

NEW YORK STATE

MEDICAID PROGRAM

CLINICAL PSYCHOLOGY

PROCEDURE CODES &

FEE SCHEDULE

GENERAL INFORMATION AND INSTRUCTIONS

1. The time component described in the services is defined as only that time the psychologist spends face-to-face (ie, contact time) with the patient and/or family. 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 fees in this schedule include payment for the face-to-face encounter 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.
3. Codes for individual psychotherapy are used to bill for sessions which involve the patient alone, the patient and members of his/her family or the family alone.
4. 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.
5. Claims for either psychological testing sessions (code 96101) or individual psychotherapy sessions of greater than one hour must include supporting documentation (eg, the specific test(s) administered and administration time) which describes the extraordinary clinical circumstances requiring an extended session.
6. Listed fees are the maximum reimbursable Medicaid fees.

Clinical Psychology Procedure Codes & Fee Schedule

PROCEDURE CODES

<u>Code</u>	<u>Description</u>	<u>Non-Facility Fee</u>	<u>Facility Fee</u>
70555	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, requiring physician or psychologist administration of entire neurofunctional testing	BR	BR
90785	Interactive complexity (List separately in addition to the code for primary procedure)	2.92	2.44
90791	Psychiatric diagnostic evaluation	93.26	59.78
90834	Psychotherapy, 45 minutes with patient and/or family member	49.46	37.42
90837	Psychotherapy, 60 minutes with patient and/or family member	72.35	56.49
90846	Family psychotherapy (without the patient present)	52.48	42.92
90853	Group psychotherapy (other than of a multiple family group), with continuing diagnostic evaluation. (1 and ½ hours, per person , maximum 8 persons per group)	18.67	14.54
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping, with test administered entirely by a physician or psychologist, with review of test results and report	BR	BR
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. (See Rule 5)	51.43	45.00
H0049	Alcohol and/or drug screening	24.00	NA
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	24.00	NA
T1013	Sign language or oral interpretive services, per 15 minutes	11.00	NA