

## January 2011 Ambulatory Patient Groups (APGs) Payment Methodology

Effective date: 1/1/11

### **Summary of Express Terms**

#### General Summary for amendments to 86-8.1, 86-8.7, 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.

#### 86-8.1 – Scope

The proposed amendments to section 86-8.1 of Title 10 (Health) NYCRR add a new subdivision (a) paragraph (6) to establish new rates of payment for ambulatory care services for hospital –based alcoholism and drug abuse outpatient rehabilitation.

#### 86-8.7 – APGs and relative weights

The proposed revision to section 86-8.7 of Title 10 (Health) NYCRR repeals all of section 86-8.7 effective January 1, 2011 and replaces it with a new section 86-8.7 that includes revised APG weights and procedure-based weights, and adds fee schedule payments for specific procedure codes based on predetermined fees and unit limits.

#### 86-8.10 Exclusions from payment

The proposed revision to section 86-8.10 of Title 10 (Health) NYCRR amends subdivision (h) to remove APG 442 Class VII Combined Chemotherapy & Pharmacotherapy, APG 450 Observation, 492 Direct Admission for observation indicator, APG 500 Direct Admission for observation-obstetrical, and APG 501 Direct admission for observation-other diagnoses from the never pay APG list and adds APG 443 Class VII Chemotherapy Drugs to the never pay APG list. The proposed revision to section 86-8.10 of Title 10 (Health) NYCRR also amends subdivision (i) to remove APG 118 Nutrition therapy and adds APG 444 Class VII pharmacotherapy, 460 Class VIII combined chemotherapy and pharmacotherapy, 461 Class IX combined chemotherapy and pharmacotherapy, 462 Class X combined chemotherapy and pharmacotherapy, 463 Class XI combined chemotherapy and pharmacotherapy, and 464 Class XII combined chemotherapy and pharmacotherapy to the if stand alone do not pay list.

Pursuant to the authority vested in the Commissioner of Health by sections 2807(2-a)(e) of the Public Health Law, as amended by Part C of Chapter 58 of the Laws of 2008 and Part C of Chapter 58 of the Laws of 2009, the following sections of 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:

Subparagraph (iii) of paragraph (6) of subdivision (a) of section 86-8.1 is amended to read as follows:

- (iii) alcoholism and drug abuse clinics and outpatient rehabilitation, and

Section 86-8.7 is hereby repealed effective January 1, 2011 and a new section 86-8.7 is added to read as follows:

Section 86-8.7 APGs and relative weights and fees

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

<b>APG</b>	<b>APG Description</b>	<b>Weight</b>
1	PHOTOCHEMOTHERAPY	0.5526
2	SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION	2.8086
3	LEVEL I SKIN INCISION AND DRAINAGE	1.5061
4	LEVEL II SKIN INCISION AND DRAINAGE	2.9590
5	NAIL PROCEDURES	0.7414
6	LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION	1.4465
7	LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION	4.0338
8	LEVEL III SKIN DEBRIDEMENT AND DESTRUCTION	4.1402
9	LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	3.2478
10	LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	7.1495
11	LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE	12.7186
12	LEVEL I SKIN REPAIR	0.9985
13	LEVEL II SKIN REPAIR	3.1296
14	LEVEL III SKIN REPAIR	5.3798
15	LEVEL IV SKIN REPAIR	7.0617
20	LEVEL I BREAST PROCEDURES	6.1142
21	LEVEL II BREAST PROCEDURES	7.5861
22	LEVEL III BREAST PROCEDURES	10.7030
30	LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	7.1713
31	LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	9.1805
32	LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT	12.3148
33	LEVEL I HAND PROCEDURES	5.7742

34	LEVEL II HAND PROCEDURES	9.1580
35	LEVEL I FOOT PROCEDURES	6.8165
36	LEVEL II FOOT PROCEDURES	10.3719
37	LEVEL I ARTHROSCOPY	9.0281
38	LEVEL II ARTHROSCOPY	19.3575
39	REPLACEMENT OF CAST	1.5815
40	SPLINT, STRAPPING AND CAST REMOVAL	0.9801
41	CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK	2.0644
42	CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK	2.2275
43	OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES	11.2317
44	BONE OR JOINT MANIPULATION UNDER ANESTHESIA	2.9714
45	BUNION PROCEDURES	10.2277
46	LEVEL I ARTHROPLASTY	11.5457
47	LEVEL II ARTHROPLASTY	14.1222
48	HAND AND FOOT TENOTOMY	3.5130
49	ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION	1.3448
60	PULMONARY TESTS	1.5150
61	NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION	4.1065
62	LEVEL I ENDOSCOPY OF THE UPPER AIRWAY	1.6995
63	LEVEL II ENDOSCOPY OF THE UPPER AIRWAY	9.1971
64	ENDOSCOPY OF THE LOWER AIRWAY	7.3440
65	RESPIRATORY THERAPY	0.0000
66	PULMONARY REHABILITATION	0.0000
67	VENTILATION ASSISTANCE AND MANAGEMENT	1.0464
80	EXERCISE TOLERANCE TESTS	0.9688
81	ECHOCARDIOGRAPHY	1.9381
82	CARDIAC ELECTROPHYSIOLOGIC TESTS	8.0131
83	PLACEMENT OF TRANSVENOUS CATHETERS	6.7333
84	DIAGNOSTIC CARDIAC CATHETERIZATION	11.4992
85	ANGIOPLASTY AND TRANSCATHETER PROCEDURES	11.3118
86	PACEMAKER INSERTION AND REPLACEMENT	25.7335
87	REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE	10.0427
88	LEVEL I CARDIOTHORACIC PROCEDURES	12.9732
89	LEVEL II CARDIOTHORACIC PROCEDURES	15.3453
90	SECONDARY VARICOSE VEINS AND VASCULAR INJECTION	6.2097
91	VASCULAR LIGATION AND RECONSTRUCTION	10.4890
92	RESUSCITATION	3.3235
93	CARDIOVERSION	4.1141
94	CARDIAC REHABILITATION	0.2075
95	THROMBOLYSIS	0.9474
96	ATRIAL AND VENTRICULAR RECORDING AND PACING	2.2625
97	AICD IMPLANT	76.0817
110	PHARMACOTHERAPY BY EXTENDED INFUSION	2.9018
111	PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION	1.3423
112	PHLEBOTOMY	0.7853

113	LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE	3.1114
114	LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE	8.0560
115	DEEP LYMPH STRUCTURE AND THYROID PROCEDURES	5.2411
116	ALLERGY TESTS	1.8184
117	HOME INFUSION	0.0000
118	NUTRITION THERAPY	0.0000
130	ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT	2.8558
131	ESOPHAGEAL DILATION WITHOUT ENDOSCOPY	2.9182
132	ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY	3.1008
133	PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY	4.3378
134	DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION	4.2693
135	THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION	5.8034
136	DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY	4.4271
137	THERAPEUTIC COLONOSCOPY	4.8592
138	ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES	6.8380
139	LEVEL I HERNIA REPAIR	10.0007
140	LEVEL II HERNIA REPAIR	10.1181
141	LEVEL I ANAL AND RECTAL PROCEDURES	4.0787
142	LEVEL II ANAL AND RECTAL PROCEDURES	9.5788
143	LEVEL I GASTROINTESTINAL PROCEDURES	5.5630
144	LEVEL II GASTROINTESTINAL PROCEDURES	8.3903
145	LEVEL I LAPAROSCOPY	8.1624
146	LEVEL II LAPAROSCOPY	12.4996
147	LEVEL III LAPAROSCOPY	12.6160
148	LEVEL IV LAPAROSCOPY	15.7699
160	EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY	13.2611
161	URINARY STUDIES AND PROCEDURES	2.1090
162	URINARY CATHETERIZATION AND DILATATION	1.1703
163	LEVEL I BLADDER AND KIDNEY PROCEDURES	3.9881
164	LEVEL II BLADDER AND KIDNEY PROCEDURES	8.2431
165	LEVEL III BLADDER AND KIDNEY PROCEDURES	10.3039
166	LEVEL I URETHRA AND PROSTATE PROCEDURES	6.2277
167	LEVEL II URETHRA AND PROSTATE PROCEDURES	10.8055
168	HEMODIALYSIS	1.2199
169	PERITONEAL DIALYSIS	0.5228
180	TESTICULAR AND EPIDIDYMAL PROCEDURES	6.7450
181	CIRCUMCISION	5.3238
182	INSERTION OF PENILE PROSTHESIS	21.0226
183	LEVEL I PENILE AND PROSTATE PROCEDURES	4.0092
184	LEVEL II PENILE AND PROSTATE PROCEDURES	12.7489
185	PROSTATE NEEDLE AND PUNCH BIOPSY	4.6809
190	ARTIFICIAL FERTILIZATION	0.0000
191	LEVEL I FETAL PROCEDURES	1.2969
192	LEVEL II FETAL PROCEDURES	1.2969
193	TREATMENT OF INCOMPLETE ABORTION	5.9290

194	THERAPEUTIC ABORTION	4.1476
195	VAGINAL DELIVERY	6.3360
196	LEVEL I FEMALE REPRODUCTIVE PROCEDURES	4.8830
197	LEVEL II FEMALE REPRODUCTIVE PROCEDURES	8.3792
198	LEVEL III FEMALE REPRODUCTIVE PROCEDURES	9.4765
199	DILATION AND CURETTAGE	5.2567
200	HYSTEROSCOPY	7.6123
201	COLPOSCOPY	1.5703
210	EXTENDED EEG STUDIES	1.9087
211	ELECTROENCEPHALOGRAM	1.0751
212	ELECTROCONVULSIVE THERAPY	2.0988
213	NERVE AND MUSCLE TESTS	0.7477
214	NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP	3.6211
215	LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	19.1376
216	LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE	24.3616
217	LEVEL I NERVE PROCEDURES	7.0335
218	LEVEL II NERVE PROCEDURES	19.3408
219	SPINAL TAP	2.5532
220	INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS	2.8742
221	LAMINOTOMY AND LAMINECTOMY	15.0004
222	SLEEP STUDIES	4.8605
223	LEVEL III NERVE PROCEDURES	77.4190
230	MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES	1.0706
231	FITTING OF CONTACT LENSES	0.5113
232	LASER EYE PROCEDURES	3.7703
233	CATARACT PROCEDURES	9.7756
234	LEVEL I ANTERIOR SEGMENT EYE PROCEDURES	6.6744
235	LEVEL II ANTERIOR SEGMENT EYE PROCEDURES	9.1418
236	LEVEL III ANTERIOR SEGMENT EYE PROCEDURES	12.2092
237	LEVEL I POSTERIOR SEGMENT EYE PROCEDURES	2.3897
238	LEVEL II POSTERIOR SEGMENT EYE PROCEDURES	12.4664
239	STRABISMUS AND MUSCLE EYE PROCEDURES	7.3192
240	LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE	3.4246
241	LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE	9.2806
250	COCHLEAR DEVICE IMPLANTATION	168.4364
251	OTORHINOLARYNGOLOGIC FUNCTION TESTS	0.6963
252	LEVEL I FACIAL AND ENT PROCEDURES	5.1205
253	LEVEL II FACIAL AND ENT PROCEDURES	6.2265
254	LEVEL III FACIAL AND ENT PROCEDURES	10.1500
255	LEVEL IV FACIAL AND ENT PROCEDURES	15.1805
256	TONSIL AND ADENOID PROCEDURES	6.2230
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	3.7426
281	MAGNETIC RESONANCE ANGIOGRAPHY - HEAD AND/OR NECK	3.0248
282	MAGNETIC RESONANCE ANGIOGRAPHY - CHEST	3.3334
283	MAGNETIC RESONANCE ANGIOGRAPHY - OTHER SITES	3.0805
284	MYELOGRAPHY	5.3654
285	MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST	1.6646
286	MAMMOGRAPHY	0.6688
287	DIGESTIVE RADIOLOGY	1.0684
288	DIAGNOSTIC ULTRASOUND EXCEPT OBSTETRICAL AND VASCULAR OF LOWER EXTREMITIES	0.8050
289	VASCULAR DIAGNOSTIC ULTRASOUND OF LOWER EXTREMITIES	3.1350
290	PET SCANS	7.3108
291	BONE DENSITOMETRY	0.8488
292	MRI- ABDOMEN	3.0537
293	MRI- JOINTS	2.7235
294	MRI- BACK	2.5740
295	MRI- CHEST	2.9925
296	MRI- OTHER	3.2614
297	MRI- BRAIN	3.0319
298	CAT SCAN BACK	1.3748
299	CAT SCAN - BRAIN	1.1337
300	CAT SCAN - ABDOMEN	1.3175
301	CAT SCAN - OTHER	1.4422
302	ANGIOGRAPHY, OTHER	1.6118
303	ANGIOGRAPHY, CEREBRAL	1.9440
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
313	HALF DAY PARTIAL HOSPITALIZATION FOR SUBSTANCE ABUSE	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 - MENTAL HEALTH OR SUBSTANCE ABUSE	0.0000
321	CRISIS INTERVENTION	0.8275
322	MEDICATION ADMINISTRATION & OBSERVATION	0.1483
323	MENTAL HYGIENE ASSESSMENT	1.0344
324	MENTAL HEALTH SCREENING & BRIEF ASSESSMENT	0.2803
327	INTENSIVE OUTPATIENT PSYCHIATRIC TREATMENT	0.6093

328	DAY REHABILITATION, HALF DAY	0.5948
329	DAY REHABILITATION, FULL DAY	0.7931
330	LEVEL I DIAGNOSTIC NUCLEAR MEDICINE	1.6930
331	LEVEL II DIAGNOSTIC NUCLEAR MEDICINE	2.0949
332	LEVEL III DIAGNOSTIC NUCLEAR MEDICINE	3.2657
340	THERAPEUTIC NUCLEAR MEDICINE	1.2389
341	RADIATION THERAPY AND HYPERTHERMIA	0.5646
342	AFTERLOADING BRACHYTHERAPY	4.8902
343	RADIATION TREATMENT DELIVERY	1.8318
344	INSTILLATION OF RADIOELEMENT SOLUTIONS	2.5628
345	HYPERTHERMIC THERAPIES	0.9459
346	RADIOSURGERY	29.0289
347	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY	0.7966
348	PROTON TREATMENT DELIVERY	4.5955
349	LEVEL II AFTERLOADING BRACHYTHERAPY	63.3117
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 SURGERY	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	3.0457
376	DIAGNOSTIC DENTAL PROCEDURES	0.2264
377	PREVENTIVE DENTAL PROCEDURES	0.3168
380	ANESTHESIA	0.0000
390	LEVEL I PATHOLOGY	0.3156

391	LEVEL II PATHOLOGY	0.4325
392	PAP SMEARS	0.1753
393	BLOOD AND TISSUE TYPING	0.1928
394	LEVEL I IMMUNOLOGY TESTS	0.1156
395	LEVEL II IMMUNOLOGY TESTS	0.1451
396	LEVEL I MICROBIOLOGY TESTS	0.0945
397	LEVEL II MICROBIOLOGY TESTS	0.2175
398	LEVEL I ENDOCRINOLOGY TESTS	0.1486
399	LEVEL II ENDOCRINOLOGY TESTS	0.2221
400	LEVEL I CHEMISTRY TESTS	0.0885
401	LEVEL II CHEMISTRY TESTS	0.2432
402	BASIC CHEMISTRY TESTS	0.0440
403	ORGAN OR DISEASE ORIENTED PANELS	0.1345
404	TOXICOLOGY TESTS	0.0909
405	THERAPEUTIC DRUG MONITORING	0.1439
406	LEVEL I CLOTTING TESTS	0.0767
407	LEVEL II CLOTTING TESTS	0.2076
408	LEVEL I HEMATOLOGY TESTS	0.0691
409	LEVEL II HEMATOLOGY TESTS	0.1404
410	URINALYSIS	0.0549
411	BLOOD AND URINE DIPSTICK TESTS	0.0397
412	SIMPLE PULMONARY FUNCTION TESTS	0.4341
413	CARDIOGRAM	0.2289
414	LEVEL I IMMUNIZATION AND ALLERGY IMMUNOTHERAPY	0.1793
415	LEVEL II IMMUNIZATION	0.4521
416	LEVEL III IMMUNIZATION	0.7563
417	MINOR REPRODUCTIVE PROCEDURES	0.6601
418	MINOR CARDIAC AND VASCULAR TESTS	1.1402
419	MINOR OPHTHALMOLOGICAL INJECTION, SCRAPING AND TESTS	0.5190
420	PACEMAKER AND OTHER ELECTRONIC ANALYSIS	0.3952
421	TUBE CHANGE	1.8640
422	PROVISION OF VISION AIDS	0.4642
423	INTRODUCTION OF NEEDLE AND CATHETER	1.0383
424	DRESSINGS AND OTHER MINOR PROCEDURES	0.3869
425	OTHER MISCELLANEOUS ANCILLARY PROCEDURES	0.5356
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	0.1879

436	CLASS II PHARMACOTHERAPY	0.5636
437	CLASS III PHARMACOTHERAPY	1.0121
438	CLASS IV PHARMACOTHERAPY	1.6970
439	CLASS V PHARMACOTHERAPY	2.7455
440	CLASS VI PHARMACOTHERAPY	4.2788
441	CLASS VI CHEMOTHERAPY DRUGS	0.0000
443	CLASS VII CHEMOTHERAPY DRUGS	0.0000
444	CLASS VII PHARMACOTHERAPY	6.4061
448	EXPANDED HOURS ACCESS	0.0759
449	Additional undifferentiated medical visit/services	0.0000
450	OBSERVATION	1.6063
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	7.1549
456	MOTORIZED WHEELCHAIR ACCESSORIES	0.0000
457	VENIPUNCTURE	0.0637
460	CLASS VIII COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY	9.2182
461	CLASS IX COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY	12.7152
462	CLASS X COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY	20.2000
463	CLASS XI COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY	32.5818
464	CLASS XII COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY	50.0061
465	CLASS XIII COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY	0.0000
470	OBSTETRICAL ULTRASOUND	0.9951
471	PLAIN FILM	0.2997
472	ULTRASOUND GUIDANCE	0.8764
473	CT GUIDANCE	1.0718
474	RADIOLOGICAL GUIDANCE FOR THERAPEUTIC OR DIAGNOSTIC PROCEDURES	2.4382
475	MRI GUIDANCE	1.4302
476	LEVEL I THERAPEUTIC RADIATION TREATMENT PREPARATION	2.4421
477	LEVEL II THERAPEUTIC RADIATION TREATMENT PREPARATION	2.4436
478	MEDICAL RADIATION PHYSICS	0.7896
479	TREATMENT DEVICE DESIGN AND CONSTRUCTION	2.2975
480	TELETERAPY/BRACHYTHERAPY CALCULATION	1.8071
481	THERAPEUTIC RADIOLOGY SIMULATION FIELD SETTING	4.1946
482	RADIOELEMENT APPLICATION	3.3116
483	RADIATION THERAPY MANAGEMENT	2.1130
484	THERAPEUTIC RADIOLOGY TREATMENT PLANNING	1.9005
490	INCIDENTAL TO MEDICAL, SIGNIFICANT PROCEDURE OR THERAPY VISIT	0.0000
491	MEDICAL VISIT INDICATOR	0.8459
492	ADMISSION FOR OBSERVATION INDICATOR	0.0000
500	DIRECT ADMISSION FOR OBSERVATION - OBSTETRICAL	0.0000
501	DIRECT ADMISSION FOR OBSERVATION - OTHER DIAGNOSES	0.0000

502	DIRECT REFERRAL FOR OBSERVATION - BEHAVIORAL HEALTH	0.0000
510	MAJOR SIGNS, SYMPTOMS AND FINDINGS	0.8661
520	SPINAL DISORDERS & INJURIES	0.8153
521	NERVOUS SYSTEM MALIGNANCY	0.7832
522	DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	0.7869
523	MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES	0.6685
524	LEVEL I CNS DISORDERS	0.7727
525	LEVEL II CNS DISORDERS	0.8504
526	TRANSIENT ISCHEMIA	0.7649
527	PERIPHERAL NERVE DISORDERS	0.7677
528	NONTRAUMATIC STUPOR & COMA	0.8223
529	SEIZURE	0.9236
530	HEADACHES OTHER THAN MIGRAINE	0.8465
531	MIGRAINE	0.9208
532	HEAD TRAUMA	0.7963
533	AFTEREFFECTS OF CEREBROVASCULAR ACCIDENT	0.7337
534	NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARC	0.8129
535	CVA & PRECEREBRAL OCCLUSION W INFARCT	0.7915
536	CEREBRAL PALSY	0.7727
550	ACUTE MAJOR EYE INFECTIONS	0.7669
551	CATARACTS	0.8243
552	GLAUCOMA	0.7978
553	LEVEL I OPHTHALMIC DIAGNOSES	0.8241
554	LEVEL II OPHTHALMIC DIAGNOSES	0.8241
555	CONJUNCTIVITIS	0.7021
560	EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES	0.8167
561	VERTIGINOUS DISORDERS EXCEPT FOR BENIGN VERTIGO	0.9032
562	INFECTIONS OF UPPER RESPIRATORY TRACT	0.7152
563	DENTAL & ORAL DISEASES & INJURIES	0.6064
564	LEVEL I OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES	0.7957
565	LEVEL II OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES	0.9614
570	CYSTIC FIBROSIS - PULMONARY DISEASE	1.0257
571	RESPIRATORY MALIGNANCY	0.7860
572	BRONCHIOLITIS & RSV PNEUMONIA	0.6372
573	COMMUNITY ACQUIRED PNEUMONIA	0.9560
574	CHRONIC OBSTRUCTIVE PULMONARY DISEASE	0.6792
575	ASTHMA	0.8845
576	LEVEL I OTHER RESPIRATORY DIAGNOSES	0.9150
577	LEVEL II OTHER RESPIRATORY DIAGNOSES	0.9150
578	PNEUMONIA EXCEPT FOR COMMUNITY ACQUIRED PNEUMONIA	0.5165
579	STATUS ASTHMATICUS	0.7330
591	ACUTE MYOCARDIAL INFARCTION	1.5488
592	LEVEL I CARDIOVASCULAR DIAGNOSES	0.8038

593	LEVEL II CARDIOVASCULAR DIAGNOSES	0.8918
594	HEART FAILURE	0.8584
595	CARDIAC ARREST	1.8677
596	PERIPHERAL & OTHER VASCULAR DISORDERS	0.7492
597	PHLEBITIS	0.7287
598	ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS	0.7434
599	HYPERTENSION	0.7406
600	CARDIAC STRUCTURAL & VALVULAR DISORDERS	0.9975
601	LEVEL I CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	0.9291
602	ATRIAL FIBRILLATION	0.8270
603	LEVEL II CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	0.9476
604	CHEST PAIN	1.1736
605	SYNCOPE & COLLAPSE	0.9988
620	DIGESTIVE MALIGNANCY	0.7036
621	PEPTIC ULCER & GASTRITIS	1.0396
623	ESOPHAGITIS	0.6757
624	LEVEL I GASTROINTESTINAL DIAGNOSES	0.8018
625	LEVEL II GASTROINTESTINAL DIAGNOSES	0.8018
626	INFLAMMATORY BOWEL DISEASE	0.7505
627	NON-BACTERIAL GASTROENTERITIS, NAUSEA & VOMITING	0.8297
628	ABDOMINAL PAIN	0.8572
629	MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE	1.2239
630	CONSTIPATION	0.8929
631	HERNIA	0.7936
632	IRRITABLE BOWEL SYNDROME	0.6564
633	ALCOHOLIC LIVER DISEASE	0.7192
634	MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS	0.8294
635	DISORDERS OF PANCREAS EXCEPT MALIGNANCY	0.7756
636	HEPATITIS WITHOUT COMA	0.7931
637	DISORDERS OF GALLBLADDER & BILIARY TRACT	0.6097
638	CHOLECYSTITIS	0.6880
639	LEVEL I HEPATOBILIARY DIAGNOSES	0.8023
640	LEVEL II HEPATOBILIARY DIAGNOSES	0.6771
650	FRACTURE OF FEMUR	1.2104
651	FRACTURE OF PELVIS OR DISLOCATION OF HIP	1.1561
652	FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK	1.0804
653	MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG	0.7423
654	OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS	0.7790
655	CONNECTIVE TISSUE DISORDERS	0.7526
656	BACK & NECK DISORDERS EXCEPT LUMBAR DISC DISEASE	0.8953
657	LUMBAR DISC DISEASE	0.8468
658	LUMBAR DISC DISEASE WITH SCIATICA	1.0187
659	MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR	0.9303

	PROCEDURE	
660	LEVEL I OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	0.8636
661	LEVEL II OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	0.9128
662	OSTEOPOROSIS	0.6327
663	PAIN	0.8481
670	SKIN ULCERS	0.7204
671	MAJOR SKIN DISORDERS	0.7380
672	MALIGNANT BREAST DISORDERS	0.6827
673	CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS	0.7865
674	CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE	1.0307
675	OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS	0.7585
676	DECUBITUS ULCER	0.7264
690	MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS	0.7364
691	INBORN ERRORS OF METABOLISM	0.6455
692	LEVEL I ENDOCRINE DISORDERS	0.7066
693	LEVEL II ENDOCRINE DISORDERS	0.7385
694	ELECTROLYTE DISORDERS	0.7508
695	OBESITY	0.6988
710	DIABETES WITH OPHTHALMIC MANIFESTATIONS	0.7917
711	DIABETES WITH CIRCULATORY DIAGNOSES	0.7440
712	DIABETES WITH NEUROLOGIC MANIFESTATIONS	0.8535
713	DIABETES WITHOUT COMPLICATIONS	0.7171
714	DIABETES WITH RENAL MANIFESTATIONS	0.7947
720	RENAL FAILURE	0.7625
721	KIDNEY & URINARY TRACT MALIGNANCY	0.8698
722	NEPHRITIS & NEPHROSIS	1.0549
723	KIDNEY AND CHRONIC URINARY TRACT INFECTIONS	0.8384
724	URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION	0.8528
725	MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC	1.2410
726	OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS	0.7815
727	ACUTE LOWER URINARY TRACT INFECTIONS	0.8885
740	MALIGNANCY, MALE REPRODUCTIVE SYSTEM	0.7405
741	MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY	0.7916
742	NEOPLASMS OF THE MALE REPRODUCTIVE SYSTEM	0.7748
743	PROSTATITIS	0.7649
744	MALE REPRODUCTIVE INFECTIONS	0.8954
750	FEMALE REPRODUCTIVE SYSTEM MALIGNANCY	0.6528
751	FEMALE REPRODUCTIVE SYSTEM INFECTIONS	0.8569
752	LEVEL I MENSTRUAL AND OTHER FEMALE DIAGNOSES	0.7464
753	LEVEL II MENSTRUAL AND OTHER FEMALE DIAGNOSES	0.8679
760	VAGINAL DELIVERY	0.7587
761	POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE	0.8410

762	THREATENED ABORTION	1.0438
763	ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY	0.8924
764	FALSE LABOR	1.2006
765	OTHER ANTEPARTUM DIAGNOSES	0.8433
766	ROUTINE PRENATAL CARE	0.8058
770	NORMAL NEONATE	0.4447
771	LEVEL I NEONATAL DIAGNOSES	1.2575
772	LEVEL II NEONATAL DIAGNOSES	0.8896
780	OTHER HEMATOLOGICAL DISORDERS	0.9252
781	COAGULATION & PLATELET DISORDERS	0.7657
782	CONGENITAL FACTOR DEFICIENCIES	0.9246
783	SICKLE CELL ANEMIA CRISIS	1.7087
784	SICKLE CELL ANEMIA	0.9882
785	ANEMIA EXCEPT FOR IRON DEFICIENCY ANEMIA AND SICKLE CELL ANEMIA	0.7752
786	IRON DEFICIENCY ANEMIA	0.7413
800	ACUTE LEUKEMIA	0.9599
801	LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA	0.7460
802	RADIOTHERAPY	0.4464
803	CHEMOTHERAPY	1.3465
804	LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR	0.7861
805	SEPTICEMIA & DISSEMINATED INFECTIONS	0.9895
806	POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS	0.8719
807	FEVER	0.8929
808	VIRAL ILLNESS	0.8755
809	OTHER INFECTIOUS & PARASITIC DISEASES	0.7794
810	H. PYLORI INFECTION	0.7787
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	0.6982
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	0.9557
851	POISONING OF MEDICINAL AGENTS	1.2335
852	OTHER COMPLICATIONS OF TREATMENT	0.8866
853	OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES	1.1020
854	TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES	0.8665
860	EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT	0.7916
861	PARTIAL THICKNESS BURNS W OR W/O SKIN GRAFT	0.8556
870	REHABILITATION	0.4136
871	SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS	0.7343
872	OTHER AFTERCARE & CONVALESCENCE	0.8116
873	NEONATAL AFTERCARE	0.8242
874	JOINT REPLACEMENT	0.7972
880	HIV INFECTION	1.0424
881	AIDS	1.0312
993	INPATIENT ONLY PROCEDURES	0.0000
994	USER CUSTOMIZABLE INPATIENT PROCEDURES	0.0000
999	UNASSIGNED	0.0000

(b) The procedures that will be paid procedure-specific weights and their associated weights and maximum units are:

<b>HCPCS Code</b>	<b>HCPCS Code Description</b>	<b>Px- Based Weight</b>	<b>Units Limit</b>
97802	Medical nutrition, indiv, each 15 min	0.1847	2
97803	Med nutrition, indiv, subseq, each 15 min	0.1847	2
97804	Medical nutrition, group, each 30 min	0.1638	1
G0270	MNT subs tx for change dx, each 15 min	0.1847	2
G0271	Group MNT 2 or more 30 mins	0.1517	1
92506	Speech/hearing evaluation	0.8996	1
92597	Oral speech device eval	0.8996	1
92605	Eval for nonspeech device rx	0.8996	1
92607	Ex for speech device rx, 1hr	0.8996	1
92608	Ex for speech device rx addl	0.4498	2

92626	Eval aud rehab status	0.8996	1
92627	Eval aud status rehab add-on	0.2249	2
92640	Aud brainstem implt programg	0.8996	1
97001	Pt evaluation	0.9045	1
97002	Pt re-evaluation	0.9045	1
97003	Ot evaluation	0.8141	1
97004	Ot re-evaluation	0.8141	1
97010	Hot or cold packs therapy	0.1379	1
97012	Mechanical traction therapy	0.1379	1
97014	Electric stimulation therapy	0.1379	1
97016	Vasopneumatic device therapy	0.1379	1
97018	Paraffin bath therapy	0.1379	1
97022	Whirlpool therapy	0.1379	1
97024	Diathermy eg, microwave	0.1379	1
97026	Infrared therapy	0.1379	1
97028	Ultraviolet therapy	0.1379	1
97032	Electrical stimulation, 15 min	0.1379	1
97033	Electric current therapy, 15 min	0.1379	1
97034	Contrast bath therapy, 15 min	0.1379	1
97035	Ultrasound therapy, 15 min	0.1379	1
97036	Hydrotherapy, 15 min	0.1379	1
97039	Physical therapy treatment	0.1379	1
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
97139	Physical medicine procedure	0.1379	1
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 mngment training, 15 min	0.2414	3
97537	Community/work reintegration, 15 min	0.2414	3
97542	Wheelchair mngment training, 15 min	0.2603	8
97545	Work hardening	0.9045	1
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
97799	Physical medicine procedure	0.1379	1
98941	Chiropractic manipulation	0.0000	1
G0283	Elec stim other than wound	0.1379	1
V5362	Speech screening	0.0000	1
V5364	Dysphagia screening	0.0000	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	1.6551	1
96118	Neuropsych tst by psych/phys	1.6551	1
96119	Neuropsych testing by tec	1.2413	1
96125	Cognitive test by hc pro	1.2413	1
S9485	Crisis intervention mental h	5.7927	1
90805	Psytx, off, 20-30 min w/e&m	1.0344	1
90811	Intact psytx, 20-30, 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
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
H0006	Alcohol and/or drug services	0.4138	1
T1007	Treatment Plan Development	0.4138	1
H2011	Crisis interven svc, per 15 min	0.4000	6
S9484	Crisis intervention per hour	2.4136	1
H0001	Alcohol and/or drug assessment	0.8965	1
H0031	MH health assess by non-md	0.8965	1
D9310	Dental consultation	0.2976	1
90862	Medication management	0.6620	1
H0014	Alcohol and/or drug services	0.8275	1
92065	Orthoptic/pleoptic training	0.3820	1
98960	Self-mgmt educ & train, 1 pt, 30 min	0.1939	4
G0108	Diab manage trn per indiv	0.1939	4
98961	Self-mgmt educ/train, 2-4 pt	0.0970	4
98962	Self-mgmt educ/train, 5-8 pt	0.0970	4
G0109	Diab manage trn ind/group	0.0970	4
90882	Environmental manipulation	0.2896	1
92340	Fitting of spectacles	0.2624	1
92341	Fitting of spectacles	0.2624	1
92342	Fitting of spectacles	0.2624	1
96040	Genetic counseling, 30 min	0.1939	4

96150	Assess hlth/behave, init	0.1517	3
96151	Assess hlth/behave, subseq	0.1448	3
96152	Intervene hlth/behave, indiv	0.1379	3
96153	Intervene hlth/behave, 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
99002	Device Handling	0.0000	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
D9230	Analgesia	0.1515	1
D9248	Sedation (non-iv)	0.1515	1
H0023	Behavioral health outreach service	0.0000	1
H0038	Self-help/peer services per 15 min	0.0172	4
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
T1013	Sign Lang/Oral Interpreter	0.0295	3
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	0.0844	1
V5020	Conformity evaluation	0.0422	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

(c) The procedures that will be paid through the APG Fee Schedule along with their associated fees and maximum units are:

<b>HCPCS Code</b>	<b>HCPCS Code Description</b>	<b>Fee</b>	<b>Units Limit</b>
V2600	Hand held low vision aids	\$ 150.00	1
V2610	Single lens spectacle mount	\$ 545.00	1
V2615	Telescop/othr compound lens	\$ 835.00	1
J0475	Baclofen 10 MG injection	\$ 176.50	8

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

190 ARTIFICIAL FERTILIZATION

311 FULL DAY PARTIAL HOSPITALIZATION FOR SUBSTANCE ABUSE

313 HALF DAY PARTIAL HOSPITALIZATION FOR SUBSTANCE ABUSE

314 HALF DAY PARTIAL HOSPITALIZATION FOR MENTAL ILLNESS

319 ACTIVITY THERAPY

371 ORTHODONTICS

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 CHEMOTHERAPY & PHARMACOTHERAPY]

443 CLASS VII CHEMOTHERAPY DRUGS

[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
- 435 CLASS I PHARMACOTHERAPY
- 436 CLASS II PHARMACOTHERAPY
- 437 CLASS III PHARMACOTHERAPY

- 438 CLASS IV PHARMACOTHERAPY
- 439 CLASS V PHARMACOTHERAPY
- 440 CLASS VI PHARMACOTHERAPY
- 444 CLASS VII PHARMACOTHERAPY
- 460 CLASS VIII COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
- 461 CLASS IX COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
- 462 CLASS X COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
- 463 CLASS XI COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY
- 464 CLASS XII COMBINED CHEMOTHERAPY AND 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, as amended by Part C of Chapter 58 of the Laws of 2008 and Part C of Chapter 58 of the Laws of 2009, which authorize 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 Ambulatory Patient Groups ("APGs"). The APGs refer to the Enhanced Ambulatory Patient Grouping classification system which is owned and maintained by 3M Health Information Systems. The Enhanced Ambulatory Group classification system and the clinical logic underlying that classification system, the EAPG software, and the Definitions Manual associated with that classification system, are all proprietary to 3M Health Information Systems. APG-based Medicaid Fee For Service payment systems have been implemented in several states including: Massachusetts, New Hampshire, and Maryland,

### **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.

These amendments include updated APG and/or procedure-based weights which will provide greater procedure level reimbursement precision and specificity, in addition to establishing an APG fee schedule for specific procedure codes. A deleted APG and three observation APGs were removed from the Never Pay APG list and a new chemotherapy drug APG was added to the Never pay list; the nutrition therapy APG was removed from the If Stand Alone Do not Pay list and new drug APGs (e.g., APG 444 Class VII pharmacotherapy, 460 Class VIII combined chemotherapy and pharmacotherapy, 461 Class IX combined chemotherapy and pharmacotherapy, 462 Class X combined chemotherapy and pharmacotherapy, 463 Class XI combined chemotherapy and pharmacotherapy, and 464 Class XII combined chemotherapy and pharmacotherapy) were added to the If Stand Alone do Not Pay list.

## **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 2009-10 and 2010-11 enacted budgets.

**Costs to the Department of Health:**

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

**Local Government Mandates:**

There are no local government mandates.

**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)(e)). Although the 2009 amendments to PHL 2807 (2-a) authorize the Commissioner to adopt rules to establish alternative payment methodologies or to continue to utilize existing payment methodologies where the APG is not yet appropriate or practical for certain services, the utilization of the APG methodology is in

its relative infancy and is otherwise continually monitored, adjusted and evaluated for appropriateness by the Department and the providers. This rulemaking is in response to this continually evaluative process.

**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:**

Not applicable

## 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:**

Not applicable

## **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 2011. 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. Finally, a brand new payment software enhancement, which allows a fee schedule payment for specific procedure codes based on predetermined fees and unit limits, 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.