication administered. | N/A |

Note: 1) For Spravato cases – Billing is combination of 99215 and 99415 and 99416 to equate to total service time provided. For example, if total service time is 180 minutes, billable codes would be 99215 (54 min) + 99415 (60 min) + 99416 x 2 (60 min)



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Home Visits

| CPT Code | Modifiers | Description | Minutes |
|----------|-----------|---|---------|
| 99341 | TJ | Home or residence visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. | 15 |
| 99342 | TJ | Home or residence 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. | 30 |
| 99344 | TJ | Home or residence 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. | 60 |
| 99345 | TJ | Home or residence visit for the evaluation and management a new patient, which requires a medically appropriate history and/or examination and high level of medical decision making. | 75 |
| 99347 | TJ | Home or residence visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. | 20 |
| 99348 | TJ | Home or residence 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. | 30 |
| 99349 | TJ | Home or residence 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. | 40 |
| 99350 | TJ | Home or residence 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. | 60 |

Care Coordination

| CPT Code | Modifiers | Description | Minutes |
|----------|------------|--|---------|
| 99366 | 93, 95, TJ | Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more, participation by nonphysician qualified health care professional. (1 unit per day maximum) | N/A |
| 99368 | 93, 95, TJ | Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by nonphysician qualified health care professional. (1 unit per day maximum) | N/A |
| T1017 | SC, TJ | Targeted case management, each 15 minutes | 15 |

Psychiatric Diagnostic Procedures

| CPT Code | Modifiers | Description | Minutes |
|----------|------------|---|---------|
| 90792 | 93, 95, TJ | Psychiatric diagnostic evaluation with medical services | 50 |

Psychotherapy

| CPT Code | Modifiers | Description | Minutes |
|----------|------------|---|---------|
| 90832 | 93, 95, TJ | Psychotherapy, 30 minutes with patient | 30 |
| 90833 | 93, 95, TJ | Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (add on code) | 30 |
| 90834 | 93, 95, TJ | Psychotherapy, 45 minutes with patient | 45 |



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Psychotherapy - Continued

| CPT Code | Modifiers | Description | Minutes |
|----------|------------|---|---------|
| 90836 | 93, 95, TJ | Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (add on code) | 45 |
| 90847 | 93, 95, TJ | Family psychotherapy (conjoint psychotherapy) (with patient present, 50 minutes) | 50 |
| 90853 | 93, 95, TJ | Group psychotherapy (other than of a multiple-family group) | 60 |
| 90867 | N/A | Therapeutic Repetitive Transcranial Magnetic Stimulation (TMS) Treatment; Initial, Including Cortical Mapping, Motor Threshold Determination, Delivery and Management. (1 unit =15 minutes, maximum 1 unit) | 15 |
| 90868 | N/A | Subsequent Delivery and Management of TMS, per session. (1 unit =15 minutes, maximum 30 units) | 15 |
| 90869 | N/A | TMS Treatment Subsequent Motor Threshold Re-Determination with Delivery and Management. (1 unit =15 minutes, maximum 6 units) | 15 |
| 90870 | TJ | Electroconvulsive therapy (includes necessary monitoring) | N/A |

Emergency Department Services

| CPT Code | Modifiers | Description | Minutes |
|----------|-----------|--|---------|
| 90792 | ET, TJ | Emergency Department Visit for the evaluation and management of a patient. | N/A |

Inpatient Services

| CPT Code | Modifiers | Description | Minutes |
|----------|-----------|---|---------|
| 99221 | TJ | Initial Hospital Inpatient or Observation Care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making. | 40 |
| 99222 | TJ | Initial Hospital Inpatient or Observation Care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level medical decision making. . | 55 |
| 99223 | TJ | Initial Hospital Inpatient or Observation Care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level medical decision making. | 75 |
| 99231 | TJ | Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and straightforward or low level medical decision making. | 25 |
| 99232 | TJ | Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and moderate level medical decision making. | 35 |
| 99233 | TJ | Subsequent hospital inpatient or observation care, per day, for the evaluation and management of a patient, which requires a medically appropriate history and/or examination and high level medical decision making. | 50 |
| 99238 | TJ | Hospital inpatient or observation discharge day; 30 minutes or less | <30 |
| 99239 | TJ | Hospital inpatient or observation discharge day; more than 30 minutes | >30 |



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Inpatient Consultations

| CPT Code | Modifiers | Description | Minutes |
|----------|-----------|---|---------|
| 99252 | TJ | Inpatient or observation consultations for a new or established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. | 35 |
| 99253 | TJ | Inpatient or observation consultations for a new or established patient, which requires a medically appropriate history and/or examination and low level of medical decision making. | 45 |
| 99254 | TJ | Inpatient or observation consultations for a new or established patient, which requires a medically appropriate history and/or examination and moderate level of medical decision making. | 60 |
| 99255 | TJ | Inpatient or observation consultations for a new or established patient, which requires a medically appropriate history and/or examination and high level of medical decision making. | 80 |

CANS

| Billing/CPT Code | Modifiers | Description |
|------------------|-----------|--|
| CANS01 | N/A | Child Adolescent Needs & Strength Assessment Training and Certification; includes completion of CANS training and successful certification (1x only/1 unit) – <i>This code is effective 04/01/2019</i> |
| 90889 | HX | Submission of an appropriate CANS Report (1 each/1 unit) |
| CANS03 | N/A | Annual Recertification for Child Adolescent Needs & Strength Assessment (1 annually/1 unit) |