

**NEW YORK STATE PSYCHIATRIC ASSOCIATION
NATIONAL GOVERNMENT SERVICES - 2014 MEDICARE PART B**

LOCALITY 99 - UPSTATE

| 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 |
| 90785 | Interactive Complexity | 14.08 | 13.38 | 15.39 | 14.04 | 14.08 | 13.38 | 15.39 | 14.04 |
| 90791 | Psychiatric Diagnostic Evaluation - Non Medical | 131.33 | 124.76 | 143.47 | 131.00 | 127.28 | 120.92 | 139.06 | 126.96 |
| 90792 | Psychiatric Diagnostic Evaluation - Medical | 141.64 | 134.56 | 154.74 | 141.29 | 137.59 | 130.71 | 150.32 | 137.25 |
| 90832 | Psychotherapy, 30 min | 63.59 | 60.41 | 69.47 | 63.43 | 62.92 | 59.77 | 68.74 | 62.76 |
| 90833 | Psychotherapy, 30 min with an E/M service | 64.94 | 61.69 | 70.94 | 64.78 | 64.60 | 61.37 | 70.58 | 64.44 |
| 90834 | Psychotherapy, 45 min | 84.34 | 80.12 | 92.14 | 84.13 | 84.00 | 79.80 | 91.77 | 83.79 |
| 90836 | Psychotherapy, 45 min with an E/M service | 82.21 | 78.10 | 89.82 | 82.00 | 81.53 | 77.45 | 89.07 | 81.33 |
| 90837 | Psychotherapy, 60 min | 126.27 | 119.96 | 137.95 | 125.95 | 125.60 | 119.32 | 137.22 | 125.29 |
| 90838 | Psychotherapy, 60 min with an E/M service | 108.46 | 103.04 | 118.50 | 108.19 | 107.79 | 102.40 | 117.76 | 107.52 |
| 90839 | Psychotherapy for Crisis - first 60 minutes | 131.94 | 125.34 | 144.14 | 131.61 | 130.93 | 124.38 | 143.04 | 130.60 |
| 90840 | Each additional 30 min with code 90839 | 63.25 | 60.09 | 69.10 | 63.09 | 62.92 | 59.77 | 68.74 | 62.76 |
| 90845 | Medical Psychoanalysis | 90.96 | 86.41 | 99.37 | 90.73 | 90.28 | 85.77 | 98.64 | 90.05 |
| 90846 | Family Therapy without patient present | 102.28 | 97.17 | 111.75 | 102.02 | 101.60 | 96.52 | 111.00 | 101.35 |
| 90847 | Family Therapy with patient present | 105.52 | 100.24 | 115.28 | 105.26 | 104.85 | 99.61 | 114.55 | 104.59 |
| 90849 | Multiple Family Group Psychotherapy | 33.32 | 31.65 | 36.40 | 33.24 | 29.94 | 28.44 | 32.71 | 29.87 |
| 90853 | Group Psychotherapy | 25.90 | 24.61 | 28.30 | 25.84 | 25.22 | 23.96 | 27.55 | 25.16 |
| 90865 | Narcosynthesis | 164.41 | 156.19 | 179.62 | 164.00 | 126.61 | 120.28 | 138.32 | 126.29 |
| 90870 | Electroconvulsive Therapy | 172.14 | 163.53 | 188.06 | 171.71 | 110.05 | 104.55 | 120.23 | 109.77 |
| 90880 | Medical Hypnotherapy | 99.92 | 94.92 | 109.16 | 99.67 | 93.17 | 88.51 | 101.79 | 92.94 |
| 96101 | Psychological Testing (physician) | 79.42 | 75.45 | 86.77 | 79.22 | 78.75 | 74.81 | 86.03 | 78.55 |
| 96102 | Psychological Testing (technician) | 63.17 | 60.01 | 69.01 | 63.01 | 23.01 | 21.86 | 25.14 | 22.95 |

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| 99201 | Office Visit, New Patient (10 mins) | 41.43 | 39.36 | 45.26 | 45.26 | 25.57 | 24.29 | 27.93 | 27.93 |
| 99202 | Office Visit, New Patient (20 min) | 71.42 | 67.85 | 78.03 | 78.03 | 48.81 | 46.37 | 53.33 | 53.33 |
| 99203 | Office Visit, New Patient (30 min) | 103.55 | 98.37 | 113.13 | 113.13 | 74.19 | 70.48 | 81.05 | 81.05 |
| 99204 | Office Visit, New Patient (45 min) | 159.41 | 151.44 | 174.16 | 174.16 | 127.02 | 120.67 | 138.77 | 138.77 |
| 99205 | Office Visit, New Patient (60 min) | 199.02 | 189.07 | 217.43 | 217.43 | 164.26 | 156.05 | 179.46 | 179.46 |
| 99211 | Office Visit, Established Patient (5 min) | 19.17 | 18.21 | 20.94 | 20.94 | 9.05 | 8.60 | 9.89 | 9.89 |
| 99212 | Office Visit, Established Patient (10 min) | 41.76 | 39.67 | 45.62 | 45.62 | 24.55 | 23.32 | 26.82 | 26.82 |
| 99213 | Office Visit, Established Patient (15 min) | 70.15 | 66.64 | 76.64 | 76.64 | 49.90 | 47.41 | 54.52 | 54.52 |
| 99214 | Office Visit, Established Patient (25 min) | 103.68 | 98.50 | 113.28 | 113.28 | 76.69 | 72.86 | 83.79 | 83.79 |
| 99215 | Office Visit, Established Patient (40 min) | 139.07 | 132.12 | 151.94 | 151.94 | 108.02 | 102.62 | 118.01 | 118.01 |
| 99221 | Initial Hospital Care (30 min) | N/A | N/A | N/A | N/A | 98.45 | 93.53 | 107.56 | 98.20 |
| 99222 | Initial Hospital Care (50 min) | N/A | N/A | N/A | N/A | 133.90 | 127.21 | 146.29 | 133.57 |
| 99223 | Initial Hospital Care (70 min) | N/A | N/A | N/A | N/A | 197.55 | 187.67 | 215.82 | 197.06 |
| 99231 | Subsequent Hospital Care (15 min) | N/A | N/A | N/A | N/A | 38.20 | 36.29 | 41.73 | 38.10 |
| 99232 | Subsequent Hospital Care (25 min) | N/A | N/A | N/A | N/A | 70.25 | 66.74 | 76.75 | 70.07 |
| 99233 | Subsequent Hospital Care (35 min) | N/A | N/A | N/A | N/A | 101.25 | 96.19 | 110.62 | 101.00 |
| 99238 | Hospital Discharge Day <30 min | N/A | N/A | N/A | N/A | 70.46 | 66.94 | 76.98 | 70.28 |
| 99239 | Hospital Discharge Day >30 min | N/A | N/A | N/A | N/A | 104.08 | 98.88 | 113.71 | 103.82 |
| 99281 | Emergency Department Visit | N/A | N/A | N/A | N/A | 20.54 | 19.51 | 22.44 | 20.49 |
| 99282 | Emergency Department Visit | N/A | N/A | N/A | N/A | 40.27 | 38.26 | 44.00 | 40.17 |
| 99283 | Emergency Department Visit | N/A | N/A | N/A | N/A | 60.16 | 57.15 | 65.72 | 60.01 |
| 99284 | Emergency Department Visit | N/A | N/A | N/A | N/A | 114.56 | 108.83 | 125.15 | 114.27 |
| 99285 | Emergency Department Visit | N/A | N/A | N/A | N/A | 168.64 | 160.21 | 184.24 | 168.22 |

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| 99304 | Initial Nursing Facility Care (25 min) | 90.17 | 85.66 | 98.51 | 89.94 | 90.17 | 85.66 | 98.51 | 89.94 |
| 99305 | Initial Nursing Facility Care (35 min) | 128.50 | 122.08 | 140.39 | 128.18 | 128.50 | 122.08 | 140.39 | 128.18 |
| 99306 | Initial Nursing Facility Care (45 min) | 163.08 | 154.93 | 178.17 | 162.67 | 163.08 | 154.93 | 178.17 | 162.67 |
| 99307 | Subsequent Nursing Facility Care (10 min) | 43.36 | 41.19 | 47.37 | 43.25 | 43.36 | 41.19 | 47.37 | 43.25 |
| 99308 | Subsequent Nursing Facility Care (15 min) | 66.83 | 63.49 | 73.01 | 66.66 | 66.83 | 63.49 | 73.01 | 66.66 |
| 99309 | Subsequent Nursing Facility Care (25 min) | 88.13 | 83.72 | 96.28 | 87.91 | 88.13 | 83.72 | 96.28 | 87.91 |
| 99310 | Subsequent Nursing Facility Care (35 min) | 131.13 | 124.57 | 143.26 | 130.80 | 131.13 | 124.57 | 143.26 | 130.80 |
| 99341 | Home Visit, New Patient (20 min) | 53.70 | 51.02 | 58.67 | 58.67 | N/A | N/A | N/A | N/A |
| 99342 | Home Visit, New Patient (30 min) | 77.64 | 73.76 | 84.82 | 84.82 | N/A | N/A | N/A | N/A |
| 99343 | Home Visit, New Patient (45 min) | 127.05 | 120.70 | 138.81 | 138.81 | N/A | N/A | N/A | N/A |
| 99344 | Home Visit, New Patient (60 min) | 177.35 | 168.48 | 193.75 | 193.75 | N/A | N/A | N/A | N/A |
| 99345 | Home Visit, New Patient (75 min) | 213.85 | 203.16 | 233.63 | 233.63 | N/A | N/A | N/A | N/A |
| 99347 | Home Visit, Established Patient (15 min) | 54.02 | 51.32 | 59.02 | 59.02 | N/A | N/A | N/A | N/A |
| 99348 | Home Visit, Established Patient (25 min) | 81.87 | 77.78 | 89.45 | 89.45 | N/A | N/A | N/A | N/A |
| 99349 | Home Visit, Established Patient (40 min) | 124.00 | 117.80 | 135.47 | 135.47 | N/A | N/A | N/A | N/A |
| 99350 | Home Visit, Established Patient (60 min) | 172.75 | 164.11 | 188.73 | 188.73 | N/A | N/A | N/A | N/A |
| 99354 | Prolonged Service, Office | 97.06 | 92.21 | 106.04 | 96.82 | 90.64 | 86.11 | 99.03 | 90.41 |
| 99355 | Prolonged Service, Office | 95.03 | 90.28 | 103.82 | 94.79 | 88.62 | 84.19 | 96.82 | 88.40 |
| 99356 | Prolonged Service, Inpatient | N/A | N/A | N/A | N/A | 89.51 | 85.03 | 97.78 | 89.29 |
| 99357 | Prolonged Service, Inpatient | N/A | N/A | N/A | N/A | 88.83 | 84.39 | 97.05 | 88.61 |

FACILITY: INPATIENT HOSPITAL, OUTPATIENT HOSPITAL, HOSPITAL EMERGENCY, PARTIAL HOSPITAL, SNF (only when stay covered by Part A)

NON-FACILITY: OFFICE, HOME, ADULT HOME, SNF (except as provided above), ICF, CLINIC