

**NEW YORK STATE
MEDICAID PROGRAM**

CLINICAL SOCIAL WORKER

PROCEDURE CODES

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

- 90785 Interactive complexity (List separately in addition to the code for primary procedure)
- 90834 Psychotherapy, 45 minutes with patient and/or family member
- 90837 Psychotherapy, 60 minutes with patient and/or family member
- 90853 Group psychotherapy (other than of a multiple family group), with continuing diagnostic evaluation (**per person**).
- 96101 Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, eg, MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.
- T1013 Sign Language or oral interpreter services, per 15 minutes