

# Clinical Psychology Procedure Codes & Fee Schedule

eMedNY New York State Medicaid Provider Procedure  
Code Manual & Fee Schedule

## **New York State Medicaid**

Office of Health Insurance

Department of Health

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## 1 DOCUMENT CONTROL PROPERTIES

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## 2 GENERAL RULES AND INFORMATION

### 2.1 OVERVIEW

- The fees in this schedule include payment for the face-to-face encounter (time spent in direct contact) 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.
- Codes 90832-90837 describe psychotherapy for the individual patient, although times are for face-to-face services with patient and may include informant(s) (family members, guardians, or significant others). The patient must be present for all or a majority of the service.
- 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.
- Listed fees are the maximum reimbursable Medicaid fees.

## 3 PROCEDURE CODES

<u>Code</u>	<u>Description</u>	<u>Non-Facility Fee</u>	<u>Facility Fee</u>
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofunctional testing	BR	BR
90785	Interactive complexity (List separately in addition to the code for primary procedure)	11.96	2.46
90791	Psychiatric diagnostic evaluation	168.79	60.38

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90832	Psychotherapy, 30 minutes with patient	79.25	25.21
90834	Psychotherapy, 45 minutes with patient	104.59	37.79
90837	Psychotherapy, 60 minutes with patient	153.07	57.05
90839	Psychotherapy for crisis; first 60 minutes	120.68	N/A
90840	each additional 30 minutes (List separately in addition to code for primary service)	61.85	N/A
90846	Family psychotherapy (without the patient present), 50 minutes	99.11	43.35
90847	Family psychotherapy (conjoint psychotherapy) (with patient present), 50 minutes	102.81	52.03
90849	Multiple-family group psychotherapy, 45-60 minutes	36.19	15.08
90853	Group psychotherapy (other than of a multiple family group) (1 and ½ hours, per person, maximum 8 persons per group)	27.76	14.69
96020	Neurofunctional testing selection and administration during noninvasive imaging functional brain mapping	BR	BR
96112	Developmental test administration; first hour	104.86	N/A
96113	Developmental test administration; each additional 30 minutes	49.76	N/A
96130	Psychological testing evaluation services; first hour	98.33	58.30
96131	Psychological testing evaluation services; each additional hour	73.11	44.34
96132	Evaluation of neuropsychological test, first hour	107.63	57.09
96133	Evaluation of neuropsychological test, each additional hour	83.43	43.76
96136	Psychological or neuropsychological test administration and scoring; first 30 minutes	37.22	13.23
96137	Psychological or neuropsychological test administration and scoring; each additional 30 minutes	33.35	10.35
98970	Qualified non-physician healthcare professional online assessment and management, for an established patient, for up to seven days, cumulative time during the seven days; five to 10 minutes. *This code is limited to eVisits only.	9.42	N/A
98971	Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the seven days; 11 to 20 minutes. *This code is limited to eVisits only.	16.61	N/A

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98972	Qualified non-physician healthcare professional online assessment and management service, for an established patient, for up to seven days, cumulative time during the seven days; 21 or more minutes. minutes. *This code is limited to eVisits only.	25.74	N/A
99406	Smoking and tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	12.86	N/A
99407	Smoking and tobacco use cessation counseling visit; intensive, greater than 10 minutes	23.66	N/A
G0108	Diabetes outpatient self-management training services, individual, per 30 minutes	45.95	N/A
G0109	Diabetes outpatient self-management training services, group session (2 or more) per 30 minutes	13.00	N/A
H0049	Alcohol and/or drug screening	23.03	N/A
H0050	Alcohol and/or drug services, brief intervention, per 15 minutes	23.03	N/A
T1013	Sign Language or oral interpreter services, per 15 minutes	11.11	N/A