

April 2011 Ambulatory Patient Groups (APGs) Payment Methodology

Effective date: 3/31/11

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 amendment to section 86-8.2 of Title 10 (Health) NYCRR removes subdivision (r), which defined ambulatory surgery permissible procedures.

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 April 1, 2011 and replaces it with a new section 86-8.7 that includes revised APG weights, procedure-based weights, and APG fee schedule fees.

86-8.9 Diagnostic coding and rate computation

The proposed revision to section 86-8.9 of Title 10 (Health) NYCRR removes subdivision (c), which references ambulatory surgery permissible procedures. Additionally, subdivision (f) is added to allow for a reduction of reimbursement for drugs purchased through the 340B drug benefit program.

86-8.10 Exclusions from payment

The proposed revision to section 86-8.10 of Title 10 (Health) NYCRR amends subdivision (i) to add APG 490 Incidental to Medical, Significant Procedure or Therapy Visit 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:

Section 86-8.2 subdivision (r) is hereby repealed:

[(r) Ambulatory surgery permissible procedures shall mean those surgical procedures designated by the Department as reimbursable as ambulatory surgery pursuant to this Subpart.]

Section 86-8.7 is hereby repealed effective April 1, 2011 and a new section 86-8.7 is added to read as follows: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

<u>APG</u>	<u>APG Description</u>	<u>Weight</u>
<u>1</u>	<u>PHOTOCHEMOTHERAPY</u>	<u>0.5526</u>
<u>2</u>	<u>SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION</u>	<u>2.8086</u>
<u>3</u>	<u>LEVEL I SKIN INCISION AND DRAINAGE</u>	<u>1.5061</u>
<u>4</u>	<u>LEVEL II SKIN INCISION AND DRAINAGE</u>	<u>2.9590</u>
<u>5</u>	<u>NAIL PROCEDURES</u>	<u>0.7414</u>
<u>6</u>	<u>LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION</u>	<u>1.4465</u>
<u>7</u>	<u>LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION</u>	<u>4.0338</u>
<u>8</u>	<u>LEVEL III SKIN DEBRIDEMENT AND DESTRUCTION</u>	<u>4.1402</u>
<u>9</u>	<u>LEVEL I EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE</u>	<u>3.2478</u>
<u>10</u>	<u>LEVEL II EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE</u>	<u>7.1495</u>
<u>11</u>	<u>LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE</u>	<u>12.7186</u>
<u>12</u>	<u>LEVEL I SKIN REPAIR</u>	<u>0.9985</u>

<u>13</u>	<u>LEVEL II SKIN REPAIR</u>	<u>3.1296</u>
<u>14</u>	<u>LEVEL III SKIN REPAIR</u>	<u>5.3798</u>
<u>15</u>	<u>LEVEL IV SKIN REPAIR</u>	<u>7.0617</u>
<u>20</u>	<u>LEVEL I BREAST PROCEDURES</u>	<u>6.1142</u>
<u>21</u>	<u>LEVEL II BREAST PROCEDURES</u>	<u>7.5861</u>
<u>22</u>	<u>LEVEL III BREAST PROCEDURES</u>	<u>10.7030</u>
<u>30</u>	<u>LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT</u>	<u>7.1713</u>
<u>31</u>	<u>LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT</u>	<u>9.1805</u>
<u>32</u>	<u>LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT</u>	<u>12.3148</u>
<u>33</u>	<u>LEVEL I HAND PROCEDURES</u>	<u>5.7742</u>
<u>34</u>	<u>LEVEL II HAND PROCEDURES</u>	<u>9.1580</u>
<u>35</u>	<u>LEVEL I FOOT PROCEDURES</u>	<u>6.8165</u>
<u>36</u>	<u>LEVEL II FOOT PROCEDURES</u>	<u>10.3719</u>
<u>37</u>	<u>LEVEL I ARTHROSCOPY</u>	<u>9.0281</u>
<u>38</u>	<u>LEVEL II ARTHROSCOPY</u>	<u>19.3575</u>
<u>39</u>	<u>REPLACEMENT OF CAST</u>	<u>1.5815</u>
<u>40</u>	<u>SPLINT, STRAPPING AND CAST REMOVAL</u>	<u>0.9801</u>
<u>41</u>	<u>CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK</u>	<u>2.0644</u>
<u>42</u>	<u>CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK</u>	<u>2.2275</u>
<u>43</u>	<u>OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES</u>	<u>11.2317</u>
<u>44</u>	<u>BONE OR JOINT MANIPULATION UNDER ANESTHESIA</u>	<u>2.9714</u>
<u>45</u>	<u>BUNION PROCEDURES</u>	<u>10.2277</u>
<u>46</u>	<u>LEVEL I ARTHROPLASTY</u>	<u>11.5457</u>
<u>47</u>	<u>LEVEL II ARTHROPLASTY</u>	<u>14.1222</u>
<u>48</u>	<u>HAND AND FOOT TENOTOMY</u>	<u>3.5130</u>
<u>49</u>	<u>ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION</u>	<u>1.3448</u>
<u>60</u>	<u>PULMONARY TESTS</u>	<u>1.5150</u>
<u>61</u>	<u>NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION</u>	<u>4.1065</u>
<u>62</u>	<u>LEVEL I ENDOSCOPY OF THE UPPER AIRWAY</u>	<u>1.6995</u>
<u>63</u>	<u>LEVEL II ENDOSCOPY OF THE UPPER AIRWAY</u>	<u>9.1971</u>
<u>64</u>	<u>ENDOSCOPY OF THE LOWER AIRWAY</u>	<u>7.3440</u>
<u>65</u>	<u>RESPIRATORY THERAPY</u>	<u>0.0000</u>
<u>66</u>	<u>PULMONARY REHABILITATION</u>	<u>0.0000</u>
<u>67</u>	<u>VENTILATION ASSISTANCE AND MANAGEMENT</u>	<u>1.0464</u>
<u>80</u>	<u>EXERCISE TOLERANCE TESTS</u>	<u>0.9688</u>
<u>81</u>	<u>ECHOCARDIOGRAPHY</u>	<u>1.9381</u>
<u>82</u>	<u>CARDIAC ELECTROPHYSIOLOGIC TESTS</u>	<u>8.0131</u>
<u>83</u>	<u>PLACEMENT OF TRANSVENOUS CATHETERS</u>	<u>6.7333</u>
<u>84</u>	<u>DIAGNOSTIC CARDIAC CATHETERIZATION</u>	<u>11.4992</u>
<u>85</u>	<u>ANGIOPLASTY AND TRANSCATHETER PROCEDURES</u>	<u>11.3118</u>
<u>86</u>	<u>PACEMAKER INSERTION AND REPLACEMENT</u>	<u>25.7335</u>

<u>87</u>	<u>REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE</u>	<u>10.0427</u>
<u>88</u>	<u>LEVEL I CARDIOTHORACIC PROCEDURES</u>	<u>12.9732</u>
<u>89</u>	<u>LEVEL II CARDIOTHORACIC PROCEDURES</u>	<u>15.3453</u>
<u>90</u>	<u>SECONDARY VARICOSE VEINS AND VASCULAR INJECTION</u>	<u>6.2097</u>
<u>91</u>	<u>VASCULAR LIGATION AND RECONSTRUCTION</u>	<u>10.4890</u>
<u>92</u>	<u>RESUSCITATION</u>	<u>3.3235</u>
<u>93</u>	<u>CARDIOVERSION</u>	<u>4.1141</u>
<u>94</u>	<u>CARDIAC REHABILITATION</u>	<u>0.2075</u>
<u>95</u>	<u>THROMBOLYSIS</u>	<u>0.9474</u>
<u>96</u>	<u>ATRIAL AND VENTRICULAR RECORDING AND PACING</u>	<u>2.2625</u>
<u>97</u>	<u>AICD IMPLANT</u>	<u>76.0817</u>
<u>110</u>	<u>PHARMACOTHERAPY BY EXTENDED INFUSION</u>	<u>2.9018</u>
<u>111</u>	<u>PHARMACOTHERAPY EXCEPT BY EXTENDED INFUSION</u>	<u>1.3423</u>
<u>112</u>	<u>PHLEBOTOMY</u>	<u>0.7853</u>
<u>113</u>	<u>LEVEL I BLOOD AND BLOOD PRODUCT EXCHANGE</u>	<u>3.1114</u>
<u>114</u>	<u>LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE</u>	<u>8.0560</u>
<u>115</u>	<u>DEEP LYMPH STRUCTURE AND THYROID PROCEDURES</u>	<u>5.2411</u>
<u>116</u>	<u>ALLERGY TESTS</u>	<u>1.8184</u>
<u>117</u>	<u>HOME INFUSION</u>	<u>0.0000</u>
<u>118</u>	<u>NUTRITION THERAPY</u>	<u>0.0000</u>
<u>130</u>	<u>ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT</u>	<u>2.8558</u>
<u>131</u>	<u>ESOPHAGEAL DILATION WITHOUT ENDOSCOPY</u>	<u>2.9182</u>
<u>132</u>	<u>ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY</u>	<u>3.1008</u>
<u>133</u>	<u>PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY</u>	<u>4.3378</u>
<u>134</u>	<u>DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION</u>	<u>4.2693</u>
<u>135</u>	<u>THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION</u>	<u>5.8034</u>
<u>136</u>	<u>DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY</u>	<u>4.4271</u>
<u>137</u>	<u>THERAPEUTIC COLONOSCOPY</u>	<u>4.8592</u>
<u>138</u>	<u>ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES</u>	<u>6.8380</u>
<u>139</u>	<u>LEVEL I HERNIA REPAIR</u>	<u>10.0007</u>
<u>140</u>	<u>LEVEL II HERNIA REPAIR</u>	<u>10.1181</u>
<u>141</u>	<u>LEVEL I ANAL AND RECTAL PROCEDURES</u>	<u>4.0787</u>
<u>142</u>	<u>LEVEL II ANAL AND RECTAL PROCEDURES</u>	<u>9.5788</u>
<u>143</u>	<u>LEVEL I GASTROINTESTINAL PROCEDURES</u>	<u>5.5630</u>
<u>144</u>	<u>LEVEL II GASTROINTESTINAL PROCEDURES</u>	<u>8.3903</u>
<u>145</u>	<u>LEVEL I LAPAROSCOPY</u>	<u>8.1624</u>
<u>146</u>	<u>LEVEL II LAPAROSCOPY</u>	<u>12.4996</u>
<u>147</u>	<u>LEVEL III LAPAROSCOPY</u>	<u>12.6160</u>
<u>148</u>	<u>LEVEL IV LAPAROSCOPY</u>	<u>15.7699</u>
<u>160</u>	<u>EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY</u>	<u>13.2611</u>
<u>161</u>	<u>URINARY STUDIES AND PROCEDURES</u>	<u>2.1090</u>

162	<u>URINARY CATHETERIZATION AND DILATATION</u>	1.1703
163	<u>LEVEL I BLADDER AND KIDNEY PROCEDURES</u>	3.9881
164	<u>LEVEL II BLADDER AND KIDNEY PROCEDURES</u>	8.2431
165	<u>LEVEL III BLADDER AND KIDNEY PROCEDURES</u>	10.3039
166	<u>LEVEL I URETHRA AND PROSTATE PROCEDURES</u>	6.2277
167	<u>LEVEL II URETHRA AND PROSTATE PROCEDURES</u>	10.8055
168	<u>HEMODIALYSIS</u>	1.2199
169	<u>PERITONEAL DIALYSIS</u>	0.5228
180	<u>TESTICULAR AND EPIDIDYMAL PROCEDURES</u>	6.7450
181	<u>CIRCUMCISION</u>	5.3238
182	<u>INSERTION OF PENILE PROSTHESIS</u>	21.0226
183	<u>LEVEL I PENILE AND PROSTATE PROCEDURES</u>	4.0092
184	<u>LEVEL II PENILE AND PROSTATE PROCEDURES</u>	12.7489
185	<u>PROSTATE NEEDLE AND PUNCH BIOPSY</u>	4.6809
190	<u>ARTIFICIAL FERTILIZATION</u>	0.0000
191	<u>LEVEL I FETAL PROCEDURES</u>	1.2969
192	<u>LEVEL II FETAL PROCEDURES</u>	1.2969
193	<u>TREATMENT OF INCOMPLETE ABORTION</u>	5.9290
194	<u>THERAPEUTIC ABORTION</u>	4.1476
195	<u>VAGINAL DELIVERY</u>	6.3360
196	<u>LEVEL I FEMALE REPRODUCTIVE PROCEDURES</u>	4.8830
197	<u>LEVEL II FEMALE REPRODUCTIVE PROCEDURES</u>	8.3792
198	<u>LEVEL III FEMALE REPRODUCTIVE PROCEDURES</u>	9.4765
199	<u>DILATION AND CURETTAGE</u>	5.2567
200	<u>HYSTEROSCOPY</u>	7.6123
201	<u>COLPOSCOPY</u>	1.5703
210	<u>EXTENDED EEG STUDIES</u>	1.9087
211	<u>ELECTROENCEPHALOGRAM</u>	1.0751
212	<u>ELECTROCONVULSIVE THERAPY</u>	2.0988
213	<u>NERVE AND MUSCLE TESTS</u>	0.7477
214	<u>NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP</u>	3.6211
215	<u>LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE</u>	19.1376
216	<u>LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE</u>	24.3616
217	<u>LEVEL I NERVE PROCEDURES</u>	7.0335
218	<u>LEVEL II NERVE PROCEDURES</u>	19.3408
219	<u>SPINAL TAP</u>	2.5532
220	<u>INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS</u>	2.8742
221	<u>LAMINOTOMY AND LAMINECTOMY</u>	15.0004
222	<u>SLEEP STUDIES</u>	4.8605
223	<u>LEVEL III NERVE PROCEDURES</u>	77.4190
230	<u>MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES</u>	1.0706

<u>231</u>	<u>FITTING OF CONTACT LENSES</u>	<u>0.5113</u>
<u>232</u>	<u>LASER EYE PROCEDURES</u>	<u>3.7703</u>
<u>233</u>	<u>CATARACT PROCEDURES</u>	<u>9.7756</u>
<u>234</u>	<u>LEVEL I ANTERIOR SEGMENT EYE PROCEDURES</u>	<u>6.6744</u>
<u>235</u>	<u>LEVEL II ANTERIOR SEGMENT EYE PROCEDURES</u>	<u>9.1418</u>
<u>236</u>	<u>LEVEL III ANTERIOR SEGMENT EYE PROCEDURES</u>	<u>12.2092</u>
<u>237</u>	<u>LEVEL I POSTERIOR SEGMENT EYE PROCEDURES</u>	<u>2.3897</u>
<u>238</u>	<u>LEVEL II POSTERIOR SEGMENT EYE PROCEDURES</u>	<u>12.4664</u>
<u>239</u>	<u>STRABISMUS AND MUSCLE EYE PROCEDURES</u>	<u>7.3192</u>
<u>240</u>	<u>LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE</u>	<u>3.4246</u>
<u>241</u>	<u>LEVEL II REPAIR AND PLASTIC PROCEDURES OF EYE</u>	<u>9.2806</u>
<u>250</u>	<u>COCHLEAR DEVICE IMPLANTATION</u>	<u>168.4364</u>
<u>251</u>	<u>OTORHINOLARYNGOLOGIC FUNCTION TESTS</u>	<u>0.6963</u>
<u>252</u>	<u>LEVEL I FACIAL AND ENT PROCEDURES</u>	<u>5.1205</u>
<u>253</u>	<u>LEVEL II FACIAL AND ENT PROCEDURES</u>	<u>6.2265</u>
<u>254</u>	<u>LEVEL III FACIAL AND ENT PROCEDURES</u>	<u>10.1500</u>
<u>255</u>	<u>LEVEL IV FACIAL AND ENT PROCEDURES</u>	<u>15.1805</u>
<u>256</u>	<u>TONSIL AND ADENOID PROCEDURES</u>	<u>6.2230</u>
<u>257</u>	<u>AUDIOMETRY</u>	<u>0.4211</u>
<u>270</u>	<u>OCCUPATIONAL THERAPY</u>	<u>0.7241</u>
<u>271</u>	<u>PHYSICAL THERAPY</u>	<u>0.6827</u>
<u>272</u>	<u>SPEECH THERAPY AND EVALUATION</u>	<u>0.6620</u>
<u>273</u>	<u>MANIPULATION THERAPY</u>	<u>0.2765</u>
<u>274</u>	<u>PHYSICAL THERAPY, GROUP</u>	<u>0.2414</u>
<u>275</u>	<u>SPEECH THERAPY & EVALUATION, GROUP</u>	<u>0.1931</u>
<u>280</u>	<u>VASCULAR RADIOLOGY EXCEPT VENOGRAPHY OF EXTREMITY</u>	<u>3.7426</u>
<u>281</u>	<u>MAGNETIC RESONANCE ANGIOGRAPHY - HEAD AND/OR NECK</u>	<u>3.0248</u>
<u>282</u>	<u>MAGNETIC RESONANCE ANGIOGRAPHY - CHEST</u>	<u>3.3334</u>
<u>283</u>	<u>MAGNETIC RESONANCE ANGIOGRAPHY - OTHER SITES</u>	<u>3.0805</u>
<u>284</u>	<u>MYELOGRAPHY</u>	<u>5.3654</u>
<u>285</u>	<u>MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST</u>	<u>1.6646</u>
<u>286</u>	<u>MAMMOGRAPHY</u>	<u>0.6688</u>
<u>287</u>	<u>DIGESTIVE RADIOLOGY</u>	<u>1.0684</u>
<u>288</u>	<u>DIAGNOSTIC ULTRASOUND EXCEPT OBSTETRICAL AND VASCULAR OF LOWER EXTREMITIES</u>	<u>0.8050</u>
<u>289</u>	<u>VASCULAR DIAGNOSTIC ULTRASOUND OF LOWER EXTREMITIES</u>	<u>3.1350</u>
<u>290</u>	<u>PET SCANS</u>	<u>7.3108</u>
<u>291</u>	<u>BONE DENSITOMETRY</u>	<u>0.8488</u>
<u>292</u>	<u>MRI- ABDOMEN</u>	<u>3.0537</u>
<u>293</u>	<u>MRI- JOINTS</u>	<u>2.7235</u>
<u>294</u>	<u>MRI- BACK</u>	<u>2.5740</u>

<u>295</u>	<u>MRI- CHEST</u>	<u>2.9925</u>
<u>296</u>	<u>MRI- OTHER</u>	<u>3.2614</u>
<u>297</u>	<u>MRI- BRAIN</u>	<u>3.0319</u>
<u>298</u>	<u>CAT SCAN BACK</u>	<u>1.3748</u>
<u>299</u>	<u>CAT SCAN - BRAIN</u>	<u>1.1337</u>
<u>300</u>	<u>CAT SCAN - ABDOMEN</u>	<u>1.3175</u>
<u>301</u>	<u>CAT SCAN - OTHER</u>	<u>1.4422</u>
<u>302</u>	<u>ANGIOGRAPHY, OTHER</u>	<u>1.6118</u>
<u>303</u>	<u>ANGIOGRAPHY, CEREBRAL</u>	<u>1.9440</u>
<u>310</u>	<u>DEVELOPMENTAL & NEUROPSYCHOLOGICAL TESTING</u>	<u>0.8275</u>
<u>311</u>	<u>FULL DAY PARTIAL HOSPITALIZATION FOR SUBSTANCE ABUSE</u>	<u>0.0000</u>
<u>312</u>	<u>FULL DAY PARTIAL HOSPITALIZATION FOR MENTAL ILLNESS</u>	<u>0.0000</u>
<u>313</u>	<u>HALF DAY PARTIAL HOSPITALIZATION FOR SUBSTANCE ABUSE</u>	<u>0.0000</u>
<u>314</u>	<u>HALF DAY PARTIAL HOSPITALIZATION FOR MENTAL ILLNESS</u>	<u>0.0000</u>
<u>315</u>	<u>COUNSELLING OR INDIVIDUAL BRIEF PSYCHOTHERAPY</u>	<u>0.6206</u>
<u>316</u>	<u>INDIVIDUAL COMPREHENSIVE PSYCHOTHERAPY</u>	<u>0.8275</u>
<u>317</u>	<u>FAMILY PSYCHOTHERAPY</u>	<u>0.6206</u>
<u>318</u>	<u>GROUP PSYCHOTHERAPY</u>	<u>0.3207</u>
<u>319</u>	<u>ACTIVITY THERAPY</u>	<u>0.0000</u>
<u>320</u>	<u>CASE MANAGEMENT & TREATMENT PLAN DEVELOPMENT - MENTAL HEALTH OR SUBSTANCE ABUSE</u>	<u>0.0000</u>
<u>321</u>	<u>CRISIS INTERVENTION</u>	<u>0.8275</u>
<u>322</u>	<u>MEDICATION ADMINISTRATION & OBSERVATION</u>	<u>0.1483</u>
<u>323</u>	<u>MENTAL HYGIENE ASSESSMENT</u>	<u>1.0344</u>
<u>324</u>	<u>MENTAL HEALTH SCREENING & BRIEF ASSESSMENT</u>	<u>0.2803</u>
<u>327</u>	<u>INTENSIVE OUTPATIENT PSYCHIATRIC TREATMENT</u>	<u>0.6093</u>
<u>328</u>	<u>DAY REHABILITATION, HALF DAY</u>	<u>0.5948</u>
<u>329</u>	<u>DAY REHABILITATION, FULL DAY</u>	<u>0.7931</u>
<u>330</u>	<u>LEVEL I DIAGNOSTIC NUCLEAR MEDICINE</u>	<u>1.6930</u>
<u>331</u>	<u>LEVEL II DIAGNOSTIC NUCLEAR MEDICINE</u>	<u>2.0949</u>
<u>332</u>	<u>LEVEL III DIAGNOSTIC NUCLEAR MEDICINE</u>	<u>3.2657</u>
<u>340</u>	<u>THERAPEUTIC NUCLEAR MEDICINE</u>	<u>1.2389</u>
<u>341</u>	<u>RADIATION THERAPY AND HYPERTHERMIA</u>	<u>0.5646</u>
<u>342</u>	<u>AFTERLOADING BRACHYTHERAPY</u>	<u>4.8902</u>
<u>343</u>	<u>RADIATION TREATMENT DELIVERY</u>	<u>1.8318</u>
<u>344</u>	<u>INSTILLATION OF RADIOELEMENT SOLUTIONS</u>	<u>2.5628</u>
<u>345</u>	<u>HYPERTHERMIC THERAPIES</u>	<u>0.9459</u>
<u>346</u>	<u>RADIOSURGERY</u>	<u>29.0289</u>
<u>347</u>	<u>HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY</u>	<u>0.7966</u>
<u>348</u>	<u>PROTON TREATMENT DELIVERY</u>	<u>4.5955</u>
<u>349</u>	<u>LEVEL II AFTERLOADING BRACHYTHERAPY</u>	<u>63.3117</u>

350	<u>LEVEL I ADJUNCTIVE GENERAL DENTAL SERVICES</u>	0.4639
351	<u>LEVEL II ADJUNCTIVE GENERAL DENTAL SERVICES</u>	1.3073
352	<u>PERIODONTICS</u>	0.8133
353	<u>LEVEL I PROSTHODONTICS, FIXED</u>	0.4550
354	<u>LEVEL II PROSTHODONTICS, FIXED</u>	1.7021
355	<u>LEVEL III PROSTHODONTICS, FIXED</u>	2.1055
356	<u>LEVEL I PROSTHODONTICS, REMOVABLE</u>	0.9221
357	<u>LEVEL II PROSTHODONTICS, REMOVABLE</u>	1.7644
358	<u>LEVEL III PROSTHODONTICS, REMOVABLE</u>	1.3580
359	<u>LEVEL I MAXILLOFACIAL PROSTHETICS</u>	0.2562
360	<u>LEVEL II MAXILLOFACIAL PROSTHETICS</u>	1.3379
361	<u>LEVEL I DENTAL RESTORATIONS</u>	0.6561
362	<u>LEVEL II DENTAL RESTORATIONS</u>	0.9844
363	<u>LEVEL III DENTAL RESTORATION</u>	2.3474
364	<u>LEVEL I ENDODONTICS</u>	0.6251
365	<u>LEVEL II ENDODONTICS</u>	1.1241
366	<u>LEVEL III ENDODONTICS</u>	1.1324
367	<u>LEVEL I ORAL AND MAXILLOFACIAL SURGERY</u>	0.7491
368	<u>LEVEL II ORAL AND MAXILLOFACIAL SURGERY</u>	2.0751
369	<u>LEVEL III ORAL AND MAXILLOFACIAL SURGERY</u>	2.0751
370	<u>LEVEL IV ORAL AND MAXILLOFACIAL SURGERY</u>	2.0751
371	<u>ORTHODONTICS</u>	0.0000
372	<u>SEALANT</u>	0.2676
373	<u>LEVEL I DENTAL FILM</u>	0.1338
374	<u>LEVEL II DENTAL FILM</u>	0.4631
375	<u>DENTAL ANESTHESIA</u>	5.1369
376	<u>DIAGNOSTIC DENTAL PROCEDURES</u>	0.2264
377	<u>PREVENTIVE DENTAL PROCEDURES</u>	0.3168
380	<u>ANESTHESIA</u>	0.0000
390	<u>LEVEL I PATHOLOGY</u>	0.3156
391	<u>LEVEL II PATHOLOGY</u>	0.4325
392	<u>PAP SMEARS</u>	0.1753
393	<u>BLOOD AND TISSUE TYPING</u>	0.1928
394	<u>LEVEL I IMMUNOLOGY TESTS</u>	0.1156
395	<u>LEVEL II IMMUNOLOGY TESTS</u>	0.1451
396	<u>LEVEL I MICROBIOLOGY TESTS</u>	0.0945
397	<u>LEVEL II MICROBIOLOGY TESTS</u>	0.2175
398	<u>LEVEL I ENDOCRINOLOGY TESTS</u>	0.1486
399	<u>LEVEL II ENDOCRINOLOGY TESTS</u>	0.2221
400	<u>LEVEL I CHEMISTRY TESTS</u>	0.0885
401	<u>LEVEL II CHEMISTRY TESTS</u>	0.2432

402	<u>BASIC CHEMISTRY TESTS</u>	0.0440
403	<u>ORGAN OR DISEASE ORIENTED PANELS</u>	0.1345
404	<u>TOXICOLOGY TESTS</u>	0.0909
405	<u>THERAPEUTIC DRUG MONITORING</u>	0.1439
406	<u>LEVEL I CLOTTING TESTS</u>	0.0767
407	<u>LEVEL II CLOTTING TESTS</u>	0.2076
408	<u>LEVEL I HEMATOLOGY TESTS</u>	0.0691
409	<u>LEVEL II HEMATOLOGY TESTS</u>	0.1404
410	<u>URINALYSIS</u>	0.0549
411	<u>BLOOD AND URINE DIPSTICK TESTS</u>	0.0397
412	<u>SIMPLE PULMONARY FUNCTION TESTS</u>	0.4341
413	<u>CARDIOGRAM</u>	0.2289
414	<u>LEVEL I IMMUNIZATION AND ALLERGY IMMUNOTHERAPY</u>	0.1793
415	<u>LEVEL II IMMUNIZATION</u>	0.4521
416	<u>LEVEL III IMMUNIZATION</u>	0.7563
417	<u>MINOR REPRODUCTIVE PROCEDURES</u>	0.6601
418	<u>MINOR CARDIAC AND VASCULAR TESTS</u>	1.1402
419	<u>MINOR OPHTHALMOLOGICAL INJECTION, SCRAPING AND TESTS</u>	0.5190
420	<u>PACEMAKER AND OTHER ELECTRONIC ANALYSIS</u>	0.3952
421	<u>TUBE CHANGE</u>	1.8640
422	<u>PROVISION OF VISION AIDS</u>	0.4642
423	<u>INTRODUCTION OF NEEDLE AND CATHETER</u>	1.0383
424	<u>DRESSINGS AND OTHER MINOR PROCEDURES</u>	0.3869
425	<u>OTHER MISCELLANEOUS ANCILLARY PROCEDURES</u>	0.5356
426	<u>PSYCHOTROPIC MEDICATION MANAGEMENT</u>	0.3448
427	<u>BIOFEEDBACK AND OTHER TRAINING</u>	0.0000
428	<u>PATIENT EDUCATION, INDIVIDUAL</u>	0.0000
429	<u>PATIENT EDUCATION, GROUP</u>	0.0000
430	<u>CLASS I CHEMOTHERAPY DRUGS</u>	0.0000
431	<u>CLASS II CHEMOTHERAPY DRUGS</u>	0.0000
432	<u>CLASS III CHEMOTHERAPY DRUGS</u>	0.0000
433	<u>CLASS IV CHEMOTHERAPY DRUGS</u>	0.0000
434	<u>CLASS V CHEMOTHERAPY DRUGS</u>	0.0000
435	<u>CLASS I PHARMACOTHERAPY</u>	0.1879
436	<u>CLASS II PHARMACOTHERAPY</u>	0.5636
437	<u>CLASS III PHARMACOTHERAPY</u>	1.0121
438	<u>CLASS IV PHARMACOTHERAPY</u>	1.6970
439	<u>CLASS V PHARMACOTHERAPY</u>	2.7455
440	<u>CLASS VI PHARMACOTHERAPY</u>	4.2788
441	<u>CLASS VI CHEMOTHERAPY DRUGS</u>	0.0000
443	<u>CLASS VII CHEMOTHERAPY DRUGS</u>	0.0000

444	<u>CLASS VII PHARMACOTHERAPY</u>	6.4061
448	<u>EXPANDED HOURS ACCESS</u>	0.0759
449	<u>Additional undifferentiated medical visit/services</u>	0.0000
450	<u>OBSERVATION</u>	1.6063
451	<u>SMOKING CESSATION TREATMENT</u>	0.1100
452	<u>DIABETES SUPPLIES</u>	0.0000
453	<u>MOTORIZED WHEELCHAIR</u>	0.0000
454	<u>TPN FORMULAE</u>	0.0000
455	<u>IMPLANTED TISSUE OF ANY TYPE</u>	7.1549
456	<u>MOTORIZED WHEELCHAIR ACCESSORIES</u>	0.0000
457	<u>VENIPUNCTURE</u>	0.0637
460	<u>CLASS VIII COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY</u>	9.2182
461	<u>CLASS IX COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY</u>	12.7152
462	<u>CLASS X COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY</u>	20.2000
463	<u>CLASS XI COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY</u>	32.5818
464	<u>CLASS XII COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY</u>	50.0061
465	<u>CLASS XIII COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY</u>	0.0000
470	<u>OBSTETRICAL ULTRASOUND</u>	0.9951
471	<u>PLAIN FILM</u>	0.2997
472	<u>ULTRASOUND GUIDANCE</u>	0.8764
473	<u>CT GUIDANCE</u>	1.0718
474	<u>RADIOLOGICAL GUIDANCE FOR THERAPEUTIC OR DIAGNOSTIC PROCEDURES</u>	2.4382
475	<u>MRI GUIDANCE</u>	1.4302
476	<u>LEVEL I THERAPEUTIC RADIATION TREATMENT PREPARATION</u>	2.4421
477	<u>LEVEL II THERAPEUTIC RADIATION TREATMENT PREPARATION</u>	2.4436
478	<u>MEDICAL RADIATION PHYSICS</u>	0.7896
479	<u>TREATMENT DEVICE DESIGN AND CONSTRUCTION</u>	2.2975
480	<u>TELE THERAPY/BRACHYTHERAPY CALCULATION</u>	1.8071
481	<u>THERAPEUTIC RADIOLOGY SIMULATION FIELD SETTING</u>	4.1946
482	<u>RADIOELEMENT APPLICATION</u>	3.3116
483	<u>RADIATION THERAPY MANAGEMENT</u>	2.1130
484	<u>THERAPEUTIC RADIOLOGY TREATMENT PLANNING</u>	1.9005
490	<u>INCIDENTAL TO MEDICAL, SIGNIFICANT PROCEDURE OR THERAPY VISIT</u>	0.0000
491	<u>MEDICAL VISIT INDICATOR</u>	0.8459
492	<u>ADMISSION FOR OBSERVATION INDICATOR</u>	0.0000
500	<u>DIRECT ADMISSION FOR OBSERVATION - OBSTETRICAL</u>	0.0000
501	<u>DIRECT ADMISSION FOR OBSERVATION - OTHER DIAGNOSES</u>	0.0000
502	<u>DIRECT REFERRAL FOR OBSERVATION - BEHAVIORAL HEALTH</u>	0.0000
510	<u>MAJOR SIGNS, SYMPTOMS AND FINDINGS</u>	0.8661
520	<u>SPINAL DISORDERS & INJURIES</u>	0.8153
521	<u>NERVOUS SYSTEM MALIGNANCY</u>	0.7832

522	<u>DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS</u>	0.7869
523	<u>MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES</u>	0.6685
524	<u>LEVEL I CNS DISORDERS</u>	0.7727
525	<u>LEVEL II CNS DISORDERS</u>	0.8504
526	<u>TRANSIENT ISCHEMIA</u>	0.7649
527	<u>PERIPHERAL NERVE DISORDERS</u>	0.7677
528	<u>NONTRAUMATIC STUPOR & COMA</u>	0.8223
529	<u>SEIZURE</u>	0.9236
530	<u>HEADACHES OTHER THAN MIGRAINE</u>	0.8465
531	<u>MIGRAINE</u>	0.9208
532	<u>HEAD TRAUMA</u>	0.7963
533	<u>AFTEREFFECTS OF CEREBROVASCULAR ACCIDENT</u>	0.7337
534	<u>NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARC</u>	0.8129
535	<u>CVA & PRECEREBRAL OCCLUSION W INFARCT</u>	0.7915
536	<u>CEREBRAL PALSY</u>	0.7727
550	<u>ACUTE MAJOR EYE INFECTIONS</u>	0.7669
551	<u>CATARACTS</u>	0.8243
552	<u>GLAUCOMA</u>	0.7978
553	<u>LEVEL I OPHTHALMIC DIAGNOSES</u>	0.8241
554	<u>LEVEL II OPHTHALMIC DIAGNOSES</u>	0.8241
555	<u>CONJUNCTIVITIS</u>	0.7021
560	<u>EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES</u>	0.8167
561	<u>VERTIGINOUS DISORDERS EXCEPT FOR BENIGN VERTIGO</u>	0.9032
562	<u>INFECTIONS OF UPPER RESPIRATORY TRACT</u>	0.7152
563	<u>DENTAL & ORAL DISEASES & INJURIES</u>	0.6064
564	<u>LEVEL I OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES</u>	0.7957
565	<u>LEVEL II OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES</u>	0.9614
570	<u>CYSTIC FIBROSIS - PULMONARY DISEASE</u>	1.0257
571	<u>RESPIRATORY MALIGNANCY</u>	0.7860
572	<u>BRONCHIOLITIS & RSV PNEUMONIA</u>	0.6372
573	<u>COMMUNITY ACQUIRED PNEUMONIA</u>	0.9560
574	<u>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</u>	0.6792
575	<u>ASTHMA</u>	0.8845
576	<u>LEVEL I OTHER RESPIRATORY DIAGNOSES</u>	0.9150
577	<u>LEVEL II OTHER RESPIRATORY DIAGNOSES</u>	0.9150
578	<u>PNEUMONIA EXCEPT FOR COMMUNITY ACQUIRED PNEUMONIA</u>	0.5165
579	<u>STATUS ASTHMATICUS</u>	0.7330
591	<u>ACUTE MYOCARDIAL INFARCTION</u>	1.5488
592	<u>LEVEL I CARDIOVASCULAR DIAGNOSES</u>	0.8038
593	<u>LEVEL II CARDIOVASCULAR DIAGNOSES</u>	0.8918
594	<u>HEART FAILURE</u>	0.8584

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

659	<u>MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE</u>	<u>0.9303</u>
660	<u>LEVEL I OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES</u>	<u>0.8636</u>
661	<u>LEVEL II OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES</u>	<u>0.9128</u>
662	<u>OSTEOPOROSIS</u>	<u>0.6327</u>
663	<u>PAIN</u>	<u>0.8481</u>
670	<u>SKIN ULCERS</u>	<u>0.7204</u>
671	<u>MAJOR SKIN DISORDERS</u>	<u>0.7380</u>
672	<u>MALIGNANT BREAST DISORDERS</u>	<u>0.6827</u>
673	<u>CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS</u>	<u>0.7865</u>
674	<u>CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE</u>	<u>1.0307</u>
675	<u>OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS</u>	<u>0.7585</u>
676	<u>DECUBITUS ULCER</u>	<u>0.7264</u>
690	<u>MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS</u>	<u>0.7364</u>
691	<u>INBORN ERRORS OF METABOLISM</u>	<u>0.6455</u>
692	<u>LEVEL I ENDOCRINE DISORDERS</u>	<u>0.7066</u>
693	<u>LEVEL II ENDOCRINE DISORDERS</u>	<u>0.7385</u>
694	<u>ELECTROLYTE DISORDERS</u>	<u>0.7508</u>
695	<u>OBESITY</u>	<u>0.6988</u>
710	<u>DIABETES WITH OPHTHALMIC MANIFESTATIONS</u>	<u>0.7917</u>
711	<u>DIABETES WITH CIRCULATORY DIAGNOSES</u>	<u>0.7440</u>
712	<u>DIABETES WITH NEUROLOGIC MANIFESTATIONS</u>	<u>0.8535</u>
713	<u>DIABETES WITHOUT COMPLICATIONS</u>	<u>0.7171</u>
714	<u>DIABETES WITH RENAL MANIFESTATIONS</u>	<u>0.7947</u>
720	<u>RENAL FAILURE</u>	<u>0.7625</u>
721	<u>KIDNEY & URINARY TRACT MALIGNANCY</u>	<u>0.8698</u>
722	<u>NEPHRITIS & NEPHROSIS</u>	<u>1.0549</u>
723	<u>KIDNEY AND CHRONIC URINARY TRACT INFECTIONS</u>	<u>0.8384</u>
724	<u>URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION</u>	<u>0.8528</u>
725	<u>MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC</u>	<u>1.2410</u>
726	<u>OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS</u>	<u>0.7815</u>
727	<u>ACUTE LOWER URINARY TRACT INFECTIONS</u>	<u>0.8885</u>
740	<u>MALIGNANCY, MALE REPRODUCTIVE SYSTEM</u>	<u>0.7405</u>
741	<u>MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY</u>	<u>0.7916</u>
742	<u>NEOPLASMS OF THE MALE REPRODUCTIVE SYSTEM</u>	<u>0.7748</u>
743	<u>PROSTATITIS</u>	<u>0.7649</u>
744	<u>MALE REPRODUCTIVE INFECTIONS</u>	<u>0.8954</u>
750	<u>FEMALE REPRODUCTIVE SYSTEM MALIGNANCY</u>	<u>0.6528</u>
751	<u>FEMALE REPRODUCTIVE SYSTEM INFECTIONS</u>	<u>0.8569</u>

752	<u>LEVEL I MENSTRUAL AND OTHER FEMALE DIAGNOSES</u>	0.7464
753	<u>LEVEL II MENSTRUAL AND OTHER FEMALE DIAGNOSES</u>	0.8679
760	<u>VAGINAL DELIVERY</u>	0.7587
761	<u>POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE</u>	0.8410
762	<u>THREATENED ABORTION</u>	1.0438
763	<u>ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY</u>	0.8924
764	<u>FALSE LABOR</u>	1.2006
765	<u>OTHER ANTEPARTUM DIAGNOSES</u>	0.8433
766	<u>ROUTINE PRENATAL CARE</u>	0.8058
770	<u>NORMAL NEONATE</u>	0.4447
771	<u>LEVEL I NEONATAL DIAGNOSES</u>	1.2575
772	<u>LEVEL II NEONATAL DIAGNOSES</u>	0.8896
780	<u>OTHER HEMATOLOGICAL DISORDERS</u>	0.9252
781	<u>COAGULATION & PLATELET DISORDERS</u>	0.7657
782	<u>CONGENITAL FACTOR DEFICIENCIES</u>	0.9246
783	<u>SICKLE CELL ANEMIA CRISIS</u>	1.7087
784	<u>SICKLE CELL ANEMIA</u>	0.9882
785	<u>ANEMIA EXCEPT FOR IRON DEFICIENCY ANEMIA AND SICKLE CELL ANEMIA</u>	0.7752
786	<u>IRON DEFICIENCY ANEMIA</u>	0.7413
800	<u>ACUTE LEUKEMIA</u>	0.9599
801	<u>LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA</u>	0.7460
802	<u>RADIOTHERAPY</u>	0.4464
803	<u>CHEMOTHERAPY</u>	1.3465
804	<u>LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR</u>	0.7861
805	<u>SEPTICEMIA & DISSEMINATED INFECTIONS</u>	0.9895
806	<u>POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS</u>	0.8719
807	<u>FEVER</u>	0.8929
808	<u>VIRAL ILLNESS</u>	0.8755
809	<u>OTHER INFECTIOUS & PARASITIC DISEASES</u>	0.7794
810	<u>H. PYLORI INFECTION</u>	0.7787
820	<u>SCHIZOPHRENIA</u>	0.8969
821	<u>MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES</u>	0.9476
822	<u>DISORDERS OF PERSONALITY & IMPULSE CONTROL</u>	0.8945
823	<u>BIPOLAR DISORDERS</u>	0.8574
824	<u>DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER</u>	0.6982
825	<u>ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES</u>	0.8061
826	<u>ACUTE ANXIETY & DELIRIUM STATES</u>	0.6352
827	<u>ORGANIC MENTAL HEALTH DISTURBANCES</u>	0.7817
828	<u>MENTAL RETARDATION</u>	0.7149
829	<u>CHILDHOOD BEHAVIORAL DISORDERS</u>	0.6982

830	<u>EATING DISORDERS</u>	<u>0.9135</u>
831	<u>OTHER MENTAL HEALTH DISORDERS</u>	<u>0.7248</u>
840	<u>OPIOID ABUSE & DEPENDENCE</u>	<u>0.7268</u>
841	<u>COCAINE ABUSE & DEPENDENCE</u>	<u>0.7268</u>
842	<u>ALCOHOL ABUSE & DEPENDENCE</u>	<u>1.0469</u>
843	<u>OTHER DRUG ABUSE & DEPENDENCE</u>	<u>0.9946</u>
850	<u>ALLERGIC REACTIONS</u>	<u>0.9557</u>
851	<u>POISONING OF MEDICINAL AGENTS</u>	<u>1.2335</u>
852	<u>OTHER COMPLICATIONS OF TREATMENT</u>	<u>0.8866</u>
853	<u>OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES</u>	<u>1.1020</u>
854	<u>TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES</u>	<u>0.8665</u>
860	<u>EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT</u>	<u>0.7916</u>
861	<u>PARTIAL THICKNESS BURNS W OR W/O SKIN GRAFT</u>	<u>0.8556</u>
870	<u>REHABILITATION</u>	<u>0.4136</u>
871	<u>SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS</u>	<u>0.7343</u>
872	<u>OTHER AFTERCARE & CONVALESCENCE</u>	<u>0.8116</u>
873	<u>NEONATAL AFTERCARE</u>	<u>0.8242</u>
874	<u>JOINT REPLACEMENT</u>	<u>0.7972</u>
880	<u>HIV INFECTION</u>	<u>1.0424</u>
881	<u>AIDS</u>	<u>1.0312</u>
993	<u>INPATIENT ONLY PROCEDURES</u>	<u>0.0000</u>
994	<u>USER CUSTOMIZABLE INPATIENT PROCEDURES</u>	<u>0.0000</u>
999	<u>UNASSIGNED</u>	<u>0.0000</u>

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

<u>HCPCS Code</u>	<u>HCPCS Code Description</u>	<u>Px-Based Weight</u>	<u>Units Limit</u>
90805	<u>Psytx, off, 20-30 min w/e&m</u>	<u>1.0344</u>	<u>1</u>
90807	<u>Psytx, off, 45-50 min w/e&m</u>	<u>1.2413</u>	<u>1</u>
90809	<u>Psytx, off, 75-80, w/e&m</u>	<u>1.2413</u>	<u>1</u>
90811	<u>Intact psytx, 20-30, w/e&m</u>	<u>1.0344</u>	<u>1</u>
90813	<u>Intact psytx, 45-50 min w/e&m</u>	<u>1.2413</u>	<u>1</u>
90815	<u>Intact psytx, 75-80 w/e&m</u>	<u>1.2413</u>	<u>1</u>
90819	<u>Psytx, hosp, 45-50 min w/e&m</u>	<u>1.2413</u>	<u>1</u>
90847	<u>Family psytx w/patient</u>	<u>1.2413</u>	<u>1</u>
90862	<u>Medication management</u>	<u>0.6620</u>	<u>1</u>
90882	<u>Environmental manipulation</u>	<u>0.2896</u>	<u>1</u>
92065	<u>Orthoptic/pleoptic training</u>	<u>0.3820</u>	<u>1</u>

92340	<u>Fitting of spectacles</u>	<u>0.2624</u>	<u>1</u>
92341	<u>Fitting of spectacles</u>	<u>0.2624</u>	<u>1</u>
92342	<u>Fitting of spectacles</u>	<u>0.2624</u>	<u>1</u>
92506	<u>Speech/hearing evaluation</u>	<u>0.8996</u>	<u>1</u>
92597	<u>Oral speech device eval</u>	<u>0.8996</u>	<u>1</u>
92605	<u>Eval for nonspeech device rx</u>	<u>0.8996</u>	<u>1</u>
92607	<u>Ex for speech device rx, 1hr</u>	<u>0.8996</u>	<u>1</u>
92608	<u>Ex for speech device rx addl</u>	<u>0.4498</u>	<u>2</u>
92626	<u>Eval aud rehab status</u>	<u>0.8996</u>	<u>1</u>
92627	<u>Eval aud status rehab add-on</u>	<u>0.2249</u>	<u>2</u>
92640	<u>Aud brainstem implt programg</u>	<u>0.8996</u>	<u>1</u>
96101	<u>Psycho testing by psych/phys</u>	<u>1.6551</u>	<u>1</u>
96102	<u>Psycho testing by technician</u>	<u>1.2413</u>	<u>1</u>
96111	<u>Developmental test, extend</u>	<u>1.2413</u>	<u>1</u>
96116	<u>Neurobehavioral status exam</u>	<u>1.6551</u>	<u>1</u>
96118	<u>Neuropsych tst by psych/phys</u>	<u>1.6551</u>	<u>1</u>
96119	<u>Neuropsych testing by tec</u>	<u>1.2413</u>	<u>1</u>
96125	<u>Cognitive test by hc pro</u>	<u>1.2413</u>	<u>1</u>
96150	<u>Assess hlth/behave, init</u>	<u>0.1517</u>	<u>3</u>
96151	<u>Assess hlth/behave, subseq</u>	<u>0.1448</u>	<u>3</u>
96152	<u>Intervene hlth/behave, indiv</u>	<u>0.1379</u>	<u>3</u>
96153	<u>Intervene hlth/behave, group</u>	<u>0.0690</u>	<u>4</u>
96154	<u>Interv hlth/behav, fam w/pt</u>	<u>0.1379</u>	<u>4</u>
96155	<u>Interv hlth/behav, fam w/o pt</u>	<u>0.1517</u>	<u>4</u>
97001	<u>Pt evaluation</u>	<u>0.9045</u>	<u>1</u>
97002	<u>Pt re-evaluation</u>	<u>0.9045</u>	<u>1</u>
97003	<u>Ot evaluation</u>	<u>0.8141</u>	<u>1</u>
97004	<u>Ot re-evaluation</u>	<u>0.8141</u>	<u>1</u>
97010	<u>Hot or cold packs therapy</u>	<u>0.1379</u>	<u>1</u>
97012	<u>Mechanical traction therapy</u>	<u>0.1379</u>	<u>1</u>
97014	<u>Electric stimulation therapy</u>	<u>0.1379</u>	<u>1</u>
97016	<u>Vasopneumatic device therapy</u>	<u>0.1379</u>	<u>1</u>
97018	<u>Paraffin bath therapy</u>	<u>0.1379</u>	<u>1</u>
97022	<u>Whirlpool therapy</u>	<u>0.1379</u>	<u>1</u>
97024	<u>Diathermy eg, microwave</u>	<u>0.1379</u>	<u>1</u>
97026	<u>Infrared therapy</u>	<u>0.1379</u>	<u>1</u>
97028	<u>Ultraviolet therapy</u>	<u>0.1379</u>	<u>1</u>
97032	<u>Electrical stimulation, 15 min</u>	<u>0.1379</u>	<u>2</u>
97033	<u>Electric current therapy, 15 min</u>	<u>0.1379</u>	<u>2</u>
97034	<u>Contrast bath therapy, 15 min</u>	<u>0.1379</u>	<u>2</u>
97035	<u>Ultrasound therapy, 15 min</u>	<u>0.1379</u>	<u>2</u>
97036	<u>Hydrotherapy, 15 min</u>	<u>0.1379</u>	<u>2</u>
97039	<u>Physical therapy treatment</u>	<u>0.1379</u>	<u>1</u>
97110	<u>Therapeutic exercises, 15 min</u>	<u>0.2276</u>	<u>3</u>
97112	<u>Neuromuscular reeducation</u>	<u>0.2276</u>	<u>3</u>

97113	<u>Aquatic therapy/exercises</u>	<u>0.2276</u>	<u>3</u>
97116	<u>Gait training therapy</u>	<u>0.2276</u>	<u>3</u>
97124	<u>Massage therapy, 15 min</u>	<u>0.2276</u>	<u>3</u>
97139	<u>Physical medicine procedure</u>	<u>0.1379</u>	<u>1</u>
97140	<u>Manual therapy, 15 min</u>	<u>0.2276</u>	<u>3</u>
97530	<u>Therapeutic activities, 15 min</u>	<u>0.2276</u>	<u>3</u>
97532	<u>Cognitive skills development, 15 min</u>	<u>0.2414</u>	<u>3</u>
97533	<u>Sensory integration, 15 min</u>	<u>0.2414</u>	<u>3</u>
97535	<u>Self care mngmt training, 15 min</u>	<u>0.2414</u>	<u>3</u>
97537	<u>Community/work reintegration, 15 min</u>	<u>0.2414</u>	<u>3</u>
97542	<u>Wheelchair mngmt training, 15 min</u>	<u>0.2603</u>	<u>8</u>
97545	<u>Work hardening</u>	<u>0.9045</u>	<u>1</u>
97750	<u>Physical performance test, 15 min</u>	<u>0.2276</u>	<u>3</u>
97755	<u>Assistive technology assess, 15 min</u>	<u>0.2276</u>	<u>6</u>
97760	<u>Orthotic mgmt and training, 15 min</u>	<u>0.2276</u>	<u>4</u>
97761	<u>Prosthetic training, 15 min</u>	<u>0.2276</u>	<u>4</u>
97762	<u>C/o for orthotic/prosth use, 15 min</u>	<u>0.2276</u>	<u>3</u>
97799	<u>Physical medicine procedure</u>	<u>0.1379</u>	<u>1</u>
97802	<u>Medical nutrition, indiv, each 15 min</u>	<u>0.1847</u>	<u>2</u>
97803	<u>Med nutrition, indiv, subseq, each 15 min</u>	<u>0.1847</u>	<u>2</u>
97804	<u>Medical nutrition, group, each 30 min</u>	<u>0.1638</u>	<u>1</u>
98941	<u>Chiropractic manipulation</u>	<u>0.0000</u>	<u>1</u>
98960	<u>Self-mgmt educ & train, 1 pt, 30 min</u>	<u>0.1939</u>	<u>4</u>
98961	<u>Self-mgmt educ/train, 2-4 pt</u>	<u>0.0970</u>	<u>4</u>
98962	<u>Self-mgmt educ/train, 5-8 pt</u>	<u>0.0970</u>	<u>4</u>
99002	<u>Device Handling</u>	<u>0.0000</u>	<u>1</u>
99401	<u>Preventive counseling, indiv</u>	<u>0.1724</u>	<u>1</u>
99402	<u>Preventive counseling, indiv</u>	<u>0.3103</u>	<u>1</u>
99403	<u>Preventive counseling, indiv</u>	<u>0.4482</u>	<u>1</u>
99404	<u>Preventive counseling, indiv</u>	<u>0.5862</u>	<u>1</u>
99411	<u>Preventive counseling, group</u>	<u>0.1379</u>	<u>1</u>
99412	<u>Preventive counseling, group</u>	<u>0.2414</u>	<u>1</u>
96040	<u>Genetic counseling, 30 min</u>	<u>0.1939</u>	<u>4</u>
D9230	<u>Analgesia</u>	<u>0.3030</u>	<u>1</u>
D9248	<u>Sedation (non-iv)</u>	<u>0.3030</u>	<u>1</u>

<u>D9310</u>	<u>Dental consultation</u>	<u>0.2976</u>	<u>1</u>
<u>G0108</u>	<u>Diab manage trn per indiv</u>	<u>0.1939</u>	<u>4</u>
<u>G0109</u>	<u>Diab manage trn ind/group</u>	<u>0.0970</u>	<u>4</u>
<u>G0270</u>	<u>MNT subs tx for change dx, each 15 min</u>	<u>0.1847</u>	<u>2</u>
<u>G0271</u>	<u>Group MNT 2 or more 30 mins</u>	<u>0.1517</u>	<u>1</u>
<u>G0283</u>	<u>Elec stim other than wound</u>	<u>0.1379</u>	<u>1</u>
<u>H0001</u>	<u>Alcohol and/or drug assessment</u>	<u>0.8965</u>	<u>1</u>
<u>H0006</u>	<u>Alcohol and/or drug services</u>	<u>0.4138</u>	<u>1</u>
<u>H0014</u>	<u>Alcohol and/or drug services</u>	<u>0.8275</u>	<u>1</u>
<u>H0023</u>	<u>Behavioral health outreach service</u>	<u>0.0000</u>	<u>1</u>
<u>H0031</u>	<u>MH health assess by non-md</u>	<u>0.8965</u>	<u>1</u>
<u>H0038</u>	<u>Self-help/peer services per 15 min</u>	<u>0.0172</u>	<u>4</u>
<u>H1000</u>	<u>Prenatal care atrisk assessm</u>	<u>0.2069</u>	<u>1</u>
<u>H1005</u>	<u>Prenatal care enhanced srv pk</u>	<u>0.0690</u>	<u>1</u>
<u>H2010</u>	<u>Comprehensive med svc 15 min</u>	<u>0.4138</u>	<u>1</u>
<u>H2011</u>	<u>Crisis interven svc, per 15 min</u>	<u>0.4000</u>	<u>6</u>
<u>S9484</u>	<u>Crisis intervention per hour</u>	<u>2.4136</u>	<u>1</u>
<u>S9485</u>	<u>Crisis intervention mental h</u>	<u>5.7927</u>	<u>1</u>
<u>T1007</u>	<u>Treatment Plan Development</u>	<u>0.4138</u>	<u>1</u>
<u>T1013</u>	<u>Sign Lang/Oral Interpreter</u>	<u>0.0295</u>	<u>3</u>
<u>V2020</u>	<u>Vision svcs frames purchases</u>	<u>0.3567</u>	<u>1</u>
<u>V2103</u>	<u>Spherocylindr 4.00d/12-2.00d</u>	<u>0.3567</u>	<u>1</u>
<u>V2200</u>	<u>Lens spher bifoc plano 4.00d</u>	<u>0.3567</u>	<u>1</u>
<u>V2203</u>	<u>Lens sphcyl bifocal 4.00d/.1</u>	<u>0.3567</u>	<u>1</u>
<u>V5010</u>	<u>Assessment for hearing aid</u>	<u>0.0844</u>	<u>1</u>
<u>V5020</u>	<u>Conformity evaluation</u>	<u>0.0422</u>	<u>1</u>
<u>V5160</u>	<u>Dispensing fee binaural</u>	<u>1.3792</u>	<u>1</u>
<u>V5200</u>	<u>Cros hearing aid dispens fee</u>	<u>1.3792</u>	<u>1</u>
<u>V5240</u>	<u>Dispensing fee bicros</u>	<u>1.3792</u>	<u>1</u>
<u>V5241</u>	<u>Dispensing fee, monaural</u>	<u>0.9310</u>	<u>1</u>
<u>V5362</u>	<u>Speech screening</u>	<u>0.0000</u>	<u>1</u>
<u>V5364</u>	<u>Dysphagia screening</u>	<u>0.0000</u>	<u>1</u>

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

<u>HCPCS Code</u>	<u>HCPCS Code Description</u>	<u>Fee</u>	<u>Units Limit</u>
<u>V2600</u>	<u>Hand held low vision aids</u>	<u>\$ 150.00</u>	<u>1</u>
<u>V2610</u>	<u>Single lens spectacle mount</u>	<u>\$ 545.00</u>	<u>1</u>
<u>V2615</u>	<u>Telescop/othr compound lens</u>	<u>\$ 835.00</u>	<u>1</u>

<u>J0475</u>	<u>Baclofen 10 MG injection</u>	<u>\$ 176.50</u>	<u>8</u>
<u>86480</u>	<u>Tb test cell immun measure</u>	<u>\$ 69.78</u>	<u>1</u>
<u>86580</u>	<u>TB intradermal test</u>	<u>\$ 5.00</u>	<u>1</u>
<u>G0008</u>	<u>Admin influenza virus vac</u>	<u>\$ 13.23</u>	<u>1</u>
<u>90473</u>	<u>Immune admin oral/nasal</u>	<u>\$ 8.57</u>	<u>1</u>
<u>G0009</u>	<u>Admin pneumococcal vaccine</u>	<u>\$ 13.23</u>	<u>1</u>
<u>90655</u>	<u>Flu vaccine no preserv 6-35m</u>	<u>\$ 15.45</u>	<u>1</u>
<u>90656</u>	<u>Flu vaccine no preserv 3 & ></u>	<u>\$ 12.54</u>	<u>1</u>
<u>90657</u>	<u>Flu vaccine 3 yrs im</u>	<u>\$ 5.68</u>	<u>1</u>
<u>90658</u>	<u>Flu vaccine 3 yrs & > im</u>	<u>\$ 11.37</u>	<u>1</u>
<u>90660</u>	<u>Flu vaccine nasal</u>	<u>\$ 22.32</u>	<u>1</u>
<u>90669</u>	<u>Pneumococcal vacc 7 val im</u>	<u>\$ 95.48</u>	<u>1</u>
<u>90732</u>	<u>Pneumococcal vaccine</u>	<u>\$ 43.25</u>	<u>1</u>
<u>64568</u>	<u>Inc for vagus n elect impl</u>	<u>\$ 19,630.40</u>	<u>1</u>
<u>61885</u>	<u>Insrt/redo neurostim 1 array</u>	<u>\$ 11,794.40</u>	<u>1</u>
<u>J2997</u>	<u>Alteplase recombinant</u>	<u>\$ 38.87</u>	<u>80</u>

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

[(c) The Department's written billing and reporting instructions shall set forth a complete listing of all ambulatory surgery permissible procedures which are reimbursable pursuant to this Subpart. No visits may be billed as ambulatory surgery unless at least one procedure designated as ambulatory surgery permissible appears on the claim for the date of service for the visit.]

(c) Drugs purchased under the 340B drug benefit program and billed under the APG reimbursement methodology shall be reimbursed at a reduced rate comparable to the reduced cost of drugs purchased through the 340B drug benefit program.

Subdivision (i) of section 86-8.10 is amended to read as follows:

(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:

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

448 AFTER HOURS SERVICES

451 SMOKING CESSATION TREATMENT

455 IMPLANTED TISSUE OF ANY TYPE

457 VENIPUNCTURE

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

470 OBSTETRICAL ULTRASOUND

471 PLAIN FILM

472 ULTRASOUND GUIDANCE

473 CT GUIDANCE

490 INCIDENTAL TO MEDICAL, SIGNIFICANT PROCEDURE OR THERAPY VISIT

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 Objectives:

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, procedure-based weights, and APG fee schedule fees, which will provide reimbursement precision and specificity. These amendments also remove all reference to ambulatory surgery permissible procedures list, which no longer exists. Additionally, drugs purchased through the 340B drug benefit program will be reimbursed at a reduced rate and APG 490 INCIDENTAL TO MEDICAL, SIGNIFICANT PROCEDURE OR THERAPY VISIT was 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.

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.

Compliance Costs:

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

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.

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:

These changes do not affect small businesses and local governments.

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:

These changes do not affect rural areas.

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 and updated thereafter. 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 the revised list of If Stand Alone do Not Pay APGs and the ability to reduce APg reimbursement for drugs purchased through the 340B drug benefit program.

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.