



**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.

<b>MEDICAL PROFESSIONAL</b>	<b>MODIFIER CODE</b>	<b>PAYMENT RATE (% OF FS AMOUNT)</b>
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%