

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

**LOCALITY 4 - QUEENS**

| 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                          | 15.73             | 14.94                 | 17.18                   | <b>15.69</b>        | 15.73             | 14.94                 | 17.18                   | <b>15.69</b>        |
| 90791 | Psychiatric Diagnostic Evaluation - Non Medical | 147.84            | 140.45                | 161.52                  | <b>147.47</b>       | 142.70            | 135.57                | 155.91                  | <b>142.34</b>       |
| 90792 | Psychiatric Diagnostic Evaluation - Medical     | 159.02            | 151.07                | 173.73                  | <b>158.62</b>       | 153.88            | 146.19                | 168.12                  | <b>153.50</b>       |
| 90832 | Psychotherapy, 30 min                           | 71.46             | 67.89                 | 78.07                   | <b>71.28</b>        | 70.61             | 67.08                 | 77.14                   | <b>70.43</b>        |
| 90833 | Psychotherapy, 30 min with an E/M service       | 73.18             | 69.52                 | 79.95                   | <b>73.00</b>        | 72.75             | 69.11                 | 79.48                   | <b>72.57</b>        |
| 90834 | Psychotherapy, 45 min                           | 94.71             | 89.97                 | 103.47                  | <b>94.47</b>        | 94.28             | 89.57                 | 103.01                  | <b>94.04</b>        |
| 90836 | Psychotherapy, 45 min with an E/M service       | 92.41             | 87.79                 | 100.96                  | <b>92.18</b>        | 91.55             | 86.97                 | 100.02                  | <b>91.32</b>        |
| 90837 | Psychotherapy, 60 min                           | 141.41            | 134.34                | 154.49                  | <b>141.06</b>       | 140.55            | 133.52                | 153.55                  | <b>140.20</b>       |
| 90838 | Psychotherapy, 60 min with an E/M service       | 122.25            | 116.14                | 133.56                  | <b>121.94</b>       | 121.39            | 115.32                | 132.62                  | <b>121.09</b>       |
| 90839 | Psychotherapy for Crisis - first 60 minutes     | 147.62            | 140.24                | 161.28                  | <b>147.25</b>       | 146.33            | 139.01                | 159.86                  | <b>145.96</b>       |
| 90840 | Each additional 30 min with code 90839          | 71.03             | 67.48                 | 77.60                   | <b>70.85</b>        | 70.61             | 67.08                 | 77.14                   | <b>70.43</b>        |
| 90845 | Medical Psychoanalysis                          | 102.36            | 97.24                 | 111.83                  | <b>102.10</b>       | 101.50            | 96.43                 | 110.89                  | <b>101.25</b>       |
| 90846 | Family Therapy without patient present          | 114.80            | 109.06                | 125.42                  | <b>114.51</b>       | 113.95            | 108.25                | 124.49                  | <b>113.67</b>       |
| 90847 | Family Therapy with patient present             | 118.16            | 112.25                | 129.09                  | <b>117.86</b>       | 117.30            | 111.44                | 128.16                  | <b>117.01</b>       |
| 90849 | Multiple Family Group Psychotherapy             | 38.89             | 36.95                 | 42.49                   | <b>38.79</b>        | 34.60             | 32.87                 | 37.80                   | <b>34.51</b>        |
| 90853 | Group Psychotherapy                             | 29.46             | 27.99                 | 32.19                   | <b>29.39</b>        | 28.60             | 27.17                 | 31.25                   | <b>28.53</b>        |
| 90865 | Narcosynthesis                                  | 191.10            | 181.55                | 208.78                  | <b>190.62</b>       | 143.07            | 135.92                | 156.31                  | <b>142.71</b>       |
| 90870 | Electroconvulsive Therapy                       | 203.52            | 193.34                | 222.34                  | <b>203.01</b>       | 124.62            | 118.39                | 136.15                  | <b>124.31</b>       |
| 90880 | Medical Hypnotherapy                            | 113.06            | 107.41                | 123.52                  | <b>112.78</b>       | 104.48            | 99.26                 | 114.15                  | <b>104.22</b>       |
| 96101 | Psychological Testing (physician)               | 89.18             | 84.72                 | 97.43                   | <b>88.96</b>        | 88.33             | 83.91                 | 96.50                   | <b>88.11</b>        |
| 96102 | Psychological Testing (technician)              | 77.51             | 73.63                 | 84.67                   | <b>77.32</b>        | 26.48             | 25.16                 | 28.93                   | <b>26.41</b>        |

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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 |
| 99201 | Office Visit, New Patient (10 mins)        | 50.39             | 47.87                 | 55.05                   | <b>55.05</b>        | 30.24             | 28.73                 | 33.04                   | <b>33.04</b>        |
| 99202 | Office Visit, New Patient (20 min)         | 86.13             | 81.82                 | 94.09                   | <b>94.09</b>        | 57.40             | 54.53                 | 62.71                   | <b>62.71</b>        |
| 99203 | Office Visit, New Patient (30 min)         | 125.35            | 119.08                | 136.94                  | <b>136.94</b>       | 88.05             | 83.65                 | 96.20                   | <b>96.20</b>        |
| 99204 | Office Visit, New Patient (45 min)         | 191.81            | 182.22                | 209.55                  | <b>209.55</b>       | 150.65            | 143.12                | 164.59                  | <b>164.59</b>       |
| 99205 | Office Visit, New Patient (60 min)         | 237.90            | 226.01                | 259.91                  | <b>259.91</b>       | 193.73            | 184.04                | 211.65                  | <b>211.65</b>       |
| 99211 | Office Visit, Established Patient (5 min)  | 23.34             | 22.17                 | 25.50                   | <b>25.50</b>        | 10.47             | 9.95                  | 11.44                   | <b>11.44</b>        |
| 99212 | Office Visit, Established Patient (10 min) | 50.82             | 48.28                 | 55.52                   | <b>55.52</b>        | 28.95             | 27.50                 | 31.63                   | <b>31.63</b>        |
| 99213 | Office Visit, Established Patient (15 min) | 84.21             | 80.00                 | 92.00                   | <b>92.00</b>        | 58.48             | 55.56                 | 63.89                   | <b>63.89</b>        |
| 99214 | Office Visit, Established Patient (25 min) | 123.83            | 117.64                | 135.29                  | <b>135.29</b>       | 89.53             | 85.05                 | 97.81                   | <b>97.81</b>        |
| 99215 | Office Visit, Established Patient (40 min) | 165.20            | 156.94                | 180.48                  | <b>180.48</b>       | 125.75            | 119.46                | 137.38                  | <b>137.38</b>       |
| 99221 | Initial Hospital Care (30 min)             | N/A               | N/A                   | N/A                     | <b>N/A</b>          | 116.47            | 110.65                | 127.25                  | <b>116.18</b>       |
| 99222 | Initial Hospital Care (50 min)             | N/A               | N/A                   | N/A                     | <b>N/A</b>          | 157.66            | 149.78                | 172.25                  | <b>157.27</b>       |
| 99223 | Initial Hospital Care (70 min)             | N/A               | N/A                   | N/A                     | <b>N/A</b>          | 231.47            | 219.90                | 252.89                  | <b>230.89</b>       |
| 99231 | Subsequent Hospital Care (15 min)          | N/A               | N/A                   | N/A                     | <b>N/A</b>          | 44.50             | 42.28                 | 48.62                   | <b>44.39</b>        |
| 99232 | Subsequent Hospital Care (25 min)          | N/A               | N/A                   | N/A                     | <b>N/A</b>          | 81.48             | 77.41                 | 89.02                   | <b>81.28</b>        |
| 99233 | Subsequent Hospital Care (35 min)          | N/A               | N/A                   | N/A                     | <b>N/A</b>          | 117.27            | 111.41                | 128.12                  | <b>116.98</b>       |
| 99238 | Hospital Discharge Day <30 min             | N/A               | N/A                   | N/A                     | <b>N/A</b>          | 82.23             | 78.12                 | 89.84                   | <b>82.02</b>        |
| 99239 | Hospital Discharge Day >30 min             | N/A               | N/A                   | N/A                     | <b>N/A</b>          | 121.63            | 115.55                | 132.88                  | <b>121.33</b>       |
| 99281 | Emergency Department Visit                 | N/A               | N/A                   | N/A                     | <b>N/A</b>          | 23.73             | 22.54                 | 25.92                   | <b>23.67</b>        |
| 99282 | Emergency Department Visit                 | N/A               | N/A                   | N/A                     | <b>N/A</b>          | 46.93             | 44.58                 | 51.27                   | <b>46.81</b>        |
| 99283 | Emergency Department Visit                 | N/A               | N/A                   | N/A                     | <b>N/A</b>          | 69.75             | 66.26                 | 76.20                   | <b>69.58</b>        |
| 99284 | Emergency Department Visit                 | N/A               | N/A                   | N/A                     | <b>N/A</b>          | 133.47            | 126.80                | 145.82                  | <b>133.14</b>       |
| 99285 | Emergency Department Visit                 | N/A               | N/A                   | N/A                     | <b>N/A</b>          | 195.55            | 185.77                | 213.64                  | <b>195.06</b>       |

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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)    | 106.67            | 101.34                | 116.54                  | <b>106.40</b>       | 106.67            | 101.34                | 116.54                  | <b>106.40</b>       |
| 99305 | Initial Nursing Facility Care (35 min)    | 152.08            | 144.48                | 166.15                  | <b>151.70</b>       | 152.08            | 144.48                | 166.15                  | <b>151.70</b>       |
| 99306 | Initial Nursing Facility Care (45 min)    | 191.65            | 182.07                | 209.38                  | <b>191.17</b>       | 191.65            | 182.07                | 209.38                  | <b>191.17</b>       |
| 99307 | Subsequent Nursing Facility Care (10 min) | 50.70             | 48.17                 | 55.40                   | <b>50.57</b>        | 50.70             | 48.17                 | 55.40                   | <b>50.57</b>        |
| 99308 | Subsequent Nursing Facility Care (15 min) | 78.54             | 74.61                 | 85.80                   | <b>78.34</b>        | 78.54             | 74.61                 | 85.80                   | <b>78.34</b>        |
| 99309 | Subsequent Nursing Facility Care (25 min) | 102.97            | 97.82                 | 112.49                  | <b>102.71</b>       | 102.97            | 97.82                 | 112.49                  | <b>102.71</b>       |
| 99310 | Subsequent Nursing Facility Care (35 min) | 153.28            | 145.62                | 167.46                  | <b>152.90</b>       | 153.28            | 145.62                | 167.46                  | <b>152.90</b>       |
| 99341 | Home Visit, New Patient (20 min)          | 63.00             | 59.85                 | 68.83                   | <b>68.83</b>        | N/A               | N/A                   | N/A                     | <b>N/A</b>          |
| 99342 | Home Visit, New Patient (30 min)          | 90.95             | 86.40                 | 99.36                   | <b>99.36</b>        | N/A               | N/A                   | N/A                     | <b>N/A</b>          |
| 99343 | Home Visit, New Patient (45 min)          | 148.14            | 140.73                | 161.84                  | <b>161.84</b>       | N/A               | N/A                   | N/A                     | <b>N/A</b>          |
| 99344 | Home Visit, New Patient (60 min)          | 206.97            | 196.62                | 226.11                  | <b>226.11</b>       | N/A               | N/A                   | N/A                     | <b>N/A</b>          |
| 99345 | Home Visit, New Patient (75 min)          | 249.35            | 236.88                | 272.41                  | <b>272.41</b>       | N/A               | N/A                   | N/A                     | <b>N/A</b>          |
| 99347 | Home Visit, Established Patient (15 min)  | 63.48             | 60.31                 | 69.36                   | <b>69.36</b>        | N/A               | N/A                   | N/A                     | <b>N/A</b>          |
| 99348 | Home Visit, Established Patient (25 min)  | 95.66             | 90.88                 | 104.51                  | <b>104.51</b>       | N/A               | N/A                   | N/A                     | <b>N/A</b>          |
| 99349 | Home Visit, Established Patient (40 min)  | 144.37            | 137.15                | 157.72                  | <b>157.72</b>       | N/A               | N/A                   | N/A                     | <b>N/A</b>          |
| 99350 | Home Visit, Established Patient (60 min)  | 201.90            | 191.81                | 220.58                  | <b>220.58</b>       | N/A               | N/A                   | N/A                     | <b>N/A</b>          |
| 99354 | Prolonged Service, Office                 | 113.70            | 108.02                | 124.22                  | <b>113.42</b>       | 105.56            | 100.28                | 115.32                  | <b>105.30</b>       |
| 99355 | Prolonged Service, Office                 | 111.13            | 105.57                | 121.41                  | <b>110.85</b>       | 102.98            | 97.83                 | 112.50                  | <b>102.72</b>       |
| 99356 | Prolonged Service, Inpatient              | N/A               | N/A                   | N/A                     | <b>N/A</b>          | 104.57            | 99.34                 | 114.24                  | <b>104.31</b>       |
| 99357 | Prolonged Service, Inpatient              | N/A               | N/A                   | N/A                     | <b>N/A</b>          | 103.71            | 98.52                 | 113.30                  | <b>103.45</b>       |

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