

Clinical Psychology Procedure Codes & Fee Schedule

eMedNY New York State Medicaid Provider Procedure
Code Manual & Fee Schedule

New York State Medicaid

Office of Health Insurance
Department of Health

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1 DOCUMENT CONTROL PROPERTIES

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2 GENERAL RULES AND INFORMATION

2.1 OVERVIEW

1. The fees in this schedule include payment for the face-to-face encounter (time spent in direct contact) with the patient and/or family, the preparation for that encounter, and the post encounter services including analysis or review of records or tests, updating of records, and communication with the referent or patient through written reports and telephone contact.
2. Codes 90832-90837 describe psychotherapy for the individual patient, although times are for face-to-face services with patient and may include informant(s) (family members, guardians, or significant others). The patient must be present for all or a majority of the service.
3. Code 90853 is to be used to bill per patient for one and one-half hour sessions which involve a minimum of two and a maximum of eight patients seen in the same setting at the same time for a similar therapeutic purpose.
4. Listed fees are the maximum reimbursable Medicaid fees.

3 PROCEDURE CODES

<u>Code</u>	<u>Description</u>	<u>Non-Facility Fee</u>	<u>Facility Fee</u>
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	BR	BR
90785	Interactive complexity (List separately in addition to the code for primary procedure)	11.30	2.46
90791	Psychiatric diagnostic evaluation	127.34	60.38

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90832	Psychotherapy, 30 minutes with patient	55.58	25.21
90834	Psychotherapy, 45 minutes with patient	73.35	37.79
90837	Psychotherapy, 60 minutes with patient	107.37	57.05
90839	Psychotherapy for crisis; first 60 minutes	90.99	N/A
90840	each additional 30 minutes (List separately in addition to code for primary service)	46.64	N/A
90846	Family psychotherapy (without the patient present), 50 minutes	81.66	43.35
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	84.15	52.03
90849	Multiple-family group psychotherapy, 45-60 minutes	25.37	15.08
90853	Group psychotherapy (other than of a multiple family group) (1 and ½ hours, per person, maximum 8 persons per group)	20.40	14.69
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping	BR	BR
96112	Developmental test administration; first hour	92.67	N/A
96113	Developmental test administration; each additional 30 minutes	43.99	N/A
96130	Psychological testing evaluation services; first hour	70.90	58.30
96131	Psychological testing evaluation services; each additional hour	64.61	44.34
96136	Psychological or neuropsychological test administration and scoring; first 30 minutes	32.90	13.23
96137	Psychological or neuropsychological test administration and scoring; each additional 30 minutes	29.47	10.35
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	11.37	N/A
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	20.92	N/A
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	40.60	N/A
G0109	Diabetes outpatient self-management training services, group session (2 or more) per 30 minutes	11.49	N/A
H0049	Alcohol and/or drug screening	23.03	N/A

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H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	23.03	N/A
T1013	Sign Language or oral interpreter services, per 15 minutes	11.11	N/A

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