

Alternative Payment Fee Schedule For Hospital OP

Revised for 3/1/2025 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	3/1/2025	
1226	Fitting Of Spectacles; Monofocal; Bifocal; Multifocal	\$47.06	\$47.06	N/A	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	N/A	1/1/2011 ⁽¹⁾
1227	Fitting of spectacles plus eyeglass material - UPSTATE	\$134.41	\$134.41	N/A	N/A	N/A	N/A	1/1/2011 ⁽¹⁾
1228	Comprehensive wheelchair evaluation and management		\$302.00	\$305.02	\$305.02	\$324.85	\$357.34	
3257	SBHC-LCSW/LMSW Services 20-30 minutes with patient ⁽²⁾	\$41.00	\$41.00	\$41.41	\$41.41	\$44.10	\$48.51	
3258	SBHC-LCSW/LMSW Services 45-50 minutes with patient ⁽²⁾	\$62.00	\$62.00	\$62.62	\$62.62	\$66.69	\$73.36	
3259	SBHC-Family Svcs LCSW/LMSW with/without patient ⁽²⁾	\$70.00	\$70.00	\$70.70	\$70.70	\$75.30	\$82.83	
3260	SBHC-Individ LMHC/LMFT Service 20-30 min w/patient				\$41.41	\$44.10	\$48.51	
3261	SBHC-Individ LMHC/LMFT Service 45-50 min w/patient				\$62.62	\$66.69	\$73.36	
3262	SBHC-Fam Svcs LMHC/LMFT with or w/o p/t present				\$70.70	\$75.30	\$82.83	
4222	Individ LMHC/LMFT Services 20-30 min w/patient				\$41.41	\$44.10	\$48.51	
4223	Individ LMHC/LMFT Services 45-50 min w/patient				\$62.62	\$66.69	\$73.36	
4224	Family Svcs LMHC/LMFT with or w/o p/t present				\$70.70	\$75.30	\$82.83	
4257	LCSW/LMSW Services 20-30 minutes with patient ⁽²⁾	\$41.00	\$41.00	\$41.41	\$41.41	\$44.10	\$48.51	
4258	LCSW/LMSW Services 45-50 minutes with patient ⁽²⁾	\$62.00	\$62.00	\$62.62	\$62.62	\$66.69	\$73.36	
4259	Family Svcs LCSW/LMSW with/without patient ⁽²⁾	\$70.00	\$70.00	\$70.70	\$70.70	\$75.30	\$82.83	

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.