

**Article 29-I Voluntary Foster Care Agency Draft Fee Schedule Summary
February 2020**

Service Description	Rate Code	Unit	Draft Rate		Statewide (where applicable)
			Upstate	Downstate	
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 Services (see 29-I Health Facility Laboratory Fee Schedule for complete list of waived laboratory services and pricing)	4600	dollar	N/A	N/A	\$1.00
Child and Family Treatment and Support Services	Refer to https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/billing.htm				
Home and Community Based Services	Refer to https://www.health.ny.gov/health_care/medicaid/redesign/behavioral_health/children/billing.htm				