

**Foster Care Article 29-I Other Limited Health Services Schedule Summary  
Apr-22**

| Service Description  | Rate Code | Unit                     | Upstate | Downstate | Statewide (where applicable) |
|--|-----------|--------------------------|---------|-----------|------------------------------|
| Alcohol and /or Drug Screening, Testing, Treatment   | 4588      | 15 min                   | \$40.10 | \$47.85   | N/A                          |
| Developmental Test Administration  | 4589      | 15 min                   | \$29.59 | \$35.32   | N/A                          |
| Psychotherapy (Individual and Family)  | 4590      | 15 min                   | \$33.91 | \$40.46   | N/A                          |
| Psychotherapy Group  | 4591      | 15 min                   | \$11.75 | \$13.05   | N/A                          |
| Neuropsychological Testing/Evaluation Services   | 4592      | 15 min                   | \$32.89 | \$39.25   | N/A                          |
| Psychiatric Diagnostic Examination   | 4593      | 15 min                   | \$49.33 | \$58.86   | N/A                          |
| Office Visit   | 4594      | 15 min                   | \$48.74 | \$63.67   | N/A                          |
| Smoking Cessation treatment  | 4595      | 15 min                   | \$18.13 | \$21.62   | N/A                          |
| ECG  | 4596      | Per occurrence           | N/A     | N/A       | \$15.15                      |
| Screening - Developmental/Emotional/Behavioral   | 4597      | Per occurrence           | \$59.67 | \$71.21   | N/A                          |
| Hearing and Evaluation of Speech   | 4598      | 15 min                   | N/A     | N/A       | \$8.37                       |
| Immunization (Administration)  | 4599      | Per occurrence           | N/A     | N/A       | \$18.03                      |
| Lab: Lithium   | 4600      | Per Laboratory Procedure | N/A     | N/A       | \$8.08                       |
| Lab: Urinalysis, by dip stick or tablet reagent<br>Lab: Urinalysis, by dip stick or tablet reagent<br>Lab: Urinalysis; Bacterium scree, except B   | 4671      | Per Laboratory Procedure | N/A     | N/A       | \$2.02                       |
| 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       | \$45.68                      |
| Interpreter Services   | 4673      | Per occurrence           | N/A     | N/A       | \$11.11                      |

|   |  |                          |     |     |         |
|---|--|--------------------------|-----|-----|---------|
| Lab: Urine pregnancy test, by visual color comparison methods   | 4674   | Per Laboratory Procedure | N/A | N/A | \$2.02  |
| Lab: Hemoglobin; glycosylated (A1C)   | 4675   | Per Laboratory Procedure | N/A | N/A | \$11.11 |
| Blood count; Hemoglobin (HGB)   | 4676   | Per Laboratory Procedure | N/A | N/A | \$2.02  |
| Lab: Antibody; HIV-1  | 4677   | Per Laboratory Procedure | N/A | N/A | \$11.11 |
| Lab: Smear, primary source with Interpretation  | 4678   | Per Laboratory Procedure | N/A | N/A | \$4.04  |
| Lab: Infectious agent detection by nucleic ac   | 4679   | Per Laboratory Procedure | N/A | N/A | \$97.97 |
| Lab: Infectious agent detection by immunoassay  | 4680   | Per Laboratory Procedure | N/A | N/A | \$4.04  |
| Lab: Infectious agent antigen detection by IM (Influenza rapid test)  | 4681   | Per Laboratory Procedure | N/A | N/A | \$15.15 |
| Lab: Molecular PCR Test   | 4682   | Per Laboratory Procedure | N/A | N/A | \$51.82 |
| 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 | \$23.69 |
| Tuberculosis (TB) tests   | 4684   | Per Laboratory Procedure | N/A | N/A | \$5.05  |
| 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> |                          |     |     |         |