



FFS County of San Diego Funded CPT Codes - Effective 07/01/2025
Physician Assistant

Public Sector San Diego

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.

***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

Office or Other Outpatient Services - Continued

CPT Code	Modifiers	Description	Minutes
99415	N/A	Specific to Spravato Treatment – Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with the physician supervision; first hour (max 1 unit)	60
99416	N/A	Specific to Spravato Treatment – Prolonged clinical staff service (the service beyond the highest time in the range of total time of the service) during an evaluation and management service in the office or outpatient setting, direct patient contact with the physician supervision; each additional 30 minutes (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)

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 of 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 max)	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 max)	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
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 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 = 31-60 minutes, max 1 unit/day)	60
90868	N/A	Subsequent Delivery and Management of TMS, per session. (1 unit = 7-15 minutes, max 1 unit/day)	15
90869	N/A	TMS Treatment Subsequent Motor Threshold Re-Determination with Delivery and Management. (1 unit = 23-45 minutes, max 1 unit/day)	45
90870	TJ	Electroconvulsive therapy (includes necessary monitoring)	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



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Inpatient Services - Continued

CPT Code	Modifiers	Description	Minutes
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

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)