

Alternative Payment Fee Schedule For Hospital OP

Revised for 1/1/2024 Updates

Rate Code	Rate Code Description	Rate					Rate End Date
		9/1/2009	10/1/2009	4/1/2022	3/1/2023	4/1/2023	
1226	Fitting Of Spectacles; Monofocal; Bifocal; Multifocal	\$47.06	\$47.06	N/A	N/A	N/A	1/1/2011 ⁽¹⁾
1227	Fitting of spectacles plus eyeglass material - DOWNSTATE	\$104.40	\$104.40	N/A	N/A	N/A	1/1/2011 ⁽¹⁾
1227	Fitting of spectacles plus eyeglass material - UPSTATE	\$134.41	\$134.41	N/A	N/A	N/A	1/1/2011 ⁽¹⁾
1228	Comprehensive wheelchair evaluation and management		\$302.00	\$305.02	\$305.02	\$324.85	
3257	SBHC-Individ LCSW/LMSW Service 20-30 min w/patient (LCSW/LMSW) ⁽²⁾	\$41.00	\$41.00	\$41.41	\$41.41	\$44.10	
3258	SBHC - Individ LCSW/LMSW Service 45-50 min with patient (LCSW/LMSW) ⁽²⁾	\$62.00	\$62.00	\$62.62	\$62.62	\$66.69	
3259	SBHC - Family LCSW/LMSW Service with or w/o patient present (LCSW/LMSW) ⁽²⁾	\$70.00	\$70.00	\$70.70	\$70.70	\$75.30	
3260	SBHC-Individ LMHC/LMFT Service 20-30 min w/patient				\$41.41	\$44.10	
3261	SBHC-Individ LMHC/LMFT Service 45-50 min w/patient				\$62.62	\$66.69	
3262	SBHC-Fam Srvcs LMHC/LMFT with or w/o p/t present				\$70.70	\$75.30	
4222	Individ LMHC/LMFT Services 20-30 min w/patient				\$41.41	\$44.10	
4223	Individ LMHC/LMFT Services 45-50 min w/patient				\$62.62	\$66.69	
4224	Family Srvcs LMHC/LMFT with or w/o p/t present				\$70.70	\$75.30	
4257	Individ LCSW/LMSW Service 20-30 min with the patient (LCSW/LMSW) ⁽²⁾	\$41.00	\$41.00	\$41.41	\$41.41	\$44.10	
4258	Individ LCSW/LMSW Service 45-50 min with the patient (LCSW/LMSW) ⁽²⁾	\$62.00	\$62.00	\$62.62	\$62.62	\$66.69	
4259	Family LCSW/LMSW Service with or w/o the patient present (LCSW/LMSW) ⁽²⁾	\$70.00	\$70.00	\$70.70	\$70.70	\$75.30	

Note: ⁽¹⁾ Rate Codes 1226 and 1227 are now paid thru APGs.

⁽²⁾ This service had been limited to under age 21 and pregnant women, however, the restriction was removed effective 1/1/2024.