



MEDICAL SERVICE GUIDELINES (Codes 90000 – 96999)

PROFESSIONAL/TECHNICAL COMPONENT FEE

Some medical procedures (90000 - 96999) may be divided into professional (26/PC) and technical (27/TC) portions and completed by separate parties. When applicable, the payment for codes 90000 - 96999 may be billed and reimbursed separately. Payment shall be made at 50% of the fee schedule allowance for the technical portion (TC/27) and at 50% of the fee schedule allowance for the professional portion (26/PC). Under no circumstance shall more than 100% of the fee schedule allowance be reimbursable in aggregate.

CODES 90801 - 90915 ONLY

The Department of Labor and Training has specified that when procedures defined under CPT-4 codes 90801 - 90915 (including biofeedback) are performed by a professional other than a medical doctor, the payment rates below will apply.

In order to distinguish the professional, a modifier should be used with the code at the time that claims are submitted. The specific modifier to be used for each professional is noted below.

MEDICAL PROFESSIONAL	MODIFIER CODE	PAYMENT RATE (% OF FS AMOUNT)
Medical Doctor	A	100%
Ph.D. or Psychologist	B	75%
Master Level Social Worker	C	50%
Masters Level Nurse	D	50%
Other Medical Specialist	E	50%