

November 18, 1991

SUBJECT: INSURANCE

WITHDRAWN

Circular Letter No. 19 (1991)

TO: ALL MOTOR VEHICLE SELF INSURERS AND INSURERS LICENSED TO WRITE MOTOR VEHICLE INSURANCE IN NEW YORK

RE: EIGHTEENTH AMENDMENT TO REGULATION NO. 83

There was a technical error in the original State Administrative Procedure Act (SAPA) filing: SAPA Form 4 was used, when SAPA Form 4A should have been used in order to promulgate the Eighteenth Amendment on an emergency basis and to propose the regulation on a permanent basis. Therefore, due to, this technical error in SAPA filing, the final adoption of the Eighteenth Amendment to Regulation No. 83, previously issued by this Department, on August 22, 1991 is ineffective. We are now repromulgating the Eighteenth Amendment to Regulation 83 and proposing it on a permanent basis using SAPA Form 4A.

The original Eighteenth Amendment, which accompanied SAPA Form 4, remains the same -- with just one set of changes relating to scheduled fees for psychology. These limited changes are mandated by the recent promulgation of a psychology fee schedule, effective September 1, 1991, by the Workers' Compensation Board. Part D is being repealed and replaced by a schedule that incorporates the unit values and codes contained in the Workers' Compensation psychology fee schedule. Please note that Workers' Compensation reporting and procedural requirements do not apply to No-Fault.

By repromulgating the Eighteenth Amendment to Regulation 83, utilizing SAPA Form 4A, the fee schedules embodied in the original emergency filing remain in effect, without interruption, with revised Part D. The Insurance Department anticipates finally adopting this Eighteenth Amendment to Regulation No. 83 in January 1992, at the conclusion of the public comment period. Since the underlying Eighteenth Amendment is essentially the same as that previously issued, those that want another copy can obtain it from the Department by calling the No-Fault Administration Unit (212-602-0334). New Part D is attached to this Circular Letter for convenient reference.

Very Truly yours, [SIGNATURE]

ALVATORE R. CURIALE

SUPERINTENDENT OF INSURANCE

Part D. --[Clinical] Psychological [Services]Fee Schedule

The maximum permissible charge for any clinical psychological service is the product of the unit value shown in the following schedule and the regional conversion factor, [set forth on the following page.]

[Clinical] Psychological Services

UNIT VALUE

	[Therapy individual] or family;
verbal or other method, per session:	
50 minutes (prorated); office or hospital	16.0
home	17.5

Biofeedback session:

50 minutes (prorated)

See Code numbers 90900 through 90911 in the Workers' Compensation Medical fee Schedule for the unit value for the procedure performed. The regional conversion factor is the appropriate factor on the following page.

Group (maximum of 8 persons per group), one and one-half hours (prorated) per person, per session; 45-50 minutes	4.0
90 minutes	6.4

Psychological testing or related tests, by or under the supervision of psychologist, with written report, per hour (prorated)	18.5
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Inpatient care, including supervision of milieu: 50 minutes (prorated)	18.5
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Consultation with other health professionals: 50 minutes [(prorated)	13.0]
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Psychological services will be rendered by or under the active and personal supervision of an authorized psychologist. The scope of these psychological services will conform to the training, qualification and experience requirements mandated and specified under the New York State Education Law.

PS90803 Psychotherapy, individual adult or child, 45-50 minutes

office or outpatient	16.0	
hospital ser- vice		
PS90805 Home		17.5
PS90806 25 minutes, office or outpatient hospital service		9.7
PS90808 Home		10.0

PS90811	15 minutes, office or outpatient hospital service	6.4
PS90813	Home	7.3
PS90815	Group therapy - per person, per session - 45-50 minutes, office	4.0
PS90816	90 minutes, office	6.4
PS90840	Psychological evaluation, including clinical interviews, standardized tests, analysis interpretation and follow-up consultation with patient per treatment hour. Written report required identifying evaluation procedures used specifying the duration of each category. (Written report is not a billable item)	18.5
PS90890	Inpatient care, which may include psychotherapy, supervision of milieu/case management: 45 minutes (prorated)	18.5
PS90891	Consultation with other health professionals	13.0

Biofeedback session:

Administration of biofeedback treatment is limited to licensed psychologists. Biofeedback treatments may be administered for the following conditions:

- (a) Idiopathic Raynaud's disease
- (b) Temporomandibular joint Dysfunction
- (c) Myofascial Pain Dysfunction Syndrome (MPD)
- (d) Tension headaches
- (e) Migraine headaches
- (f) Tinnitus
- (g) Torticollis
- (h) Neuromuscular re-education as a result of neurological damage in CVA or spinal cord injury
- (i) inflammatory and/or musculoskeletal disorders causally related to the accepted condition.
- (j) Psychological diagnosis appropriate in the judgement of the psychologist.

Biofeedback treatments may be allowed for the above conditions when the following is presented:

- (a) An evaluation report documenting:
 - (i) The basis for the claimant's condition;

(ii) The condition's relationship to the automobile accident;

(iii) An evaluation of the claimant's current functional leasurable modalities (i.e., range of motion, up time, walking tolerance, medication intake etc.);

(iv) An outline of the proposed treatment program:

(v) An outline of the expected restoration goals.

(b) Further Biofeedback treatments will be paid with substantiation of evidence of improvement in measurable functional modalities etc. The fees include interpretations and revorts of the treatments. When more than one of the treatment are performed in the same day, the maximum payment will be limited to 48.0 units.

	UNIT VALUE
PS90900	Biofeedback training by electromyogram application - separate procedure (one-half hour) 5.0
PS90901	Biofeedback training, by electromyogram application. - including office visit (one hour) 8.0
PS90902	In conduction disorder separate procedure (one-half hour) 5.0
PS90903	In conduction disorder-including office visit (one hour) 8.0
PS90904	Regulation of blood pressure-separate procedure (one half hour) 5.0
PS90905	Regulation of blood pressure. including office visit (one hour) 8.0
PS90906	Regulation of skin-temperatlire or peripheral blood flow-separate procedure (one-half hour) 5.0
PS90907	Regulation of skin temperature or peripheral blood flow, including office visit (one hour) 8.0
PS90908	By electroencephalogram application - separate procedure (one-half hour) 5.0
PS90909	By electroencephalogram application, including office visit (one hour) 8.0
PS90910	By electro-oculogram application, separate procedure (one-half hour). 5.0
PS90911	By electro-oculogram application, including office visit (one hour) 8.0

PART D

REGIONAL CONVERSION FACTORS

EFFECTIVE SEPTEMBER 1, [1990] 1991

REGION*	REGIONAL CONVERSION FACTOR
I	[4.54]4.55
II	[4.76]4.15
III	[5.45]5.44
IV	[5.91]5.90

* Region determined by
provider's zip code.
See Amendment 18 to
Appendix 17-C for Table
of Zip Codes.