

NEW YORK STATE PSYCHIATRIC ASSOCIATION, INC.

NATIONAL GOVERNMENT SERVICES - JANUARY AND FEBRUARY 2010 MEDICARE PART B

LOCALITY 1 - MANHATTAN

Codes	CPT Procedures Description	Non-Facility				Facility			
		Medicare Part MFS	Medicare Non Part MFS	Federal Limiting Charge	NYS Limiting Charge	Medicare Part MFS	Medicare Non Part MFS	Federal Limiting Charge	NYS Limiting Charge
90801	Diagnostic Interview	175.06	166.31	191.26	174.62	140.86	133.82	153.89	140.51
90804	Indiv. Psychotherapy Office (20-30) w/out Med Man	71.91	68.31	78.56	71.73	58.79	55.85	64.23	58.64
90805	Indiv. Psychotherapy Office (20-30) with Med Man	81.22	77.16	88.73	81.02	67.17	63.81	73.38	67.00
90806	Indiv. Psychotherapy Office (45-50) w/out Med Man	98.06	93.16	107.13	97.81	90.10	85.60	98.44	89.87
90807	Indiv. Psychotherapy Office (45-50) with Med Man	113.00	107.35	123.45	112.72	98.95	94.00	108.10	98.70
90862	Pharmacology Management	64.73	61.49	70.71	64.57	50.68	48.15	55.37	50.55
99202	Office Visit, New Patient (20 minutes)	79.11	75.15	86.42	86.42	54.29	51.58	59.32	59.32
99203	Office Visit, New Patient (30 minutes)	113.90	108.21	124.44	124.44	81.58	77.50	89.13	89.13
99204	Office Visit, New Patient (45 minutes)	174.54	165.81	190.68	190.68	137.54	130.66	150.26	150.26
99205	Office Visit, New Patient (60 minutes)	218.46	207.54	238.67	238.67	178.18	169.27	194.66	194.66
99213	Office Visit, Established Patient (15 minutes)	76.53	72.70	83.61	83.61	54.05	51.35	59.05	59.05
99214	Office Visit, Established Patient (25 minutes)	114.37	108.65	124.95	124.95	83.46	79.29	91.18	91.18
99215	Office Visit, Established Patient (40 minutes)	153.40	145.73	167.59	167.59	117.81	111.92	128.71	128.71
99222	Initial Hospital Care (50 minutes)	N/A	N/A	N/A	N/A	144.08	136.88	157.41	143.72
99223	Initial Hospital Care (70 minutes)	N/A	N/A	N/A	N/A	211.70	201.12	231.29	211.17
99232	Subsequent Hospital Care (25 minutes)	N/A	N/A	N/A	N/A	77.00	73.15	84.12	76.81
99233	Subsequent Hospital Care (35 minutes)	N/A	N/A	N/A	N/A	110.41	104.89	120.62	110.13
99304	Initial Nursing Facility Care (25 minutes)	95.65	90.87	104.50	95.41	95.65	90.87	104.50	95.41
99305	Initial Nursing Facility Care (35 minutes)	133.74	127.05	146.11	133.41	133.74	127.05	146.11	133.41
99306	Initial Nursing Facility Care (45 minutes)	170.62	162.09	186.40	170.19	170.62	162.09	186.40	170.19
99307	Subsequent Nursing Facility Care (10 minutes)	46.20	43.89	50.47	46.08	46.20	43.89	50.47	46.08
99308	Subsequent Nursing Facility Care (15 minutes)	71.18	67.62	77.76	71.00	71.18	67.62	77.76	71.00
99309	Subsequent Nursing Facility Care (25 minutes)	93.91	89.21	102.59	93.68	93.91	89.21	102.59	93.68