

**Foster Care Article 29-I Other Limited Health Services Schedule Summary  
May-21**

Service Description	Rate Code	Unit	Upstate	Downstate	Statewide (where applicable)
Alcohol and /or Drug Screening, Testing, Treatment	4588	15 min	\$39.70	\$47.38	N/A
Developmental Test Administration	4589	15 min	\$29.30	\$34.97	N/A
Psychotherapy (Individual and Family)	4590	15 min	\$33.57	\$40.06	N/A
Psychotherapy Group	4591	15 min	\$11.63	\$12.92	N/A
Neuropsychological Testing/Evaluation Services	4592	15 min	\$32.56	\$38.86	N/A
Psychiatric Diagnostic Examination	4593	15 min	\$48.84	\$58.28	N/A
Office Visit	4594	15 min	\$48.26	\$63.04	N/A
Smoking Cessation treatment	4595	15 min	\$17.95	\$21.41	N/A
ECG	4596	Per occurrence	N/A	N/A	\$15.00
Screening - Developmental/Emotional/Behavioral	4597	Per occurrence	\$59.08	\$70.50	N/A
Hearing and Evaluation of Speech	4598	15 min	N/A	N/A	\$8.29
Immunization (Administration)	4599	Per occurrence	N/A	N/A	\$17.85
Lab: Lithium	4600	Per Laboratory Procedure	N/A	N/A	\$8.00
Lab: Urinalysis, by dip stick or tablet reagent Lab: Urinalysis, by dip stick or tablet reagent Lab: Urinalysis; Bacterium scree, except B	4671	Per Laboratory Procedure	N/A	N/A	\$2.00
Infectious agent antigen detection by immunoassay technique (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV-2 [COVID19])	4672	Per Laboratory Procedure	N/A	N/A	\$45.23
Lab: Urine pregnancy test, by visual color comparison methods	4674	Per Laboratory Procedure	N/A	N/A	\$2.00
Lab: Hemoglobin; glycosylated (A1C)	4675	Per Laboratory Procedure	N/A	N/A	\$11.00
Blood count; Hemoglobin (HGB)	4676	Per Laboratory Procedure	N/A	N/A	\$2.00
Lab: Antibody; HIV-1	4677	Per Laboratory Procedure	N/A	N/A	\$11.00
Lab: Smear, primary source with Interpretation	4678	Per Laboratory Procedure	N/A	N/A	\$4.00
Lab: Infectious agent detection by nucleic ac	4679	Per Laboratory Procedure	N/A	N/A	\$97.00
Lab: Infectious agent detection by immunoassay	4680	Per Laboratory Procedure	N/A	N/A	\$4.00
Lab: Infectious agent antigen detection by IM (Influenza rapid test)	4681	Per Laboratory Procedure	N/A	N/A	\$15.00
Lab: Molecular PCR Test	4682	Per Laboratory Procedure	N/A	N/A	\$51.31
COVID-19 Specimen Collection (can be reimbursed if specimen collection is a standalone service not associated with an office visit or a COVID-19 Molecular PCR test).	4683	Per Laboratory Procedure	N/A	N/A	\$23.46
Tuberculosis (TB) tests	4684	Per Laboratory Procedure	N/A	N/A	\$5.00
Child and Family Treatment and Support Services	Refer to <a href="https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/billing.htm">https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/billing.htm</a>				
Home and Community Based Services	Refer to <a href="https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/billing.htm">https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/billing.htm</a>				