

**NEW YORK STATE
MEDICAID PROGRAM**

CLINICAL SOCIAL WORKER

FEE SCHEDULE

For QMB Services Approved by Medicare Only

General Information and Instructions

1. The time component described in the services is defined as only that time the clinical social worker (CSW) spends face-to-face (ie, contact time) with the patient. Non-face-to-face time, also called pre- and post-encounter time, is not to be included in calculation of the time component of the coding.
2. The procedure codes listed include payment for the face-to-face encounter with the patient, 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.
3. Codes are only to be used to bill for individual patient sessions which have been approved by Medicare.
4. Code 90853 is to be used to bill **per patient** for group sessions which have been approved by Medicare.

Procedure Codes

- 90806 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an **office** (Practitioner's office), approximately 45 to 50 minutes (37 minutes to 1 hour) face-to-face with patient.
- 90812 Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an **office** (Practitioner's office), approximately 45 to 50 minutes (37 minutes to 1 hour) face-to-face with patient.
- 90818 Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an **inpatient or outpatient** hospital, partial hospital or residential care setting, approximately 45 to 50 minutes (37 minutes to 1 hour) face-to-face with patient.
- 90826 Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication in an **inpatient or outpatient** hospital, partial hospital or residential care setting, approximately 45 to 50 minutes (37 minutes to 1 hour) face-to-face with patient.
- 90853 Group psychotherapy (other than of a multiple-family group), with continuing diagnostic evaluation (**per person**).
- 96100 Psychological testing, with written report, per hour (diagnostic testing approved by Medicare).