

# Alternative Payment Fee Schedule For Freestanding Clinics

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

**Note:** <sup>(1)</sup> Rate Codes 1226 and 1227 are now paid thru APGs.