

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

LOCALITY 3 - Columbia, Delaware, Dutchess, Greene, Orange, Putnam, Sullivan, Ulster

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	14.71	13.97	16.07	14.67	14.71	13.97	16.07	14.67
90791	Psychiatric Diagnostic Evaluation - Non Medical	137.85	130.96	150.60	137.51	133.25	126.59	145.58	132.92
90792	Psychiatric Diagnostic Evaluation - Medical	148.44	141.02	162.17	148.07	143.84	136.65	157.15	143.48
90832	Psychotherapy, 30 min	66.67	63.34	72.84	66.50	65.90	62.61	72.00	65.74
90833	Psychotherapy, 30 min with an E/M service	68.20	64.79	74.51	68.03	67.82	64.43	74.09	67.65
90834	Psychotherapy, 45 min	88.38	83.96	96.55	88.16	87.99	83.59	96.13	87.77
90836	Psychotherapy, 45 min with an E/M service	86.21	81.90	94.19	85.99	85.44	81.17	93.35	85.23
90837	Psychotherapy, 60 min	132.10	125.50	144.33	131.77	131.34	124.77	143.49	131.01
90838	Psychotherapy, 60 min with an E/M service	113.92	108.22	124.45	113.64	113.15	107.49	123.61	112.87
90839	Psychotherapy for Crisis - first 60 minutes	137.96	131.06	150.72	137.62	136.81	129.97	149.47	136.47
90840	Each additional 30 min with code 90839	66.28	62.97	72.42	66.11	65.90	62.61	72.00	65.74
90845	Medical Psychoanalysis	95.45	90.68	104.28	95.21	94.68	89.95	103.44	94.44
90846	Family Therapy without patient present	107.16	101.80	117.07	106.89	106.39	101.07	116.23	106.12
90847	Family Therapy with patient present	110.39	104.87	120.60	110.11	109.63	104.15	119.77	109.36
90849	Multiple Family Group Psychotherapy	35.78	33.99	39.09	35.69	31.95	30.35	34.90	31.87
90853	Group Psychotherapy	27.35	25.98	29.88	27.28	26.58	25.25	29.04	26.51
90865	Narcosynthesis	176.14	167.33	192.43	175.70	133.21	126.55	145.53	132.88
90870	Electroconvulsive Therapy	186.44	177.12	203.69	185.97	115.91	110.11	126.63	115.62
90880	Medical Hypnotherapy	105.22	99.96	114.95	104.96	97.56	92.68	106.58	97.32
96101	Psychological Testing (physician)	83.23	79.07	90.93	83.02	82.46	78.34	90.09	82.25
96102	Psychological Testing (technician)	70.08	66.58	76.57	69.90	24.47	23.25	26.74	24.41

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99201	Office Visit, New Patient (10 mins)	45.67	43.39	49.90	49.90	27.66	26.28	30.22	30.22
99202	Office Visit, New Patient (20 min)	78.30	74.39	85.55	85.55	52.61	49.98	57.48	57.48
99203	Office Visit, New Patient (30 min)	113.75	108.06	124.27	124.27	80.40	76.38	87.84	87.84
99204	Office Visit, New Patient (45 min)	174.40	165.68	190.53	190.53	137.60	130.72	150.33	150.33
99205	Office Visit, New Patient (60 min)	216.83	205.99	236.89	236.89	177.35	168.48	193.75	193.75
99211	Office Visit, Established Patient (5 min)	21.16	20.10	23.12	23.12	9.66	9.18	10.56	10.56
99212	Office Visit, Established Patient (10 min)	46.05	43.75	50.31	50.31	26.51	25.18	28.96	28.96
99213	Office Visit, Established Patient (15 min)	76.68	72.85	83.78	83.78	53.68	51.00	58.65	58.65
99214	Office Visit, Established Patient (25 min)	112.97	107.32	123.42	123.42	82.30	78.19	89.92	89.92
99215	Office Visit, Established Patient (40 min)	151.00	143.45	164.97	164.97	115.74	109.95	126.44	126.44
99221	Initial Hospital Care (30 min)	N/A	N/A	N/A	N/A	106.48	101.16	116.33	106.21
99222	Initial Hospital Care (50 min)	N/A	N/A	N/A	N/A	144.42	137.20	157.78	144.06
99223	Initial Hospital Care (70 min)	N/A	N/A	N/A	N/A	212.46	201.84	232.12	211.93
99231	Subsequent Hospital Care (15 min)	N/A	N/A	N/A	N/A	40.94	38.89	44.72	40.84
99232	Subsequent Hospital Care (25 min)	N/A	N/A	N/A	N/A	75.10	71.35	82.05	74.91
99233	Subsequent Hospital Care (35 min)	N/A	N/A	N/A	N/A	108.15	102.74	118.15	107.88
99238	Hospital Discharge Day <30 min	N/A	N/A	N/A	N/A	75.64	71.86	82.64	75.45
99239	Hospital Discharge Day >30 min	N/A	N/A	N/A	N/A	111.81	106.22	122.15	111.53
99281	Emergency Department Visit	N/A	N/A	N/A	N/A	21.89	20.80	23.92	21.84
99282	Emergency Department Visit	N/A	N/A	N/A	N/A	43.14	40.98	47.13	43.03
99283	Emergency Department Visit	N/A	N/A	N/A	N/A	64.24	61.03	70.18	64.08
99284	Emergency Department Visit	N/A	N/A	N/A	N/A	122.68	116.55	134.03	122.37
99285	Emergency Department Visit	N/A	N/A	N/A	N/A	180.08	171.08	196.74	179.63

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		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
99304	Initial Nursing Facility Care (25 min)	97.57	92.69	106.59	97.33	97.57	92.69	106.59	97.32
99305	Initial Nursing Facility Care (35 min)	139.07	132.12	151.94	138.72	139.07	132.12	151.94	138.72
99306	Initial Nursing Facility Care (45 min)	175.75	166.96	192.00	175.31	175.75	166.96	192.00	175.31
99307	Subsequent Nursing Facility Care (10 min)	46.61	44.28	50.92	46.49	46.61	44.28	50.92	46.49
99308	Subsequent Nursing Facility Care (15 min)	72.06	68.46	78.73	71.88	72.06	68.46	78.73	71.88
99309	Subsequent Nursing Facility Care (25 min)	94.69	89.96	103.45	94.45	94.69	89.96	103.45	94.45
99310	Subsequent Nursing Facility Care (35 min)	140.91	133.86	153.94	140.56	140.91	133.86	153.94	140.56
99341	Home Visit, New Patient (20 min)	57.81	54.92	63.16	63.16	N/A	N/A	N/A	N/A
99342	Home Visit, New Patient (30 min)	83.49	79.32	91.22	91.22	N/A	N/A	N/A	N/A
99343	Home Visit, New Patient (45 min)	136.24	129.43	148.84	148.84	N/A	N/A	N/A	N/A
99344	Home Visit, New Patient (60 min)	190.33	180.81	207.93	207.93	N/A	N/A	N/A	N/A
99345	Home Visit, New Patient (75 min)	229.38	217.91	250.60	250.60	N/A	N/A	N/A	N/A
99347	Home Visit, Established Patient (15 min)	58.22	55.31	63.61	63.61	N/A	N/A	N/A	N/A
99348	Home Visit, Established Patient (25 min)	87.93	83.53	96.06	96.06	N/A	N/A	N/A	N/A
99349	Home Visit, Established Patient (40 min)	132.91	126.26	145.20	145.20	N/A	N/A	N/A	N/A
99350	Home Visit, Established Patient (60 min)	185.56	176.28	202.72	202.72	N/A	N/A	N/A	N/A
99354	Prolonged Service, Office	104.42	99.20	114.08	104.16	97.14	92.28	106.12	96.90
99355	Prolonged Service, Office	102.12	97.01	111.56	101.86	94.84	90.10	103.62	94.60
99356	Prolonged Service, Inpatient	N/A	N/A	N/A	N/A	96.12	91.31	105.01	95.88
99357	Prolonged Service, Inpatient	N/A	N/A	N/A	N/A	95.35	90.58	104.17	95.11

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