



FFS Medi-Cal Funded CPT Codes and Rates - Effective Date 07/01/2023
Psychiatric Nurse Practitioner & Physician Assistant

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.

Office or Other Outpatient Services

CPT Code	Modifiers	Description	Minutes
99202	95	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	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	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	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	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	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	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	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
G2212	N/A	Prolonged office or other outpatient visit - Specific to Spravato treatment (1 unit =15 minutes, max 8 units)	15
96372	N/A	All injections regardless of amount or type of medication administered.	N/A

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Home Visits

CPT Code	Modifier	Description	Minutes
99341	N/A	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	N/A	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	N/A	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	N/A	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	N/A	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	N/A	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	N/A	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	N/A	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	Expanded Description	Minutes
99366	93, 95	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	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	Targeted case management, each 15 minutes	15

Psychiatric Diagnostic Procedures

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

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Psychotherapy

CPT Code	Modifiers	Description	Minutes
90832	93, 95	Psychotherapy, 30 minutes with patient	30
90833	93, 95	Psychotherapy, 30 minutes with patient when performed with an evaluation and management service (add on code)	30
90834	93, 95	Psychotherapy, 45 minutes with patient	45
90836	93, 95	Psychotherapy, 45 minutes with patient when performed with an evaluation and management service (add on code)	45
90847	93, 95	Family psychotherapy (conjoint psychotherapy) (with patient present, 50 minutes)	50
90853	93, 95	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	N/A	Electroconvulsive therapy (includes necessary monitoring)	N/A

Emergency Department Services

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

Inpatient Services

CPT Code	Modifiers	Description	Minutes
99221	N/A	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	N/A	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	N/A	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	N/A	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

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Inpatient Services (Cont.)

CPT Code	Modifiers	Description	Minutes
99232	N/A	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	N/A	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	N/A	Hospital inpatient or observation discharge day; 30 minutes or less	<30
99239	N/A	Hospital inpatient or observation discharge day; more than 30 minutes	>30

Inpatient Consultations

CPT Code	Modifiers	Description	Minutes
99252	N/A	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	N/A	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	N/A	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	N/A	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

*Modifiers below are required to ensure accurate claims payments for services rendered by telephone or telehealth
93 = Telephone 95 = Telehealth SC = Telephone (T1017 only)

CANS

Billing/CPT Code	Modifiers	Description
CANS01	N/A	Child Adolescent Needs & Strength Assessment Training and Certification; includes completion of RIHS 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)