

Ambulatory Patient Groups (APGs) Outpatient Rate Setting Methodology

Effective Date: 1/28/10

Summary of Express Terms

General Summary for amendments to 86-8.2, 86-8.7, 86-8.9 and 86-8.10

The amendments to Part 86 of Title 10 (Health) NYCRR are required to update the Ambulatory Patient Groups (APGs) methodology, implemented on December 1, 2008, which governs reimbursement for certain ambulatory care fee-for-service (FFS) Medicaid services. APGs group procedures and medical visits that share similar characteristics and resource utilization patterns so as to pay for services based on relative intensity.

86-8.2 – Definitions

The proposed amendments to section 86-8.2 of Title 10 (Health) NYCRR provide an amended subdivision (c) defining procedure-based APG weights and a new subdivision (u) defining no blend APGs.

86-8.7 – APGs and relative weights

The proposed revision to section 86-8.7 of Title 10 (Health) NYCRR provides revised APG weights and also sets forth procedure-based weights to be used under APG reimbursement.

86-8.9 - Diagnostic coding and rate computation

The proposed amendments to section 86-8.9 removes the restriction on allowing a capital add-on for ancillary-only visits and replaces that with a list of APGs with which a capital add-on will not be allowed, specifically: 94 Cardiac Rehabilitation; 274 Physical Therapy, Group; 275

Speech Therapy and Evaluation, Group; 322 Medication Administration and Observation; 414 Level I Immunization and Allergy Immunotherapy; 415 Level II Immunization; 416 Level III Immunization; 428 Patient Education, Individual; 429 Patient Education, Group. The list of no blend APGs is also provided, those being: 94 Cardiac Rehabilitation; 310 Developmental and Neuropsychological Testing; 312 Full Day Partial Hospitalization for Mental Illness; 321 Crisis Intervention; 322 Medication Administration and Observation; 414 Level I Immunization and Allergy Immunotherapy; 415 Level II Immunization; 416 Level III Immunization; 426 Medication Management; 428 Patient Education, Individual; 429 Patient Education, Group; 448 After Hours Services; 451 Smoking Cessation Treatment.

86-8.10 Exclusions from Payment

The proposed amendments removes 118 Nutrition Therapy from the “never pay” APG list set forth in subdivision (h) and places it on the “if stand alone do not pay” list set forth in subdivision (i). The following additional APGs are added to the never pay APG list; 441 Class VI Chemotherapy Drugs; 442 Class VII Combined Chemotherapy and Pharmacotherapy. The following additional APGs are added to the if stand alone do not pay list: 281 Magnetic Resonance Angiography – Head and/or Neck; 282 Magnetic Resonance Angiography – Chest; 283 Magnetic Resonance Angiography – Other Sites; 292 MRI – Abdomen; 293 MRI – Joints; 294 MRI – Back; 295 MRI – Chest; 296 MRI – Other; 297 MRI – Brain; 373 Level I Dental Film; 374 Level II Dental Film; 375 Dental Anesthesia; 440 Class VI Pharmacotherapy.

Pursuant to the authority vested in the Commissioner of Health by sections 2807(2-a)(e) of the Public Health Law, section 79(u) of part C of chapter 58 of the laws of 2008 and section 129(l) of part C of chapter 58 of the laws of 2009, Subpart 86-8 of Title 10 (Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York is hereby amended, to be effective upon filing with the Department of State, and to read as follows:

Subdivision (c) of section 86-8.2 is amended, and a new subdivision (u) of section 86-8.2 is added, to read as follows:

(c) APG relative weight shall mean a numeric value that reflects the relative expected average resource utilization (cost) for each APG as compared to the expected average resource utilization for all other APGs. Procedure-based APG weight shall mean a numeric value that reflects the relative expected average resource utilization (cost) for a specific procedure. A procedure that has been assigned its own weight shall have its payment derived from its procedure-specific weight without regard to the weight of the APG to which the procedure groups.

(u) No blend APG shall mean an APG that has its entire payment calculated under the APG reimbursement methodology without regard to the 2007 historical average operating payment per visit for the provider.

Section 86-8.7 is repealed and a new section 86-8.7 is added to read as follows:

Section 86-8.7 APGs and relative weights

(a) The APGs and each associated relative weight are:

January 2010 APG Weights

APG	APG Description	Weight
1	PHOTOCHEMOTHERAPY	0.6402
2	SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	3.2448
3	LEVEL I SKIN INCISION AND DRAINAGE	1.8962
4	LEVEL II SKIN INCISION AND DRAINAGE.....	2.7968
5	NAIL PROCEDURES.....	0.7008
6	LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1.3672
7	LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION.....	2.6624
8	LEVEL III SKIN DEBRIDEMENT AND DESTRUCTION	3.9132
9	LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE.....	3.6788
10	LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	4.6370
11	LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE.....	7.9567
12	LEVEL I SKIN REPAIR.....	0.4352
13	LEVEL II SKIN REPAIR.....	3.1648
14	LEVEL III SKIN REPAIR	5.6896
15	LEVEL IV SKIN REPAIR.....	6.6746

20	LEVEL I BREAST PROCEDURES	5.7790
21	LEVEL II BREAST PROCEDURES	7.4250
22	LEVEL III BREAST PROCEDURES.....	8.2280
30	LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	6.7781
31	LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7.3495
32	LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	8.8413
33	LEVEL I HAND PROCEDURES	5.4577
34	LEVEL II HAND PROCEDURES.....	7.5820
35	LEVEL I FOOT PROCEDURES	6.4428
36	LEVEL II FOOT PROCEDURES.....	6.9384
37	LEVEL I ARTHROSCOPY	10.3002
38	LEVEL II ARTHROSCOPY	26.6662
39	REPLACEMENT OF CAST	1.3745
40	SPLINT, STRAPPING AND CAST REMOVAL	0.9264
41	CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK.....	1.3420
42	CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK.....	1.3734
43	OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES.....	10.6160
44	BONE OR JOINT MANIPULATION UNDER ANESTHESIA.....	2.8085

45	BUNION PROCEDURE	9.6670
46	LEVEL I ARTHROPLASTY	6.4879
47	LEVEL II ARTHROPLASTY	7.9149
48	HAND AND FOOT TENOTOMY	4.5256
49	ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1.7976
60	PULMONARY TESTS	0.9756
61	NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	3.8018
62	LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1.6063
63	LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	7.0115
64	ENDOSCOPY OF THE LOWER AIRWAY	6.9414
65	RESPIRATORY THERAPY	0.0000
66	PULMONARY REHABILITATION.....	0.0000
67	VENTILATION ASSISTANCE AND MANAGEMENT.....	0.9890
80	EXERCISE TOLERANCE TESTS	0.9157
81	ECHOCARDIOGRAPHY	1.6428
82	CARDIAC ELECTROPHYSIOLOGIC TESTS	5.0790
83	PLACEMENT OF TRANSVENOUS CATHETERS	8.0168
84	DIAGNOSTIC CARDIAC CATHETERIZATION	10.8688
85	ANGIOPLASTY AND TRANSCATHETER PROCEDURES	14.1670
86	PACEMAKER INSERTION AND REPLACEMENT	32.3317
87	REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE.....	8.0808

88	LEVEL I CARDIOTHORACIC PROCEDURES.....	6.5873
89	LEVEL II CARDIOTHORACIC PROCEDURES	14.0707
90	SECONDARY VARICOSE VEINS AND VASCULAR INJECTION.....	5.8693
91	VASCULAR LIGATION AND RECONSTRUCTION	9.9140
92	RESUSCITATION	1.2138
93	CARDIOVERSION.....	2.5540
94	CARDIAC REHABILITATION	0.2075
95	THROMBOLYSIS	1.3001
96	ATRIAL AND VENTRICULAR RECORDING AND PACING.....	5.5577
97	AICD IMPLANT	66.2866
110	PHARMACOTHERAPY BY EXTENDED INFUSION.....	2.7427
111	PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION.....	1.7078
112	PHLEBOTOMY	0.7423
113	LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE.....	2.5089
114	LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE	7.6143
115	DEEP LYMPH STRUCTURE AND THYROID PROCEDURES.....	4.9538
116	ALLERGY TESTS	1.3107
117	HOME INFUSION	0.0000
118	NUTRITION THERAPY	0.0000
130	ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT.....	2.6993
131	ESOPHAGEAL DILATION WITHOUT ENDOSCOPY.....	2.7583
132	ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY.....	2.0351

133	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4.1000
134	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	4.0352
135	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	5.4853
136	DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY.....	4.1844
137	THERAPEUTIC COLONOSCOPY	4.5928
138	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	6.4631
139	LEVEL I HERNIA REPAIR	12.4526
140	LEVEL II HERNIA REPAIR.....	12.4526
141	LEVEL I ANAL AND RECTAL PROCEDURES	3.8551
142	LEVEL II ANAL AND RECTAL PROCEDURES	9.7035
143	LEVEL I GASTROINTESTINAL PROCEDURES	5.2580
144	LEVEL II GASTROINTESTINAL PROCEDURES.....	5.7503
145	LEVEL I LAPAROSCOPY.....	7.0638
146	LEVEL II LAPAROSCOPY	9.8872
147	LEVEL III LAPAROSCOPY	12.0727
148	LEVEL IV LAPAROSCOPY	17.5662
160	EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	14.2444
161	URINARY STUDIES AND PROCEDURES	1.8084
162	URINARY CATHETERIZATION AND DILATATION	0.9654
163	LEVEL I BLADDER AND KIDNEY PROCEDURES.....	3.7694
164	LEVEL II BLADDER AND KIDNEY PROCEDURES	6.3523
165	LEVEL III BLADDER AND KIDNEY PROCEDURES	9.0051
166	LEVEL I URETHRA AND PROSTATE PROCEDURES.....	5.8862

167	LEVEL II URETHRA AND PROSTATE PROCEDURES	7.4458
168	HEMODIALYSIS.....	1.1155
169	PERITONEAL DIALYSIS.....	0.4795
180	TESTICULAR AND EPIDIDYMAL PROCEDURES.....	7.2405
181	CIRCUMCISION	4.3799
182	INSERTION OF PENILE PROSTHESIS	19.8701
183	LEVEL I PENILE AND PROSTATE PROCEDURES	7.4393
184	LEVEL II PENILE AND PROSTATE PROCEDURES.....	11.0816
185	PROSTATE NEEDLE AND PUNCH BIOPSY	4.4243
190	ARTIFICIAL FERTILIZATION.....	0.0000
191	LEVEL I FETAL PROCEDURES	0.6073
192	LEVEL II FETAL PROCEDURES	1.1036
193	TREATMENT OF INCOMPLETE ABORTION	5.0348
194	THERAPEUTIC ABORTION.....	4.0229
195	VAGINAL DELIVERY	9.1031
196	LEVEL I FEMALE REPRODUCTIVE PROCEDURES	2.2269
197	LEVEL II FEMALE REPRODUCTIVE PROCEDURE	5.2127
198	LEVEL III FEMALE REPRODUCTIVE PROCEDURES	8.4636
199	DILATION AND CURETTAGE.....	4.9685
200	HYSTEROSCOPY	6.7490
201	COLPOSCOPY.....	1.4842
210	EXTENDED EEG STUDIES	1.8041
211	ELECTROENCEPHALOGRAM.....	1.0161

212	ELECTROCONVULSIVE THERAPY.....	1.5803
213	NERVE AND MUSCLE TESTS.....	0.7067
214	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP....	4.5475
215	LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	25.5981
216	LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	29.0071
217	LEVEL I NERVE PROCEDURES	8.5920
218	LEVEL II NERVE PROCEDURES	60.4926
219	SPINAL TAP.....	2.4132
220	INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	3.5031
221	LAMINOTOMY AND LAMINECTOMY	8.3188
222	SLEEP STUDIES	4.5940
230	MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1.0119
231	FITTING OF CONTACT LENSES	0.6585
232	LASER EYE PROCEDURES	3.7703
233	CATARACT PROCEDURES.....	9.7756
234	LEVEL I ANTERIOR SEGMENT EYE PROCEDURES.....	4.3076
235	LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	9.3164
236	LEVEL III ANTERIOR SEGMENT EYE PROCEDURES.....	11.3184
237	LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	3.3451
238	LEVEL II POSTERIOR SEGMENT EYE PROCEDURES.....	11.7830
239	STRABISMUS AND MUSCLE EYE PROCEDURES.....	6.9180
240	LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE.....	3.2368
241	LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	8.7718

250	COCHLEAR DEVICE IMPLANTATION	130.1036
251	OTORHINOLARYNGOLOGIC FUNCTION TESTS	0.6581
252	LEVEL I FACIAL AND ENT PROCEDURES.....	3.6978
253	LEVEL II FACIAL AND ENT PROCEDURES	5.4026
254	LEVEL III FACIAL AND ENT PROCEDURES	9.1044
255	LEVEL IV FACIAL AND ENT PROCEDURES.....	10.5997
256	TONSIL AND ADENOID PROCEDURES	5.8818
257	AUDIOMETRY.....	0.4211
270	OCCUPATIONAL THERAPY	0.7241
271	PHYSICAL THERAPY.....	0.6827
272	SPEECH THERAPY AND EVALUATION.....	0.6620
273	MANIPULATION THERAPY	0.2765
274	PHYSICAL THERAPY, GROUP.....	0.2414
275	SPEECH THERAPY & EVALUATION, GROUP.....	0.1931
280	VASCULAR RADIOLOGY EXCEPT VENOGRAPHY OF EXTREMITY	3.5374
281	MAGNETIC RESONANCE ANGIOGRAPHY - HEAD AND/OR NECK	3.0749
282	MAGNETIC RESONANCE ANGIOGRAPHY – CHEST	3.3887
283	MAGNETIC RESONANCE ANGIOGRAPHY - OTHER SITES.....	3.1315
284	MYELOGRAPHY.....	7.7060
285	MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1.5734
286	MAMMOGRAPHY.....	0.6181
287	DIGESTIVE RADIOLOGY	0.8985
288	DIAGNOSTIC ULTRASOUND EXCEPT OBSTETRICAL AND	

VASCULAR	0.7609
289 VASCULAR DIAGNOSTIC ULTRASOUND OF LOWER EXTREMITIES	3.8860
290 PET SCANS.....	7.4321
291 BONE DENSITOMETRY.....	0.8629
292 MRI- ABDOMEN	3.1044
293 MRI- JOINTS	2.7686
294 MRI- BACK.....	2.6167
295 MRI- CHEST.....	3.0422
296 MRI- OTHER	3.3155
297 MRI- BRAIN	3.0822
298 CAT SCAN BACK.....	1.3976
299 CAT SCAN – BRAIN	1.1525
300 CAT SCAN – ABDOMEN.....	1.3393
301 CAT SCAN – OTHER.....	1.4662
302 ANGIOGRAPHY, OTHER.....	1.6385
303 ANGIOGRAPHY, CEREBRAL	1.9762
310 DEVELOPMENTAL & NEUROPSYCHOLOGICAL TESTING.....	0.8275
311 FULL DAY PARTIAL HOSPITALIZATION FOR SUBSTANCE ABUSE	0.0000
312 FULL DAY PARTIAL HOSPITALIZATION FOR MENTAL ILLNESS	0.0000
314 HALF DAY PARTIAL HOSPITALIZATION FOR MENTAL ILLNESS.....	0.0000
315 COUNSELLING OR INDIVIDUAL BRIEF PSYCHOTHERAPY.....	0.6206
316 INDIVIDUAL COMPREHENSIVE PSYCHOTHERAPY	0.8275
317 FAMILY PSYCHOTHERAPY.....	0.6206

318	GROUP PSYCHOTHERAPY.....	0.3207
319	ACTIVITY THERAPY	0.0000
320	CASE MANAGEMENT & TREATMENT PLAN DEVELOPMENT – MH OR SA	0.0000
321	CRISIS INTERVENTION.....	0.8275
322	MEDICATION ADMINISTRATION & OBSERVATION	0.1483
323	MENTAL HYGIENE ASSESSMENT	1.0344
324	MENTAL HYGIENE SCREENING & BRIEF ASSESSMENT.....	0.2803
330	LEVEL I DIAGNOSTIC NUCLEAR MEDICINE.....	1.6002
331	LEVEL II DIAGNOSTIC NUCLEAR MEDICINE	1.9801
332	LEVEL III DIAGNOSTIC NUCLEAR MEDICINE	3.0866
340	THERAPEUTIC NUCLEAR MEDICINE.....	1.1710
341	RADIATION THERAPY AND HYPERTHERMIA.....	1.2696
342	AFTERLOADING BRACHYTHERAPY.....	6.2542
343	RADIATION TREATMENT DELIVERY	1.9298
344	INSTILLATION OF RADIOELEMENT SOLUTIONS	2.4223
345	HYPERTHERMIC THERAPIES	0.9459
346	RADIOSURGERY	63.9723
347	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY.....	0.7966
348	PROTON TREATMENT DELIVERY	4.5955
350	LEVEL I ADJUNCTIVE GENERAL DENTAL SERVICES	0.4639
351	LEVEL II ADJUNCTIVE GENERAL DENTAL SERVICES.....	1.3073
352	PERIODONTICS.....	0.8133

353	LEVEL I PROSTHODONTICS, FIXED	0.4550
354	LEVEL II PROSTHODONTICS, FIXED	1.7021
355	LEVEL III PROSTHODONTICS, FIXED.....	2.1055
356	LEVEL I PROSTHODONTICS, REMOVABLE	0.9221
357	LEVEL II PROSTHODONTICS, REMOVABLE.....	1.7644
358	LEVEL III PROSTHODONTICS, REMOVABLE	1.3580
359	LEVEL I MAXILLOFACIAL PROSTHETICS	0.2562
360	LEVEL II MAXILLOFACIAL PROSTHETICS	1.3379
361	LEVEL I DENTAL RESTORATIONS.....	0.6561
362	LEVEL II DENTAL RESTORATIONS	0.9844
363	LEVEL III DENTAL RESTORATION	2.3474
364	LEVEL I ENDODONTICS	0.6251
365	LEVEL II ENDODONTICS.....	1.1241
366	LEVEL III ENDODONTICS	1.1324
367	LEVEL I ORAL AND MAXILLOFACIAL SURGERY	0.7491
368	LEVEL II ORAL AND MAXILLOFACIAL SURGERY	2.0751
369	LEVEL III ORAL AND MAXILLOFACIAL SURGERY.....	2.0751
370	LEVEL IV ORAL AND MAXILLOFACIAL SURGER	2.0751
371	ORTHODONTICS	0.0000
372	SEALANT	0.2676
373	LEVEL I DENTAL FILM.....	0.1338
374	LEVEL II DENTAL FILM.....	0.4631
375	DENTAL ANESTHESIA.....	1.7348

376	DIAGNOSTIC DENTAL PROCEDURES	0.2264
377	PREVENTIVE DENTAL PROCEDURES	0.3168
380	ANESTHESIA.....	1.3350
390	LEVEL I PATHOLOGY	0.3956
391	LEVEL II PATHOLOGY	0.8844
392	PAP SMEARS	0.1782
393	BLOOD AND TISSUE TYPING	0.3199
394	LEVEL I IMMUNOLOGY TESTS.....	0.1492
395	LEVEL II IMMUNOLOGY TESTS	0.1626
396	LEVEL I MICROBIOLOGY TESTS.....	0.1137
397	LEVEL II MICROBIOLOGY TESTS	0.2141
398	LEVEL I ENDOCRINOLOGY TESTS	0.1526
399	LEVEL II ENDOCRINOLOGY TESTS.....	0.2258
400	LEVEL I CHEMISTRY TESTS.....	0.1150
401	LEVEL II CHEMISTRY TESTS	0.2952
402	BASIC CHEMISTRY TESTS.....	0.0857
403	ORGAN OR DISEASE ORIENTED PANELS	0.1367
404	TOXICOLOGY TESTS.....	0.3084
405	THERAPEUTIC DRUG MONITORING	0.1463
406	LEVEL I CLOTTING TESTS.....	0.0593
407	LEVEL II CLOTTING TESTS	0.2111
408	LEVEL I HEMATOLOGY TESTS.....	0.0831
409	LEVEL II HEMATOLOGY TESTS	0.1427

410	URINALYSIS.....	0.0669
411	BLOOD AND URINE DIPSTICK TESTS	0.0535
412	SIMPLE PULMONARY FUNCTION TESTS.....	0.4482
413	CARDIOGRAM	0.2274
414	LEVEL I IMMUNIZATION AND ALLERGY IMMUNOTHERAPY	0.2475
415	LEVEL II IMMUNIZATION.....	0.3478
416	LEVEL III IMMUNIZATION	0.8428
417	MINOR REPRODUCTIVE PROCEDURES.....	0.8869
418	MINOR CARDIAC AND VASCULAR TESTS	1.0853
419	MINOR OPHTHALMOLOGICAL INJECTION, SCRAPING AND TESTS.....	0.5399
420	PACEMAKER AND OTHER ELECTRONIC ANALYSIS	0.3735
421	TUBE CHANGE	2.4389
422	PROVISION OF VISION AIDS	0.4387
423	INTRODUCTION OF NEEDLE AND CATHETER.....	2.1414
424	DRESSINGS AND OTHER MINOR PROCEDURES	0.6994
425	OTHER MISCELLANEOUS ANCILLARY PROCEDURES.....	0.4347
426	PSYCHOTROPIC MEDICATION MANAGEMENT	0.3448
427	BIOFEEDBACK AND OTHER TRAINING	0.0000
428	PATIENT EDUCATION, INDIVIDUAL.....	0.0000
429	PATIENT EDUCATION, GROUP.....	0.0000
430	CLASS I CHEMOTHERAPY DRUGS	0.0000
431	CLASS II CHEMOTHERAPY DRUGS	0.0000
432	CLASS III CHEMOTHERAPY DRUGS.....	0.0000

433	CLASS IV CHEMOTHERAPY DRUGS	0.0000
434	CLASS V CHEMOTHERAPY DRUGS.....	0.0000
435	CLASS I PHARMACOTHERAPY.....	0.1061
436	CLASS II PHARMACOTHERAPY	1.2529
437	CLASS III PHARMACOTHERAPY	2.7208
438	CLASS IV PHARMACOTHERAPY	4.7852
439	CLASS V PHARMACOTHERAPY	12.2876
440	CLASS VI PHARMACOTHERAPY	20.0367
441	CLASS VI CHEMOTHERAPY DRUGS	0.0000
442	CLASS VII COMBINED CHEMOTHERAPY & PHARMACOTHERAPY	0.0000
448	EXPANDED HOURS ACCESS	0.0759
449	Additional undifferentiated medical visit/services	0.0000
450	OBSERVATION	0.0000
451	SMOKING CESSATION TREATMENT.....	0.1100
452	DIABETES SUPPLIES	0.0000
453	MOTORIZED WHEELCHAIR.....	0.0000
454	TPN FORMULAE.....	0.0000
455	IMPLANTED TISSUE OF ANY TYPE.....	7.2736
456	MOTORIZED WHEELCHAIR ACCESSORIES.....	0.0000
457	VENIPUNCTURE.....	0.0602
470	OBSTETRICAL ULTRASOUND	0.9405
471	PLAIN FILM	0.4758
472	ULTRASOUND GUIDANCE.....	1.2632

473	CT GUIDANCE.....	1.2002
474	RADIOLOGICAL GUIDANCE FOR THERAPEUTIC OR DIAGNOSTIC PROCEDURES.....	2.3045
475	MRI GUIDANCE	2.3306
476	LEVEL I THERAPEUTIC RADIATION TREATMENT PREPARATION	2.3082
477	LEVEL II THERAPEUTIC RADIATION TREATMENT PREPARATION	2.3097
478	MEDICAL RADIATION PHYSICS.....	0.7463
479	TREATMENT DEVICE DESIGN AND CONSTRUCTION	1.7071
480	TELE THERAPY/BRACHYTHERAPY CALCULATION.....	1.7080
481	THERAPEUTIC RADIOLOGY SIMULATION FIELD SETTING.....	4.1129
482	RADIOELEMENT APPLICATION.....	3.1301
483	RADIATION THERAPY MANAGEMENT	2.5251
484	THERAPEUTIC RADIOLOGY TREATMENT PLANNING.....	1.7963
490	INCIDENTAL TO MEDICAL, SIGNIFICANT PROCEDURE OR THERAPY VISIT	0.0000
491	MEDICAL VISIT INDICATOR.....	0.7995
492	ADMISSION FOR OBSERVATION INDICATOR	0.0000
500	DIRECT ADMISSION FOR OBSERVATION – OBSTETRICAL.....	0.0000
501	DIRECT ADMISSION FOR OBSERVATION - OTHER DIAGNOSES.....	0.0000
510	MAJOR SIGNS, SYMPTOMS AND FINDINGS	0.8466
520	SPINAL DISORDERS & INJURIES	0.8689
521	NERVOUS SYSTEM MALIGNANCY.....	0.7216
522	DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT	

SCLEROSIS	0.8448
523 MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0.7490
524 LEVEL I CNS DISORDERS.....	0.9420
525 LEVEL II CNS DISORDERS	0.8167
526 TRANSIENT ISCHEMIA	0.8838
527 PERIPHERAL NERVE DISORDERS.....	0.7377
528 NONTRAUMATIC STUPOR & COMA.....	0.8956
529 SEIZURE.....	0.9218
530 HEADACHES OTHER THAN MIGRAINE.....	0.8208
531 MIGRAINE.....	0.7556
532 HEAD TRAUMA	0.7274
533 AFTEREFFECTS OF CEREBROVASCULAR ACCIDENT	0.8360
534 NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARC.....	0.9246
535 CVA & PRECEREBRAL OCCLUSION W INFARCT.....	0.8058
550 ACUTE MAJOR EYE INFECTIONS.....	0.6374
551 CATARACTS.....	0.8106
552 GLAUCOMA	0.7766
553 LEVEL I OPHTHALMIC DIAGNOSES.....	0.7034
554 LEVEL II OPHTHALMIC DIAGNOSES	0.7757
555 CONJUNCTIVITIS	0.6301
560 EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	0.8000
561 VERTIGINOUS DISORDERS EXCEPT FOR BENIGN VERTIGO	0.8235
562 INFECTIONS OF UPPER RESPIRATORY TRACT	0.6284

563	DENTAL & ORAL DISEASES & INJURIES	0.5307
564	LEVEL I OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES.....	0.7677
565	LEVEL II OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES.....	0.8622
570	CYSTIC FIBROSIS - PULMONARY DISEASE.....	0.7880
571	RESPIRATORY MALIGNANCY	0.7905
572	BRONCHIOLITIS & RSV PNEUMONIA.....	0.5136
573	COMMUNITY ACQUIRED PNEUMONIA.....	0.6791
574	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	0.6893
575	ASTHMA.....	0.7979
576	LEVEL I OTHER RESPIRATORY DIAGNOSES	0.7013
577	LEVEL II OTHER RESPIRATORY DIAGNOSES.....	0.8384
578	PNEUMONIA EXCEPT FOR COMMUNITY ACQUIRED PNEUMONIA.....	0.6586
579	STATUS ASTHMATICUS.....	0.9027
591	ACUTE MYOCARDIAL INFARCTION.....	2.2552
592	LEVEL I CARDIOVASCULAR DIAGNOSES	0.7853
593	LEVEL II CARDIOVASCULAR DIAGNOSES.....	0.8735
594	HEART FAILURE	0.8490
595	CARDIAC ARREST	1.1669
596	PERIPHERAL & OTHER VASCULAR DISORDERS	0.8313
597	PHLEBITIS.....	0.5608
598	ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	0.7776

599	HYPERTENSION	0.7924
600	CARDIAC STRUCTURAL & VALVULAR DISORDERS.	0.8305
601	LEVEL I CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS.....	0.8097
602	ATRIAL FIBRILLATION	0.8178
603	LEVEL II CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	1.0425
604	CHEST PAIN.....	0.8151
605	SYNCOPE & COLLAPSE	0.7943
620	DIGESTIVE MALIGNANCY	0.7214
621	PEPTIC ULCER & GASTRITIS.....	1.0541
623	ESOPHAGITIS.....	0.7081
624	LEVEL I GASTROINTESTINAL DIAGNOSES.....	0.7720
625	LEVEL II GASTROINTESTINAL DIAGNOSES	0.7720
626	INFLAMMATORY BOWEL DISEASE	0.8255
627	NON-BACTERIAL GASTROENTERITIS, NAUSEA & VOMITING	0.7240
628	ABDOMINAL PAIN.....	0.8099
629	MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE.....	1.0179
630	CONSTIPATION	0.7712
631	HERNIA	0.8163
632	IRRITABLE BOWEL SYNDROME.....	0.6753
633	ALCOHOLIC LIVER DISEASE	0.8245
634	MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	0.8924
635	DISORDERS OF PANCREAS EXCEPT MALIGNANCY.....	0.7530

636	HEPATITIS WITHOUT COMA.....	0.8736
637	DISORDERS OF GALLBLADDER & BILIARY TRACT	0.7058
638	CHOLECYSTITIS.....	0.7463
639	LEVEL I HEPATOBILIARY DIAGNOSES	0.8765
640	LEVEL II HEPATOBILIARY DIAGNOSES.....	0.7030
650	FRACTURE OF FEMUR.....	0.7209
651	FRACTURE OF PELVIS OR DISLOCATION OF HIP	0.6540
652	FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK.....	0.7464
653	MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	0.5615
654	OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	0.7358
655	CONNECTIVE TISSUE DISORDERS	0.7816
656	BACK & NECK DISORDERS EXCEPT LUMBAR DISC DISEASE	0.7486
657	LUMBAR DISC DISEASE.....	0.7188
658	LUMBAR DISC DISEASE WITH SCIATICA	0.7287
659	MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE.....	0.6927
660	LEVEL I OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES.....	0.6864
661	LEVEL II OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	0.7158
662	OSTEOPOROSIS	0.7418

663	PAIN	0.6247
670	SKIN ULCERS	0.7083
671	MAJOR SKIN DISORDERS	0.7542
672	MALIGNANT BREAST DISORDERS.....	0.7032
673	CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS	0.7130
674	CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	0.7721
675	OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS.....	0.7569
676	DECUBITUS ULCER.....	0.8081
690	MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	0.7912
691	INBORN ERRORS OF METABOLISM	0.7457
692	LEVEL I ENDOCRINE DISORDERS	0.7671
693	LEVEL II ENDOCRINE DISORDERS	0.7757
694	ELECTROLYTE DISORDERS	0.7607
695	OBESITY.....	0.6351
710	DIABETES WITH OPHTHALMIC MANIFESTATIONS	0.7645
711	DIABETES WITH CIRCULATORY DIAGNOSES.....	0.8886
712	DIABETES WITH NEUROLOGIC MANIFESTATIONS	0.8010
713	DIABETES WITHOUT COMPLICATIONS	0.7405
714	DIABETES WITH RENAL MANIFESTATIONS.....	0.7779
720	RENAL FAILURE	0.7758
721	KIDNEY & URINARY TRACT MALIGNANCY	0.7536

722	NEPHRITIS & NEPHROSIS	1.0495
723	KIDNEY AND CHRONIC URINARY TRACT INFECTIONS	0.6344
724	URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION.....	0.8226
725	MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC.....	0.9526
726	OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	0.8033
727	ACUTE LOWER URINARY TRACT INFECTIONS	0.8930
740	MALIGNANCY, MALE REPRODUCTIVE SYSTEM.....	0.7722
741	MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY ..	0.8213
742	NEOPLASMS OF THE MALE REPRODUCTIVE SYSTEM	0.7359
743	PROSTATITIS	0.8646
744	MALE REPRODUCTIVE INFECTIONS	0.8231
750	FEMALE REPRODUCTIVE SYSTEM MALIGNANCY.....	0.7049
751	FEMALE REPRODUCTIVE SYSTEM INFECTIONS.....	0.8056
752	LEVEL I MENSTRUAL AND OTHER FEMALE DIAGNOSES	0.7361
753	LEVEL II MENSTRUAL AND OTHER FEMALE DIAGNOSES	0.8135
760	VAGINAL DELIVER	0.7511
761	POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	0.8639
762	THREATENED ABORTION	0.9263
763	ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY .	0.9720
764	FALSE LABOR.....	1.1301

765	OTHER ANTEPARTUM DIAGNOSES	0.8176
766	ROUTINE PRENATAL CARE	0.7961
770	NORMAL NEONATE	0.4722
771	LEVEL I NEONATAL DIAGNOSES	1.3476
772	LEVEL II NEONATAL DIAGNOSES.....	0.9587
780	OTHER HEMATOLOGICAL DISORDERS	0.9255
781	COAGULATION & PLATELET DISORDERS	0.7856
782	CONGENITAL FACTOR DEFICIENCIES.....	0.9455
783	SICKLE CELL ANEMIA CRISIS	0.9420
784	SICKLE CELL ANEMIA.....	0.8978
785	ANEMIA EXCEPT FOR IRON DEFICIENCY ANEMIA AND SICKLE CELL ANEMIA.....	0.7984
786	IRON DEFICIENCY ANEMIA	0.7968
800	ACUTE LEUKEMIA	0.7835
801	LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	0.8165
802	RADIOTHERAPY	0.6563
803	CHEMOTHERAPY.....	2.0576
804	LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR.....	0.8889
805	SEPTICEMIA & DISSEMINATED INFECTIONS	0.8668
806	POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	0.7795
807	FEVER.....	0.4439

808	VIRAL ILLNESS	0.8734
809	OTHER INFECTIOUS & PARASITIC DISEASES	0.7634
810	H. PYLORI INFECTION	0.7593
820	SCHIZOPHRENIA.....	0.8969
821	MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES.....	0.9476
822	DISORDERS OF PERSONALITY & IMPULSE CONTROL.....	0.8945
823	BIPOLAR DISORDERS	0.8574
824	DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER.....	0.6982
825	ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES.....	0.8061
826	ACUTE ANXIETY & DELIRIUM STATES	0.6352
827	ORGANIC MENTAL HEALTH DISTURBANCES	0.7817
828	MENTAL RETARDATION	0.7149
829	CHILDHOOD BEHAVIORAL DISORDERS	0.5939
830	EATING DISORDERS	0.9135
831	OTHER MENTAL HEALTH DISORDERS	0.7248
840	OPIOID ABUSE & DEPENDENCE.....	0.7268
841	COCAINE ABUSE & DEPENDENCE	0.7268
842	ALCOHOL ABUSE & DEPENDENCE.....	1.0469
843	OTHER DRUG ABUSE & DEPENDENCE	0.9946
850	ALLERGIC REACTIONS	0.9126
851	POISONING OF MEDICINAL AGENTS.....	0.9544

852	OTHER COMPLICATIONS OF TREATMENT	0.9691
853	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	0.9800
854	TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	0.7857
860	EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	0.5979
861	PARTIAL THICKNESS BURNS W OR W/O SKIN GRAFT.....	0.7094
870	REHABILITATION	0.4136
871	SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	0.7656
872	OTHER AFTERCARE & CONVALESCENCE	0.8477
873	NEONATAL AFTERCARE	0.8308
874	JOINT REPLACEMENT	0.8105
880	HIV INFECTION	1.1427
881	AIDS	1.0495
993	INPATIENT ONLY PROCEDURES.....	0.0000
994	USER CUSTOMIZABLE INPATIENT PROCEDURES.....	0.0000
999	UNASSIGNED	0.0000

- b. The procedures that will be paid using procedure-specific weights and their associated weights are:

January 2010 Procedure-Based Weights

Px-Based Units

HCPCS	HCPCS Description	Weight	Limit
90805	Psytx, off, 20-30 min w/e&m	1.0344	1
90807	Psytx, off, 45-50 min w/e&m	1.2413	1
90809	Psytx, off, 75-80, w/e&m.....	1.2413	1
90811	Intact psytx, 20-30, w/e&m	1.0344	1
90813	Intact psytx, 45-50 min w/e&m	1.2413	1
90815	Intact psytx, 75-80 w/e&m	1.2413	1
90819	Psytx, hosp, 45-50 min w/e&m.....	1.2413	1
90847	Family psytx w/patient.....	1.2413	1
90862	Medication management.....	0.8275	1
90882	Environmental manipulation.....	0.2896	1
92065	Orthoptic/pleoptic training.....	0.3820	1
92340	Fitting of spectacles	0.2624	1
92341	Fitting of spectacles	0.2624	1
92342	Fitting of spectacles	0.2624	1
92607	Ex for speech device rx, 1hr.	0.8827	1
92608	Ex for speech device rx addl.....	0.8827	1
96101	Psycho testing by psych/phys.	1.6551	1
96102	Psycho testing by technician.....	1.2413	1
96111	Developmental test, extend.....	1.2413	1
96116	Neurobehavioral status exam.....	.6551	1
96118	Neuropsych tst by psych/phys.	1.6551	1

96119	Neuropsych testing by tec.....	2413	1
96125	Cognitive test by hc pro.	1.2413	1
96150	Assess hlth/behav, init.....	0.1517	3
96151	Assess hlth/behav, subseq.....	0.1448	3
96152	Intervene hlth/behav, indiv.....	0.1379	3
96153	Intervene hlth/behav, group	0.0690	4
96154	Interv hlth/behav, fam w/pt.....	0.1379	4
96155	Interv hlth/behav, fam w/o pt.....	0.1517	4
97032	Electrical stimulation, 15 min.	0.2276	3
97033	Electric current therapy, 15 min.	0.2276	3
97034	Contrast bath therapy, 15 min.	0.2276	3
97035	Ultrasound therapy, 15 min.	0.2276	3
97036	Hydrotherapy, 15 min.	0.2276	3
97110	Therapeutic exercises, 15 min.	0.2276	3
97112	Neuromuscular reeducation	0.2276	3
97113	Aquatic therapy/exercises	0.2276	3
97116	Gait training therapy	0.2276	3
97124	Massage therapy, 15 min.	0.2276	3
97140	Manual therapy, 15 min.	0.2276	3
97530	Therapeutic activities, 15 min.....	0.2276	3
97532	Cognitive skills development, 15 min.	0.2414	3
97533	Sensory integration, 15 min.	0.2414	3
97535	Self care mngmt training, 15 min.	0.2414	3

97537	Community/work reintegration, 15 min.	0.2414	3
97542	Wheelchair mngment training, 15 min.	0.2414	3
97750	Physical performance test, 15 min.	0.2276	3
97755	Assistive technology assess, 15 min.	0.2276	3
97760	Orthotic mgmt and training, 15 min.	0.2276	3
97761	Prosthetic training, 15 min.	0.2276	3
97762	C/o for orthotic/prosth use, 15 min.	0.2276	3
97802	Medical nutrition, indiv, each 15 min.	0.1793	2
97803	Med nutrition, indiv, subseq, each 15 min.	0.1793	2
97804	Medical nutrition, group, each 30 min.	0.3448	1
97810	Acupunct w/o stimul 15 min.	0.2276	3
98960	Self-mgmt educ & train, 1 pt, 30 min.	0.1379	4
98961	Self-mgmt educ/train, 2-4 pt.	0.0690	4
98962	Self-mgmt educ/train, 5-8 pt.	0.0690	4
99002	DEVICE HANDLING.....	0.7586	1
99401	Preventive counseling, indiv.	0.1724	1
99402	Preventive counseling, indiv.	0.3103	1
99403	Preventive counseling, indiv.	0.4482	1
99404	Preventive counseling, indiv.	0.5862	1
99411	Preventive counseling, group.....	0.1379	1
99412	Preventive counseling, group.....	0.2414	1
G0108	Diab manage trn per indiv.....	0.1379	4
G0109	Diab manage trn ind/group	0.0690	4

G0270	MNT subs tx for change dx, each 15 min.	0.1793	2
G0271	Group MNT 2 or more 30 mins.	0.1517	1
H0001	Alcohol and/or drug assessment	0.8965	1
H0006	Alcohol and/or drug services	0.4138	1
H0023	Behavioral health outreach service	0.7034	1
H0031	MH health assess by non-md.	0.8965	1
H0038	Self-help/peer services per 15 min.....	0.0000	1
H1000	Prenatal care atrisk assessm.	0.2069	1
H1005	Prenatal care enhanced srv pk.....	0.0690	1
H2010	Comprehensive med svc 15 min.	0.4138	1
H2011	Crisis interven svc, per 15 min.....	0.2069	8
S9484	Crisis intervention per hour	2.4136	1
S9485	Crisis intervention mental h.....	5.7927	1
T1007	Treatment Plan Development	0.4138	1
V2020	Vision svcs frames purchases	0.3567	1
V2103	Spherocylindr 4.00d/12-2.00d.....	0.3567	1
V2200	Lens spher bifoc plano 4.00d.	0.3567	1
V2203	Lens sphcyl bifocal 4.00d/.1	0.3567	1
V5010	Assessment for hearing aid	0.1724	1
V5020	Conformity evaluation	0.0690	1
V5160	Dispensing fee binaural.....	1.3792	1
V5200	Cros hearing aid dispens fee	1.3792	1
V5240	Dispensing fee bicros.....	1.3792	1

V5241 Dispensing fee, monaural.....0.9310 1

Subdivision (d) of section 86-8.9 is amended, and a new subdivision (e) of section 86-8.9 is added, to read as follows:

(d) In cases where the only reimbursable APGs for a visit are one or more of the following [ancillary service] APGs, there shall be no reimbursement for capital costs included in the payment for that visit

94 CARDIAC REHABILITATION

274 PHYSICAL THERAPY, GROUP

275 SPEECH THERAPY AND EVALUATION, GROUP

322 MEDICATION ADMINISTRATION AND OBSERVATION

414 LEVEL I IMMUNIZATION AND ALLERGY IMMUNOTHERAPY

415 LEVEL II IMMUNIZATION

416 LEVEL III IMMUNIZATION

428 PATIENT EDUCATION, INDIVIDUAL

429 PATIENT EDUCATION, GROUP

(e) The following APGs shall be designated as “no blend APGs” and shall have their payments calculated solely under the APG reimbursement methodology.

94 Cardiac Rehabilitation

- 310 Developmental and Neuropsychological Testing
- 312 Full Day Partial Hospitalization for Mental Illness
- 321 Crisis Intervention
- 322 Medication Administration and Observation
- 414 Level I Immunization and Allergy Immunotherapy
- 415 Level II Immunization
- 416 Level III Immunization
- 426 Medication Management
- 428 Patient Education, Individual
- 429 Patient Education, Group
- 448 After Hours Services
- 451 Smoking Cessation Treatment

Subdivisions (h) and (i) of section 86-8.10 are amended to read as follows:

(h) The following APGs shall not be eligible for reimbursement pursuant to this Subpart:

- 065 RESPIRATORY THERAPY
- 066 PULMONARY REHABILITATION
- 117 HOME INFUSION
- [118 NUTRITION THERAPY]
- 190 ARTIFICIAL FERTILIZATION
- 311 FULL DAY PARTIAL HOSPITALIZATION FOR SUBSTANCE ABUSE

312 FULL DAY PARTIAL HOSPITALIZATION FOR MENTAL ILLNESS
313 HALF DAY PARTIAL HOSPITALIZATION FOR SUBSTANCE ABUSE
314 HALF DAY PARTIAL HOSPITALIZATION FOR MENTAL ILLNESS
319 ACTIVITY THERAPY
320 CASE MANAGEMENT - MENTAL HEALTH OR SUBSTANCE ABUSE
371 ORTHODONTICS
427 BIOFEEDBACK AND OTHER TRAINING
430 CLASS I CHEMOTHERAPY DRUGS
431 CLASS II CHEMOTHERAPY DRUGS
432 CLASS III CHEMOTHERAPY DRUGS
433 CLASS IV CHEMOTHERAPY DRUGS
434 CLASS V CHEMOTHERAPY DRUGS
441 CLASS VI CHEMOTHERAPY DRUGS
442 CLASS VII COMBINED CHEMOTHERPAY & PHARMACOTHERAPY
450 OBSERVATION
452 DIABETES SUPPLIES
453 MOTORIZED WHEELCHAIR
454 TPN FORMULAE
456 MOTORIZED WHEELCHAIR ACCESSORIES
492 DIRECT ADMISSION FOR OBSERVATION INDICATOR
500 DIRECT ADMISSION FOR OBSERVATION - OBSTETRICAL
501 DIRECT ADMISSION FOR OBSERVATION - OTHER DIAGNOSES
999 UNASSIGNED

(i) The following APGs shall not be eligible for reimbursement pursuant to this Subpart when they are presented as the only APGs applicable to a patient visit or when the only other APGs presented with them are one or more of the APGs listed in subdivision (h) of this section:

118 NUTRITION THERAPY

280 VASCULAR RADIOLOGY EXCEPT VENOGRAPHY OF EXTREMITY

281 MAGNETIC RESONANCE ANGIOGRAPHY – HEAD AND/OR NECK

282 MAGNETIC RESONANCE ANGIOGRAPHY – CHEST

283 MAGNETIC RESONANCE ANGIOGRAPHY – OTHER SITES

284 MYELOGRAPHY

285 MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST

286 MAMMOGRAPHY

287 DIGESTIVE RADIOLOGY

288 DIAGNOSTIC ULTRASOUND EXCEPT OBSTETRICAL AND VASCULAR OF LOWER EXTREMITIES

289 VASCULAR DIAGNOSTIC ULTRASOUND OF LOWER EXTREMITIES

290 PET SCANS

291 BONE DENSITOMETRY

292 MRI – ABDOMEN

293 MRI – JOINTS

294 MRI – BACK

295 MRI – CHEST

296 MRI – OTHER

297 MRI - BRAIN

298 CAT SCAN BACK

299 CAT SCAN - BRAIN

300 CAT SCAN - ABDOMEN

301 CAT SCAN - OTHER

302 ANGIOGRAPHY, OTHER

303 ANGIOGRAPHY, CEREBRAL

330 LEVEL I DIAGNOSTIC NUCLEAR MEDICINE

331 LEVEL II DIAGNOSTIC NUCLEAR MEDICINE

332 LEVEL III DIAGNOSTIC NUCLEAR MEDICINE

373 LEVEL I DENTAL FILM

374 LEVEL II DENTAL FILM

375 DENTAL ANESTHESIA

380 ANESTHESIA

390 LEVEL I PATHOLOGY

391 LEVEL II PATHOLOGY

392 PAP SMEARS

393 BLOOD AND TISSUE TYPING

394 LEVEL I IMMUNOLOGY TESTS

395 LEVEL II IMMUNOLOGY TESTS

396 LEVEL I MICROBIOLOGY TESTS

397 LEVEL II MICROBIOLOGY TESTS

- 398 LEVEL I ENDOCRINOLOGY TESTS
- 399 LEVEL II ENDOCRINOLOGY TESTS
- 400 LEVEL I CHEMISTRY TESTS
- 401 LEVEL II CHEMISTRY TESTS
- 402 BASIC CHEMISTRY TESTS
- 403 ORGAN OR DISEASE ORIENTED PANELS
- 404 TOXICOLOGY TESTS
- 405 THERAPEUTIC DRUG MONITORING
- 406 LEVEL I CLOTTING TESTS
- 407 LEVEL II CLOTTING TESTS
- 408 LEVEL I HEMATOLOGY TESTS
- 409 LEVEL II HEMATOLOGY TESTS
- 410 URINALYSIS
- 411 BLOOD AND URINE DIPSTICK TESTS
- 413 CARDIOGRAM
- 414 LEVEL I IMMUNIZATION AND ALLERGY IMMUNOTHERAPY
- 415 LEVEL II IMMUNIZATION
- 416 LEVEL III IMMUNIZATION
- 435 CLASS I PHARMACOTHERAPY
- 436 CLASS II PHARMACOTHERAPY
- 437 CLASS III PHARMACOTHERAPY
- 438 CLASS IV PHARMACOTHERAPY
- 439 CLASS V PHARMACOTHERAPY

440 CLASS VI PHARMACOTHERAPY

451 SMOKING CESSATION TREATMENT

455 IMPLANTED TISSUE OF ANY TYPE

457 VENIPUNCTURE

470 OBSTETRICAL ULTRASOUND

471 PLAIN FILM

472 ULTRASOUND GUIDANCE

473 CT GUIDANCE

REGULATORY IMPACT STATEMENT

Statutory Authority:

Authority for the promulgation of these regulations is contained in section 2807(2-a)(e) of the Public Health Law, section 79(u) of part C of chapter 58 of the laws of 2008 and section 129(l) of part C of chapter 58 of the laws of 2009, which authorizes the Commissioner of Health to adopt and amend rules and regulations, subject to the approval of the State Director of the Budget, establishing an Ambulatory Patient Groups methodology for determining Medicaid rates of payment for diagnostic and treatment center services, free-standing ambulatory surgery services and general hospital outpatient clinics, emergency departments and ambulatory surgery services.

Legislative Objective:

The Legislature's mandate is to convert, where appropriate, Medicaid reimbursement of ambulatory care services to a system that pays differential amounts based on the resources required for each patient visit, as determined through APGs.

Needs and Benefits:

The proposed regulations are in conformance with statutory amendments to provisions of Public Health Law section 2807(2-a), which mandated implementation of a new ambulatory care reimbursement methodology based on APGs. This reimbursement methodology provides greater reimbursement for high intensity services and relatively less reimbursement for low intensity services. It also allows for greater payment homogeneity for comparable services across all ambulatory care settings (i.e., Outpatient Department, Ambulatory Surgery, Emergency

Department, and Diagnostic and Treatment Centers). By linking payments to the specific array of services rendered, APGs will make Medicaid reimbursement more transparent. APGs provide strong fiscal incentives for health care providers to improve the quality of, and access to, preventive and primary care services.

COSTS

Costs for the Implementation of, and Continuing Compliance with this Regulation to the Regulated Entity:

There will be no additional costs to providers as a result of these amendments.

Costs to Local Governments:

There will be no additional costs to local governments as a result of these amendments.

Costs to State Governments:

There will be no additional costs to NYS as a result of these amendments. All expenditures under this regulation are fully budgeted in the SFY 09/10 enacted budget.

Costs to the Department of Health:

There will be no additional costs to the Department of Health as a result of these amendments.

Paperwork:

There is no additional paperwork required of providers as a result of these amendments.

Duplication:

This regulation does not duplicate other state or federal regulations.

Alternatives:

These regulations are in conformance with Public Health Law section 2807(2-a).

Alternatives would require statutory amendments.

Federal Standards:

This amendment does not exceed any minimum standards of the federal government for the same or similar subject areas.

Compliance Schedule:

The proposed amendment will become effective upon filing with the Department of State.

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REGULATORY FLEXIBILITY ANALYSIS FOR SMALL BUSINESS AND LOCAL GOVERNMENTS

Effect on Small Business and Local Governments:

For the purpose of this regulatory flexibility analysis, small businesses were considered to be general hospitals, diagnostic and treatment centers, and free-standing ambulatory surgery centers. Based on recent data extracted from providers' submitted cost reports, seven hospitals and 245 DTCs were identified as employing fewer than 100 employees.

Compliance Requirements:

No new reporting, record keeping or other compliance requirements are being imposed as a result of these rules.

Professional Services:

No new or additional professional services are required in order to comply with the proposed amendments.

Economic and Technical Feasibility:

Small businesses will be able to comply with the economic and technological aspects of this rule. The proposed amendments are intended to further reform the outpatient/ambulatory care fee-for-service Medicaid payment system, which is intended to benefit health care providers, including those with fewer than 100 employees.

Compliance Costs:

No initial capital costs will be imposed as a result of this rule, nor is there an annual cost of compliance.

Minimizing Adverse Impact:

The proposed amendments apply to certain services of general hospitals, diagnostic and treatment centers and freestanding ambulatory surgery centers. The Department of Health considered approaches specified in section 202-b (1) of the State Administrative Procedure Act in drafting the proposed amendments and rejected them as inappropriate given that this reimbursement system is mandated in statute.

Small Business and Local Government Participation:

Local governments and small businesses were given notice of these proposals by their inclusion in the SFY 2009-10 enacted budget and the Department's issuance in the State Register of federal public notices on February 25, 2009, and June 10, 2009.

RURAL AREA FLEXIBILITY ANALYSIS

Effect on Rural Areas:

Rural areas are defined as counties with a population less than 200,000 and, for counties with a population greater than 200,000, includes towns with population densities of 150 persons or less per square mile. The following 44 counties have a population less than 200,000:

Allegany	Hamilton	Schenectady
Cattaraugus	Herkimer	Schoharie
Cayuga	Jefferson	Schuyler
Chautauqua	Lewis	Seneca
Chemung	Livingston	Steuben
Chenango	Madison	Sullivan
Clinton	Montgomery	Tioga
Columbia	Ontario	Tompkins
Cortland	Orleans	Ulster
Delaware	Oswego	Warren
Essex	Otsego	Washington
Franklin	Putnam	Wayne
Fulton	Rensselaer	Wyoming
Genesee	St. Lawrence	Yates
Greene	Saratoga	

The following 9 counties have certain townships with population densities of 150 persons or less per square mile:

Albany	Erie	Oneida
Broome	Monroe	Onondaga
Dutchess	Niagara	Orange

Compliance Requirements:

No new reporting, record keeping, or other compliance requirements are being imposed as a result of this proposal.

Professional Services:

No new additional professional services are required in order for providers in rural areas to comply with the proposed amendments.

Compliance Costs:

No initial capital costs will be imposed as a result of this rule, nor is there an annual cost of compliance.

Minimizing Adverse Impact:

The proposed amendments apply to certain services of general hospitals, diagnostic and treatment centers and freestanding ambulatory surgery centers. The Department of Health considered approaches specified in section 202-bb (2) of the State Administrative Procedure Act in drafting the proposed amendments and rejected them as inappropriate given that the reimbursement system is mandated in statute.

Opportunity for Rural Area Participation:

Rural areas were given notice of these proposals by their inclusion in the SFY 2009-10 enacted budget and the Department's issuance in the State Register of federal public notices on February 25, 2009 and June, 10, 2009.

JOB IMPACT STATEMENT

A Job Impact Statement is not required pursuant to Section 201-a(2)(a) of the State Administrative Procedure Act. It is apparent, from the nature and purpose of the proposed regulations, that they will not have a substantial adverse impact on jobs or employment opportunities.

EMERGENCY JUSTIFICATION

It is necessary to issue the proposed regulation on an emergency basis in order to meet the regulatory requirement found within the regulation itself to update the Ambulatory Patient Group (APG) weights at least once a year. To meet that requirement, the weights needed to be revised and published in the regulation for January 2010. Additionally, the regulation needs to reflect the many software changes made to the APG payment software, known as the APG grouper-pricer, which is a sub-component of the eMedNY Medicaid payment system. These changes include revised lists of payable and non-payable APGs, a new list of APGs that are not eligible for a capital add-on, and a list of APGs that are not subject to having their payment “blended” with provider-specific historical payment amounts. Finally, a brand new payment software enhancement, which allows payment on a procedure code-specific basis rather than an APG basis, needs to be reflected in the regulation.

There is a compelling interest in enacting these amendments immediately in order to secure federal approval of associated Medicaid State Plan amendments and assure there are no delays in implementation of these provisions. APGs represent the cornerstone to health care reform. Their continued refinement is necessary to assure access to preventive services for all Medicaid recipients.