

July 2011 Ambulatory Patient Groups (APGs) Payment Methodology

Effective date: 6/29/11

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 July 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 revisions to section 86-8.9 of Title 10 (Health) NYCRR removes subdivision (c), which references ambulatory surgery permissible procedures. Additionally, a new subdivision (c) is

added to allow for a reduction of reimbursement for drugs purchased through the 340B drug benefit program. Subdivision (d) is amended to add APG 451 Smoking Cessation Treatment.

86-8.10 Exclusions from payment

The proposed revisions to section 86-8.10 of Title 10 (Health) NYCRR amends subdivision (h) to add APG 465 Class XIII Combined Chemotherapy and Pharmacotherapy and 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Section 86-8.2 subdivision (r) is hereby repealed: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 July 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>Weights</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>1.5197</u>
<u>4</u>	<u>LEVEL II SKIN INCISION AND DRAINAGE</u>	<u>2.0377</u>
<u>5</u>	<u>NAIL PROCEDURES</u>	<u>0.5901</u>
<u>6</u>	<u>LEVEL I SKIN DEBRIDEMENT AND DESTRUCTION</u>	<u>1.3236</u>
<u>7</u>	<u>LEVEL II SKIN DEBRIDEMENT AND DESTRUCTION</u>	<u>4.3784</u>
<u>8</u>	<u>LEVEL III SKIN DEBRIDEMENT AND DESTRUCTION</u>	<u>5.9044</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>6.4547</u>
<u>11</u>	<u>LEVEL III EXCISION AND BIOPSY OF SKIN AND SOFT TISSUE</u>	<u>9.9538</u>
<u>12</u>	<u>LEVEL I SKIN REPAIR</u>	<u>1.3110</u>
<u>13</u>	<u>LEVEL II SKIN REPAIR</u>	<u>3.7575</u>
<u>14</u>	<u>LEVEL III SKIN REPAIR</u>	<u>6.2866</u>
<u>15</u>	<u>LEVEL IV SKIN REPAIR</u>	<u>9.3960</u>
<u>20</u>	<u>LEVEL I BREAST PROCEDURES</u>	<u>7.6666</u>
<u>21</u>	<u>LEVEL II BREAST PROCEDURES</u>	<u>9.8812</u>
<u>22</u>	<u>LEVEL III BREAST PROCEDURES</u>	<u>14.0747</u>
<u>30</u>	<u>LEVEL I MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT</u>	<u>8.0298</u>
<u>31</u>	<u>LEVEL II MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT</u>	<u>10.2397</u>
<u>32</u>	<u>LEVEL III MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT</u>	<u>13.3392</u>
<u>33</u>	<u>LEVEL I HAND PROCEDURES</u>	<u>6.4438</u>
<u>34</u>	<u>LEVEL II HAND PROCEDURES</u>	<u>11.4221</u>
<u>35</u>	<u>LEVEL I FOOT PROCEDURES</u>	<u>7.6554</u>
<u>36</u>	<u>LEVEL II FOOT PROCEDURES</u>	<u>11.3823</u>
<u>37</u>	<u>LEVEL I ARTHROSCOPY</u>	<u>8.6157</u>
<u>38</u>	<u>LEVEL II ARTHROSCOPY</u>	<u>17.0797</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>2.2203</u>
<u>42</u>	<u>CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK</u>	<u>2.4086</u>
<u>43</u>	<u>OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES</u>	<u>13.2871</u>
<u>44</u>	<u>BONE OR JOINT MANIPULATION UNDER ANESTHESIA</u>	<u>2.9714</u>
<u>45</u>	<u>BUNION PROCEDURES</u>	<u>11.5262</u>
<u>46</u>	<u>LEVEL I ARTHROPLASTY</u>	<u>13.4720</u>
<u>47</u>	<u>LEVEL II ARTHROPLASTY</u>	<u>14.1222</u>
<u>48</u>	<u>HAND AND FOOT TENOTOMY</u>	<u>3.1577</u>
<u>49</u>	<u>ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION</u>	<u>1.3448</u>
<u>60</u>	<u>PULMONARY TESTS</u>	<u>1.3870</u>

<u>61</u>	<u>NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION</u>	<u>3.8204</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>6.4476</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>1.2430</u>
<u>80</u>	<u>EXERCISE TOLERANCE TESTS</u>	<u>0.9085</u>
<u>81</u>	<u>ECHOCARDIOGRAPHY</u>	<u>1.6079</u>
<u>82</u>	<u>CARDIAC ELECTROPHYSIOLOGIC TESTS</u>	<u>5.0296</u>
<u>83</u>	<u>PLACEMENT OF TRANSVENOUS CATHETERS</u>	<u>6.8735</u>
<u>84</u>	<u>DIAGNOSTIC CARDIAC CATHETERIZATION</u>	<u>10.6636</u>
<u>85</u>	<u>ANGIOPLASTY AND TRANSCATHETER PROCEDURES</u>	<u>12.1175</u>
<u>86</u>	<u>PACEMAKER INSERTION AND REPLACEMENT</u>	<u>26.3230</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>14.2213</u>
<u>89</u>	<u>LEVEL II CARDIOTHORACIC PROCEDURES</u>	<u>15.0988</u>
<u>90</u>	<u>SECONDARY VARICOSE VEINS AND VASCULAR INJECTION</u>	<u>7.4931</u>
<u>91</u>	<u>VASCULAR LIGATION AND RECONSTRUCTION</u>	<u>12.3823</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>2.5897</u>
<u>97</u>	<u>AICD IMPLANT</u>	<u>77.1746</u>
<u>110</u>	<u>PHARMACOTHERAPY BY EXTENDED INFUSION</u>	<u>3.2356</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>3.1794</u>
<u>114</u>	<u>LEVEL II BLOOD AND BLOOD PRODUCT EXCHANGE</u>	<u>11.1540</u>
<u>115</u>	<u>DEEP LYMPH STRUCTURE AND THYROID PROCEDURES</u>	<u>6.4715</u>

<u>116</u>	<u>ALLERGY TESTS</u>	<u>1.3799</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>2.8677</u>
<u>131</u>	<u>ESOPHAGEAL DILATION WITHOUT ENDOSCOPY</u>	<u>3.3375</u>
<u>132</u>	<u>ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY</u>	<u>3.6013</u>
<u>133</u>	<u>PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY</u>	<u>4.1099</u>
<u>134</u>	<u>DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION</u>	<u>4.1571</u>
<u>135</u>	<u>THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION</u>	<u>5.1885</u>
<u>136</u>	<u>DIAGNOSTIC LOWER GASTROINTESTINAL ENDOSCOPY</u>	<u>4.2662</u>
<u>137</u>	<u>THERAPEUTIC COLONOSCOPY</u>	<u>4.4524</u>
<u>138</u>	<u>ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES</u>	<u>5.6179</u>
<u>139</u>	<u>LEVEL I HERNIA REPAIR</u>	<u>10.5706</u>
<u>140</u>	<u>LEVEL II HERNIA REPAIR</u>	<u>11.0670</u>
<u>141</u>	<u>LEVEL I ANAL AND RECTAL PROCEDURES</u>	<u>5.0387</u>
<u>142</u>	<u>LEVEL II ANAL AND RECTAL PROCEDURES</u>	<u>7.3039</u>
<u>143</u>	<u>LEVEL I GASTROINTESTINAL PROCEDURES</u>	<u>6.3918</u>
<u>144</u>	<u>LEVEL II GASTROINTESTINAL PROCEDURES</u>	<u>9.4580</u>
<u>145</u>	<u>LEVEL I LAPAROSCOPY</u>	<u>8.1624</u>
<u>146</u>	<u>LEVEL II LAPAROSCOPY</u>	<u>11.4778</u>
<u>147</u>	<u>LEVEL III LAPAROSCOPY</u>	<u>12.3343</u>
<u>148</u>	<u>LEVEL IV LAPAROSCOPY</u>	<u>14.6699</u>
<u>160</u>	<u>EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY</u>	<u>12.2328</u>
<u>161</u>	<u>URINARY STUDIES AND PROCEDURES</u>	<u>2.1090</u>
<u>162</u>	<u>URINARY CATHETERIZATION AND DILATATION</u>	<u>1.5154</u>
<u>163</u>	<u>LEVEL I BLADDER AND KIDNEY PROCEDURES</u>	<u>4.4703</u>
<u>164</u>	<u>LEVEL II BLADDER AND KIDNEY PROCEDURES</u>	<u>9.0583</u>
<u>165</u>	<u>LEVEL III BLADDER AND KIDNEY PROCEDURES</u>	<u>10.3039</u>
<u>166</u>	<u>LEVEL I URETHRA AND PROSTATE PROCEDURES</u>	<u>5.5248</u>
<u>167</u>	<u>LEVEL II URETHRA AND PROSTATE PROCEDURES</u>	<u>12.0122</u>
<u>168</u>	<u>HEMODIALYSIS</u>	<u>1.2504</u>

<u>169</u>	<u>PERITONEAL DIALYSIS</u>	<u>0.5359</u>
<u>180</u>	<u>TESTICULAR AND EPIDIDYMAL PROCEDURES</u>	<u>6.6134</u>
<u>181</u>	<u>CIRCUMCISION</u>	<u>5.3238</u>
<u>182</u>	<u>INSERTION OF PENILE PROSTHESIS</u>	<u>21.0226</u>
<u>183</u>	<u>LEVEL I PENILE AND PROSTATE PROCEDURES</u>	<u>4.0092</u>
<u>184</u>	<u>LEVEL II PENILE AND PROSTATE PROCEDURES</u>	<u>12.7489</u>
<u>185</u>	<u>PROSTATE NEEDLE AND PUNCH BIOPSY</u>	<u>4.6809</u>
<u>190</u>	<u>ARTIFICIAL FERTILIZATION</u>	<u>0.0000</u>
<u>191</u>	<u>LEVEL I FETAL PROCEDURES</u>	<u>1.2969</u>
<u>192</u>	<u>LEVEL II FETAL PROCEDURES</u>	<u>1.7721</u>
<u>193</u>	<u>TREATMENT OF INCOMPLETE ABORTION</u>	<u>6.5883</u>
<u>194</u>	<u>THERAPEUTIC ABORTION</u>	<u>4.1476</u>
<u>195</u>	<u>VAGINAL DELIVERY</u>	<u>6.3850</u>
<u>196</u>	<u>LEVEL I FEMALE REPRODUCTIVE PROCEDURES</u>	<u>4.8830</u>
<u>197</u>	<u>LEVEL II FEMALE REPRODUCTIVE PROCEDURES</u>	<u>8.3792</u>
<u>198</u>	<u>LEVEL III FEMALE REPRODUCTIVE PROCEDURES</u>	<u>10.1790</u>
<u>199</u>	<u>DILATION AND CURETTAGE</u>	<u>5.2567</u>
<u>200</u>	<u>HYSTEROSCOPY</u>	<u>7.6123</u>
<u>201</u>	<u>COLPOSCOPY</u>	<u>1.8582</u>
<u>210</u>	<u>EXTENDED EEG STUDIES</u>	<u>1.7589</u>
<u>211</u>	<u>ELECTROENCEPHALOGRAM</u>	<u>0.9093</u>
<u>212</u>	<u>ELECTROCONVULSIVE THERAPY</u>	<u>2.0988</u>
<u>213</u>	<u>NERVE AND MUSCLE TESTS</u>	<u>0.7477</u>
<u>214</u>	<u>NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP</u>	<u>3.0056</u>
<u>215</u>	<u>LEVEL I REVISION OR REMOVAL OF NEUROLOGICAL DEVICE</u>	<u>19.1376</u>
<u>216</u>	<u>LEVEL II REVISION OR REMOVAL OF NEUROLOGICAL DEVICE</u>	<u>24.3616</u>
<u>217</u>	<u>LEVEL I NERVE PROCEDURES</u>	<u>6.3346</u>
<u>218</u>	<u>LEVEL II NERVE PROCEDURES</u>	<u>19.3408</u>
<u>219</u>	<u>SPINAL TAP</u>	<u>2.5532</u>
<u>220</u>	<u>INJECTION OF ANESTHETIC AND NEUROLYTIC AGENTS</u>	<u>2.6229</u>
<u>221</u>	<u>LAMINOTOMY AND LAMINECTOMY</u>	<u>15.8503</u>
<u>222</u>	<u>SLEEP STUDIES</u>	<u>4.8605</u>

<u>223</u>	<u>LEVEL III NERVE PROCEDURES</u>	<u>77.4190</u>
<u>230</u>	<u>MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES</u>	<u>1.0706</u>
<u>231</u>	<u>FITTING OF CONTACT LENSES</u>	<u>0.6328</u>
<u>232</u>	<u>LASER EYE PROCEDURES</u>	<u>2.9509</u>
<u>233</u>	<u>CATARACT PROCEDURES</u>	<u>11.0466</u>
<u>234</u>	<u>LEVEL I ANTERIOR SEGMENT EYE PROCEDURES</u>	<u>8.6668</u>
<u>235</u>	<u>LEVEL II ANTERIOR SEGMENT EYE PROCEDURES</u>	<u>10.8447</u>
<u>236</u>	<u>LEVEL III ANTERIOR SEGMENT EYE PROCEDURES</u>	<u>15.2937</u>
<u>237</u>	<u>LEVEL I POSTERIOR SEGMENT EYE PROCEDURES</u>	<u>2.9001</u>
<u>238</u>	<u>LEVEL II POSTERIOR SEGMENT EYE PROCEDURES</u>	<u>13.3194</u>
<u>239</u>	<u>STRABISMUS AND MUSCLE EYE PROCEDURES</u>	<u>9.3724</u>
<u>240</u>	<u>LEVEL I REPAIR AND PLASTIC PROCEDURES OF EYE</u>	<u>4.0722</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>0.5467</u>
<u>252</u>	<u>LEVEL I FACIAL AND ENT PROCEDURES</u>	<u>5.9643</u>
<u>253</u>	<u>LEVEL II FACIAL AND ENT PROCEDURES</u>	<u>7.4378</u>
<u>254</u>	<u>LEVEL III FACIAL AND ENT PROCEDURES</u>	<u>11.5891</u>
<u>255</u>	<u>LEVEL IV FACIAL AND ENT PROCEDURES</u>	<u>16.7518</u>
<u>256</u>	<u>TONSIL AND ADENOID PROCEDURES</u>	<u>6.7598</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>3.0012</u>
<u>283</u>	<u>MAGNETIC RESONANCE ANGIOGRAPHY - OTHER SITES</u>	<u>3.0805</u>
<u>284</u>	<u>MYELOGRAPHY</u>	<u>3.9562</u>

<u>285</u>	<u>MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST</u>	<u>1.7890</u>
<u>286</u>	<u>MAMMOGRAPHY</u>	<u>0.6688</u>
<u>287</u>	<u>DIGESTIVE RADIOLOGY</u>	<u>0.9163</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>2.9050</u>
<u>290</u>	<u>PET SCANS</u>	<u>7.3108</u>
<u>291</u>	<u>BONE DENSITOMETRY</u>	<u>0.9103</u>
<u>292</u>	<u>MRI- ABDOMEN</u>	<u>2.6688</u>
<u>293</u>	<u>MRI- JOINTS</u>	<u>2.5063</u>
<u>294</u>	<u>MRI- BACK</u>	<u>2.4533</u>
<u>295</u>	<u>MRI- CHEST</u>	<u>3.4891</u>
<u>296</u>	<u>MRI- OTHER</u>	<u>3.1608</u>
<u>297</u>	<u>MRI- BRAIN</u>	<u>3.1297</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>1.6439</u>
<u>331</u>	<u>LEVEL II DIAGNOSTIC NUCLEAR MEDICINE</u>	<u>2.0412</u>
<u>332</u>	<u>LEVEL III DIAGNOSTIC NUCLEAR MEDICINE</u>	<u>3.3983</u>
<u>340</u>	<u>THERAPEUTIC NUCLEAR MEDICINE</u>	<u>1.6694</u>
<u>341</u>	<u>RADIATION THERAPY AND HYPERTHERMIA</u>	<u>0.6869</u>
<u>342</u>	<u>AFTERLOADING BRACHYTHERAPY</u>	<u>4.8902</u>
<u>343</u>	<u>RADIATION TREATMENT DELIVERY</u>	<u>1.9028</u>
<u>344</u>	<u>INSTILLATION OF RADIOELEMENT SOLUTIONS</u>	<u>2.5628</u>
<u>345</u>	<u>HYPERTHERMIC THERAPIES</u>	<u>0.8666</u>
<u>346</u>	<u>RADIOSURGERY</u>	<u>22.6902</u>
<u>347</u>	<u>HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY</u>	<u>0.7298</u>
<u>348</u>	<u>PROTON TREATMENT DELIVERY</u>	<u>4.2101</u>
<u>349</u>	<u>LEVEL II AFTERLOADING BRACHYTHERAPY</u>	<u>70.9328</u>
<u>350</u>	<u>LEVEL I ADJUNCTIVE GENERAL DENTAL SERVICES</u>	<u>0.4639</u>
<u>351</u>	<u>LEVEL II ADJUNCTIVE GENERAL DENTAL SERVICES</u>	<u>1.3073</u>
<u>352</u>	<u>PERIODONTICS</u>	<u>0.8133</u>
<u>353</u>	<u>LEVEL I PROSTHODONTICS, FIXED</u>	<u>0.4550</u>
<u>354</u>	<u>LEVEL II PROSTHODONTICS, FIXED</u>	<u>1.7021</u>
<u>355</u>	<u>LEVEL III PROSTHODONTICS, FIXED</u>	<u>2.1055</u>
<u>356</u>	<u>LEVEL I PROSTHODONTICS, REMOVABLE</u>	<u>0.9221</u>
<u>357</u>	<u>LEVEL II PROSTHODONTICS, REMOVABLE</u>	<u>1.7644</u>
<u>358</u>	<u>LEVEL III PROSTHODONTICS, REMOVABLE</u>	<u>1.3580</u>
<u>359</u>	<u>LEVEL I MAXILLOFACIAL PROSTHETICS</u>	<u>0.2562</u>
<u>360</u>	<u>LEVEL II MAXILLOFACIAL PROSTHETICS</u>	<u>1.3379</u>
<u>361</u>	<u>LEVEL I DENTAL RESTORATIONS</u>	<u>0.6561</u>
<u>362</u>	<u>LEVEL II DENTAL RESTORATIONS</u>	<u>0.9844</u>

<u>363</u>	<u>LEVEL III DENTAL RESTORATION</u>	<u>2.3474</u>
<u>364</u>	<u>LEVEL I ENDODONTICS</u>	<u>0.6251</u>
<u>365</u>	<u>LEVEL II ENDODONTICS</u>	<u>1.1241</u>
<u>366</u>	<u>LEVEL III ENDODONTICS</u>	<u>1.1324</u>
<u>367</u>	<u>LEVEL I ORAL AND MAXILLOFACIAL SURGERY</u>	<u>0.7491</u>
<u>368</u>	<u>LEVEL II ORAL AND MAXILLOFACIAL SURGERY</u>	<u>2.0751</u>
<u>369</u>	<u>LEVEL III ORAL AND MAXILLOFACIAL SURGERY</u>	<u>2.0751</u>
<u>370</u>	<u>LEVEL IV ORAL AND MAXILLOFACIAL SURGERY</u>	<u>2.0751</u>
<u>371</u>	<u>ORTHODONTICS</u>	<u>0.0000</u>
<u>372</u>	<u>SEALANT</u>	<u>0.2051</u>
<u>373</u>	<u>LEVEL I DENTAL FILM</u>	<u>0.1338</u>
<u>374</u>	<u>LEVEL II DENTAL FILM</u>	<u>0.4631</u>
<u>375</u>	<u>DENTAL ANESTHESIA</u>	<u>5.1369</u>
<u>376</u>	<u>DIAGNOSTIC DENTAL PROCEDURES</u>	<u>0.2264</u>
<u>377</u>	<u>PREVENTIVE DENTAL PROCEDURES</u>	<u>0.3168</u>
<u>380</u>	<u>ANESTHESIA</u>	<u>0.0000</u>
<u>390</u>	<u>LEVEL I PATHOLOGY</u>	<u>0.2464</u>
<u>391</u>	<u>LEVEL II PATHOLOGY</u>	<u>0.4325</u>
<u>392</u>	<u>PAP SMEARS</u>	<u>0.2279</u>
<u>393</u>	<u>BLOOD AND TISSUE TYPING</u>	<u>0.1928</u>
<u>394</u>	<u>LEVEL I IMMUNOLOGY TESTS</u>	<u>0.0982</u>
<u>395</u>	<u>LEVEL II IMMUNOLOGY TESTS</u>	<u>0.1798</u>
<u>396</u>	<u>LEVEL I MICROBIOLOGY TESTS</u>	<u>0.0945</u>
<u>397</u>	<u>LEVEL II MICROBIOLOGY TESTS</u>	<u>0.2175</u>
<u>398</u>	<u>LEVEL I ENDOCRINOLOGY TESTS</u>	<u>0.1653</u>
<u>399</u>	<u>LEVEL II ENDOCRINOLOGY TESTS</u>	<u>0.2221</u>
<u>400</u>	<u>LEVEL I CHEMISTRY TESTS</u>	<u>0.0772</u>
<u>401</u>	<u>LEVEL II CHEMISTRY TESTS</u>	<u>0.1748</u>
<u>402</u>	<u>BASIC CHEMISTRY TESTS</u>	<u>0.0406</u>
<u>403</u>	<u>ORGAN OR DISEASE ORIENTED PANELS</u>	<u>0.1345</u>
<u>404</u>	<u>TOXICOLOGY TESTS</u>	<u>0.0909</u>
<u>405</u>	<u>THERAPEUTIC DRUG MONITORING</u>	<u>0.1060</u>

406	<u>LEVEL I CLOTTING TESTS</u>	0.0688
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>	0.4239
413	<u>CARDIOGRAM</u>	0.2289
414	<u>LEVEL I IMMUNIZATION AND ALLERGY IMMUNOTHERAPY</u>	0.1793
415	<u>LEVEL II IMMUNIZATION</u>	0.3719
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>	1.9170
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>	2.1949
451	<u>SMOKING CESSATION TREATMENT</u>	0.1267
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>	6.4572
456	<u>MOTORIZED WHEELCHAIR ACCESSORIES</u>	0.0000
457	<u>VENIPUNCTURE</u>	0.0427
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>	0.8426
471	<u>PLAIN FILM</u>	0.1724
472	<u>ULTRASOUND GUIDANCE</u>	1.0371
473	<u>CT GUIDANCE</u>	0.9856
474	<u>RADIOLOGICAL GUIDANCE FOR THERAPEUTIC OR DIAGNOSTIC PROCEDURES</u>	1.9346
475	<u>MRI GUIDANCE</u>	1.4302
476	<u>LEVEL I THERAPEUTIC RADIATION TREATMENT PREPARATION</u>	2.5501
477	<u>LEVEL II THERAPEUTIC RADIATION TREATMENT PREPARATION</u>	2.4084
478	<u>MEDICAL RADIATION PHYSICS</u>	0.8346

<u>479</u>	<u>TREATMENT DEVICE DESIGN AND CONSTRUCTION</u>	<u>2.8379</u>
<u>480</u>	<u>TELE THERAPY/BRACHYTHERAPY CALCULATION</u>	<u>2.0718</u>
<u>481</u>	<u>THERAPEUTIC RADIOLOGY SIMULATION FIELD SETTING</u>	<u>4.9793</u>
<u>482</u>	<u>RADIOELEMENT APPLICATION</u>	<u>4.3517</u>
<u>483</u>	<u>RADIATION THERAPY MANAGEMENT</u>	<u>1.9669</u>
<u>484</u>	<u>THERAPEUTIC RADIOLOGY TREATMENT PLANNING</u>	<u>1.7711</u>
<u>490</u>	<u>INCIDENTAL TO MEDICAL, SIGNIFICANT PROCEDURE OR THERAPY VISIT</u>	<u>0.0000</u>
<u>491</u>	<u>MEDICAL VISIT INDICATOR</u>	<u>0.8301</u>
<u>492</u>	<u>ADMISSION FOR OBSERVATION INDICATOR</u>	<u>0.0000</u>
<u>500</u>	<u>DIRECT ADMISSION FOR OBSERVATION - OBSTETRICAL</u>	<u>0.0000</u>
<u>501</u>	<u>DIRECT ADMISSION FOR OBSERVATION - OTHER DIAGNOSES</u>	<u>0.0000</u>
<u>502</u>	<u>DIRECT REFERRAL FOR OBSERVATION - BEHAVIORAL HEALTH</u>	<u>0.0000</u>
<u>510</u>	<u>MAJOR SIGNS, SYMPTOMS AND FINDINGS</u>	<u>0.8979</u>
<u>520</u>	<u>SPINAL DISORDERS & INJURIES</u>	<u>0.8304</u>
<u>521</u>	<u>NERVOUS SYSTEM MALIGNANCY</u>	<u>0.8179</u>
<u>522</u>	<u>DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS</u>	<u>0.8154</u>
<u>523</u>	<u>MULTIPLE SCLEROSIS & OTHER DEMYELINATING DISEASES</u>	<u>0.6667</u>
<u>524</u>	<u>LEVEL I CNS DISORDERS</u>	<u>0.7840</u>
<u>525</u>	<u>LEVEL II CNS DISORDERS</u>	<u>0.8505</u>
<u>526</u>	<u>TRANSIENT ISCHEMIA</u>	<u>0.7456</u>
<u>527</u>	<u>PERIPHERAL NERVE DISORDERS</u>	<u>0.7703</u>
<u>528</u>	<u>NONTRAUMATIC STUPOR & COMA</u>	<u>0.8819</u>
<u>529</u>	<u>SEIZURE</u>	<u>0.9473</u>
<u>530</u>	<u>HEADACHES OTHER THAN MIGRAINE</u>	<u>0.7994</u>
<u>531</u>	<u>MIGRAINE</u>	<u>0.7855</u>
<u>532</u>	<u>HEAD TRAUMA</u>	<u>0.7158</u>
<u>533</u>	<u>AFTEREFFECTS OF CEREBROVASCULAR ACCIDENT</u>	<u>0.7821</u>
<u>534</u>	<u>NONSPECIFIC CVA & PRECEREBRAL OCCLUSION W/O INFARC</u>	<u>0.7987</u>
<u>535</u>	<u>CVA & PRECEREBRAL OCCLUSION W INFARCT</u>	<u>0.7651</u>
<u>536</u>	<u>CEREBRAL PALSY</u>	<u>0.8222</u>
<u>550</u>	<u>ACUTE MAJOR EYE INFECTIONS</u>	<u>0.7346</u>

<u>551</u>	<u>CATARACTS</u>	<u>0.8028</u>
<u>552</u>	<u>GLAUCOMA</u>	<u>0.7605</u>
<u>553</u>	<u>LEVEL I OPHTHALMIC DIAGNOSES</u>	<u>0.7697</u>
<u>554</u>	<u>LEVEL II OPHTHALMIC DIAGNOSES</u>	<u>0.8454</u>
<u>555</u>	<u>CONJUNCTIVITIS</u>	<u>0.6348</u>
<u>560</u>	<u>EAR, NOSE, MOUTH, THROAT, CRANIAL/FACIAL MALIGNANCIES</u>	<u>0.8409</u>
<u>561</u>	<u>VERTIGINOUS DISORDERS EXCEPT FOR BENIGN VERTIGO</u>	<u>0.8547</u>
<u>562</u>	<u>INFECTIONS OF UPPER RESPIRATORY TRACT</u>	<u>0.6792</u>
<u>563</u>	<u>DENTAL & ORAL DISEASES & INJURIES</u>	<u>0.6407</u>
<u>564</u>	<u>LEVEL I OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES</u>	<u>0.7932</u>
<u>565</u>	<u>LEVEL II OTHER EAR, NOSE, MOUTH, THROAT & CRANIAL/FACIAL DIAGNOSES</u>	<u>0.8745</u>
<u>570</u>	<u>CYSTIC FIBROSIS - PULMONARY DISEASE</u>	<u>1.0289</u>
<u>571</u>	<u>RESPIRATORY MALIGNANCY</u>	<u>0.7561</u>
<u>572</u>	<u>BRONCHIOLITIS & RSV PNEUMONIA</u>	<u>0.6407</u>
<u>573</u>	<u>COMMUNITY ACQUIRED PNEUMONIA</u>	<u>0.9145</u>
<u>574</u>	<u>CHRONIC OBSTRUCTIVE PULMONARY DISEASE</u>	<u>0.7438</u>
<u>575</u>	<u>ASTHMA</u>	<u>1.0361</u>
<u>576</u>	<u>LEVEL I OTHER RESPIRATORY DIAGNOSES</u>	<u>0.8926</u>
<u>577</u>	<u>LEVEL II OTHER RESPIRATORY DIAGNOSES</u>	<u>1.1682</u>
<u>578</u>	<u>PNEUMONIA EXCEPT FOR COMMUNITY ACQUIRED PNEUMONIA</u>	<u>0.7681</u>
<u>579</u>	<u>STATUS ASTHMATICUS</u>	<u>0.8191</u>
<u>591</u>	<u>ACUTE MYOCARDIAL INFARCTION</u>	<u>1.4044</u>
<u>592</u>	<u>LEVEL I CARDIOVASCULAR DIAGNOSES</u>	<u>0.8393</u>
<u>593</u>	<u>LEVEL II CARDIOVASCULAR DIAGNOSES</u>	<u>0.8673</u>
<u>594</u>	<u>HEART FAILURE</u>	<u>0.8907</u>
<u>595</u>	<u>CARDIAC ARREST</u>	<u>1.6341</u>
<u>596</u>	<u>PERIPHERAL & OTHER VASCULAR DISORDERS</u>	<u>0.7802</u>
<u>597</u>	<u>PHLEBITIS</u>	<u>0.7678</u>
<u>598</u>	<u>ANGINA PECTORIS & CORONARY ATHEROSCLEROSIS</u>	<u>0.8171</u>
<u>599</u>	<u>HYPERTENSION</u>	<u>0.7209</u>
<u>600</u>	<u>CARDIAC STRUCTURAL & VALVULAR DISORDERS</u>	<u>1.0593</u>

<u>601</u>	<u>LEVEL I CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS</u>	<u>0.9740</u>
<u>602</u>	<u>ATRIAL FIBRILLATION</u>	<u>0.8060</u>
<u>603</u>	<u>LEVEL II CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS</u>	<u>1.0276</u>
<u>604</u>	<u>CHEST PAIN</u>	<u>1.1033</u>
<u>605</u>	<u>SYNCOPE & COLLAPSE</u>	<u>0.9381</u>
<u>620</u>	<u>DIGESTIVE MALIGNANCY</u>	<u>0.6808</u>
<u>621</u>	<u>PEPTIC ULCER & GASTRITIS</u>	<u>0.9383</u>
<u>623</u>	<u>ESOPHAGITIS</u>	<u>0.6757</u>
<u>624</u>	<u>LEVEL I GASTROINTESTINAL DIAGNOSES</u>	<u>0.8485</u>
<u>625</u>	<u>LEVEL II GASTROINTESTINAL DIAGNOSES</u>	<u>0.8569</u>
<u>626</u>	<u>INFLAMMATORY BOWEL DISEASE</u>	<u>0.6994</u>
<u>627</u>	<u>NON-BACTERIAL GASTROENTERITIS, NAUSEA & VOMITING</u>	<u>0.7744</u>
<u>628</u>	<u>ABDOMINAL PAIN</u>	<u>0.8096</u>
<u>629</u>	<u>MALFUNCTION, REACTION & COMPLICATION OF GI DEVICE OR PROCEDURE</u>	<u>1.0342</u>
<u>630</u>	<u>CONSTIPATION</u>	<u>0.9052</u>
<u>631</u>	<u>HERNIA</u>	<u>0.7361</u>
<u>632</u>	<u>IRRITABLE BOWEL SYNDROME</u>	<u>0.6227</u>
<u>633</u>	<u>ALCOHOLIC LIVER DISEASE</u>	<u>0.7917</u>
<u>634</u>	<u>MALIGNANCY OF HEPATOBILIARY SYSTEM & PANCREAS</u>	<u>0.8835</u>
<u>635</u>	<u>DISORDERS OF PANCREAS EXCEPT MALIGNANCY</u>	<u>0.7295</u>
<u>636</u>	<u>HEPATITIS WITHOUT COMA</u>	<u>1.0382</u>
<u>637</u>	<u>DISORDERS OF GALLBLADDER & BILIARY TRACT</u>	<u>0.7469</u>
<u>638</u>	<u>CHOLECYSTITIS</u>	<u>0.6815</u>
<u>639</u>	<u>LEVEL I HEPATOBILIARY DIAGNOSES</u>	<u>0.7575</u>
<u>640</u>	<u>LEVEL II HEPATOBILIARY DIAGNOSES</u>	<u>0.7133</u>
<u>650</u>	<u>FRACTURE OF FEMUR</u>	<u>1.0538</u>
<u>651</u>	<u>FRACTURE OF PELVIS OR DISLOCATION OF HIP</u>	<u>0.9599</u>
<u>652</u>	<u>FRACTURES & DISLOCATIONS EXCEPT FEMUR, PELVIS & BACK</u>	<u>1.0484</u>
<u>653</u>	<u>MUSCULOSKELETAL MALIGNANCY & PATHOL FRACTURE D/T MUSCSKEL MALIG</u>	<u>0.9205</u>
<u>654</u>	<u>OSTEOMYELITIS, SEPTIC ARTHRITIS & OTHER MUSCULOSKELETAL INFECTIONS</u>	<u>0.8841</u>
<u>655</u>	<u>CONNECTIVE TISSUE DISORDERS</u>	<u>0.7574</u>

<u>656</u>	<u>BACK & NECK DISORDERS EXCEPT LUMBAR DISC DISEASE</u>	<u>0.8506</u>
<u>657</u>	<u>LUMBAR DISC DISEASE</u>	<u>0.8530</u>
<u>658</u>	<u>LUMBAR DISC DISEASE WITH SCIATICA</u>	<u>0.8826</u>
<u>659</u>	<u>MALFUNCTION, REACTION, COMPLIC OF ORTHOPEDIC DEVICE OR PROCEDURE</u>	<u>0.8526</u>
<u>660</u>	<u>LEVEL I OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES</u>	<u>0.8178</u>
<u>661</u>	<u>LEVEL II OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES</u>	<u>0.9185</u>
<u>662</u>	<u>OSTEOPOROSIS</u>	<u>0.6395</u>
<u>663</u>	<u>PAIN</u>	<u>0.7440</u>
<u>670</u>	<u>SKIN ULCERS</u>	<u>0.8057</u>
<u>671</u>	<u>MAJOR SKIN DISORDERS</u>	<u>0.7288</u>
<u>672</u>	<u>MALIGNANT BREAST DISORDERS</u>	<u>0.6588</u>
<u>673</u>	<u>CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS</u>	<u>0.6702</u>
<u>674</u>	<u>CONTUSION, OPEN WOUND & OTHER TRAUMA TO SKIN & SUBCUTANEOUS TISSUE</u>	<u>0.9485</u>
<u>675</u>	<u>OTHER SKIN, SUBCUTANEOUS TISSUE & BREAST DISORDERS</u>	<u>0.7274</u>
<u>676</u>	<u>DECUBITUS ULCER</u>	<u>0.6915</u>
<u>690</u>	<u>MALNUTRITION, FAILURE TO THRIVE & OTHER NUTRITIONAL DISORDERS</u>	<u>0.7276</u>
<u>691</u>	<u>INBORN ERRORS OF METABOLISM</u>	<u>0.6103</u>
<u>692</u>	<u>LEVEL I ENDOCRINE DISORDERS</u>	<u>0.7070</u>
<u>693</u>	<u>LEVEL II ENDOCRINE DISORDERS</u>	<u>0.7796</u>
<u>694</u>	<u>ELECTROLYTE DISORDERS</u>	<u>0.7962</u>
<u>695</u>	<u>OBESITY</u>	<u>0.7292</u>
<u>710</u>	<u>DIABETES WITH OPHTHALMIC MANIFESTATIONS</u>	<u>0.7666</u>
<u>711</u>	<u>DIABETES WITH CIRCULATORY DIAGNOSES</u>	<u>0.7038</u>
<u>712</u>	<u>DIABETES WITH NEUROLOGIC MANIFESTATIONS</u>	<u>0.8731</u>
<u>713</u>	<u>DIABETES WITHOUT COMPLICATIONS</u>	<u>0.7065</u>
<u>714</u>	<u>DIABETES WITH RENAL MANIFESTATIONS</u>	<u>0.7285</u>
<u>720</u>	<u>RENAL FAILURE</u>	<u>0.8186</u>
<u>721</u>	<u>KIDNEY & URINARY TRACT MALIGNANCY</u>	<u>0.8526</u>
<u>722</u>	<u>NEPHRITIS & NEPHROSIS</u>	<u>0.9641</u>
<u>723</u>	<u>KIDNEY AND CHRONIC URINARY TRACT INFECTIONS</u>	<u>0.8255</u>

<u>724</u>	<u>URINARY STONES & ACQUIRED UPPER URINARY TRACT OBSTRUCTION</u>	<u>0.8045</u>
<u>725</u>	<u>MALFUNCTION, REACTION, COMPLIC OF GENITOURINARY DEVICE OR PROC</u>	<u>1.2793</u>
<u>726</u>	<u>OTHER KIDNEY & URINARY TRACT DIAGNOSES, SIGNS & SYMPTOMS</u>	<u>0.8136</u>
<u>727</u>	<u>ACUTE LOWER URINARY TRACT INFECTIONS</u>	<u>0.7961</u>
<u>740</u>	<u>MALIGNANCY, MALE REPRODUCTIVE SYSTEM</u>	<u>0.7430</u>
<u>741</u>	<u>MALE REPRODUCTIVE SYSTEM DIAGNOSES EXCEPT MALIGNANCY</u>	<u>0.7991</u>
<u>742</u>	<u>NEOPLASMS OF THE MALE REPRODUCTIVE SYSTEM</u>	<u>0.9072</u>
<u>743</u>	<u>PROSTATITIS</u>	<u>0.7141</u>
<u>744</u>	<u>MALE REPRODUCTIVE INFECTIONS</u>	<u>0.8617</u>
<u>750</u>	<u>FEMALE REPRODUCTIVE SYSTEM MALIGNANCY</u>	<u>0.6578</u>
<u>751</u>	<u>FEMALE REPRODUCTIVE SYSTEM INFECTIONS</u>	<u>0.8393</u>
<u>752</u>	<u>LEVEL I MENSTRUAL AND OTHER FEMALE DIAGNOSES</u>	<u>0.7258</u>
<u>753</u>	<u>LEVEL II MENSTRUAL AND OTHER FEMALE DIAGNOSES</u>	<u>0.8109</u>
<u>760</u>	<u>VAGINAL DELIVERY</u>	<u>0.7102</u>
<u>761</u>	<u>POSTPARTUM & POST ABORTION DIAGNOSES W/O PROCEDURE</u>	<u>0.7917</u>
<u>762</u>	<u>THREATENED ABORTION</u>	<u>1.0663</u>
<u>763</u>	<u>ABORTION W/O D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY</u>	<u>0.8654</u>
<u>764</u>	<u>FALSE LABOR</u>	<u>1.0558</u>
<u>765</u>	<u>OTHER ANTEPARTUM DIAGNOSES</u>	<u>0.8064</u>
<u>766</u>	<u>ROUTINE PRENATAL CARE</u>	<u>0.7636</u>
<u>770</u>	<u>NORMAL NEONATE</u>	<u>0.3554</u>
<u>771</u>	<u>LEVEL I NEONATAL DIAGNOSES</u>	<u>0.9792</u>
<u>772</u>	<u>LEVEL II NEONATAL DIAGNOSES</u>	<u>0.7987</u>
<u>780</u>	<u>OTHER HEMATOLOGICAL DISORDERS</u>	<u>1.0309</u>
<u>781</u>	<u>COAGULATION & PLATELET DISORDERS</u>	<u>0.7837</u>
<u>782</u>	<u>CONGENITAL FACTOR DEFICIENCIES</u>	<u>0.9252</u>
<u>783</u>	<u>SICKLE CELL ANEMIA CRISIS</u>	<u>1.9446</u>
<u>784</u>	<u>SICKLE CELL ANEMIA</u>	<u>1.0994</u>
<u>785</u>	<u>ANEMIA EXCEPT FOR IRON DEFICIENCY ANEMIA AND SICKLE CELL ANEMIA</u>	<u>0.7878</u>
<u>786</u>	<u>IRON DEFICIENCY ANEMIA</u>	<u>0.7407</u>
<u>800</u>	<u>ACUTE LEUKEMIA</u>	<u>1.0846</u>

<u>801</u>	<u>LYMPHOMA, MYELOMA & NON-ACUTE LEUKEMIA</u>	<u>0.7764</u>
<u>802</u>	<u>RADIOTHERAPY</u>	<u>0.6098</u>
<u>803</u>	<u>CHEMOTHERAPY</u>	<u>0.8692</u>
<u>804</u>	<u>LYMPHATIC & OTHER MALIGNANCIES & NEOPLASMS OF UNCERTAIN BEHAVIOR</u>	<u>0.7857</u>
<u>805</u>	<u>SEPTICEMIA & DISSEMINATED INFECTIONS</u>	<u>0.7810</u>
<u>806</u>	<u>POST-OPERATIVE, POST-TRAUMATIC, OTHER DEVICE INFECTIONS</u>	<u>0.7744</u>
<u>807</u>	<u>FEVER</u>	<u>0.6658</u>
<u>808</u>	<u>VIRAL ILLNESS</u>	<u>0.7769</u>
<u>809</u>	<u>OTHER INFECTIOUS & PARASITIC DISEASES</u>	<u>0.7683</u>
<u>810</u>	<u>H. PYLORI INFECTION</u>	<u>0.5885</u>
<u>820</u>	<u>SCHIZOPHRENIA</u>	<u>0.8969</u>
<u>821</u>	<u>MAJOR DEPRESSIVE DISORDERS & OTHER/UNSPECIFIED PSYCHOSES</u>	<u>0.9476</u>
<u>822</u>	<u>DISORDERS OF PERSONALITY & IMPULSE CONTROL</u>	<u>0.8945</u>
<u>823</u>	<u>BIPOLAR DISORDERS</u>	<u>0.8574</u>
<u>824</u>	<u>DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER</u>	<u>0.6982</u>
<u>825</u>	<u>ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES</u>	<u>0.8061</u>
<u>826</u>	<u>ACUTE ANXIETY & DELIRIUM STATES</u>	<u>0.6352</u>
<u>827</u>	<u>ORGANIC MENTAL HEALTH DISTURBANCES</u>	<u>0.7817</u>
<u>828</u>	<u>MENTAL RETARDATION</u>	<u>0.7149</u>
<u>829</u>	<u>CHILDHOOD BEHAVIORAL DISORDERS</u>	<u>0.6982</u>
<u>830</u>	<u>EATING DISORDERS</u>	<u>0.9135</u>
<u>831</u>	<u>OTHER MENTAL HEALTH DISORDERS</u>	<u>0.7248</u>
<u>840</u>	<u>OPIOID ABUSE & DEPENDENCE</u>	<u>0.7268</u>
<u>841</u>	<u>COCAINE ABUSE & DEPENDENCE</u>	<u>0.7268</u>
<u>842</u>	<u>ALCOHOL ABUSE & DEPENDENCE</u>	<u>1.0469</u>
<u>843</u>	<u>OTHER DRUG ABUSE & DEPENDENCE</u>	<u>0.9946</u>
<u>850</u>	<u>ALLERGIC REACTIONS</u>	<u>0.8669</u>
<u>851</u>	<u>POISONING OF MEDICINAL AGENTS</u>	<u>1.0037</u>
<u>852</u>	<u>OTHER COMPLICATIONS OF TREATMENT</u>	<u>0.8281</u>
<u>853</u>	<u>OTHER INJURY, POISONING & TOXIC EFFECT DIAGNOSES</u>	<u>0.9504</u>
<u>854</u>	<u>TOXIC EFFECTS OF NON-MEDICINAL SUBSTANCES</u>	<u>0.8010</u>

<u>860</u>	<u>EXTENSIVE 3RD DEGREE OR FULL THICKNESS BURNS W/O SKIN GRAFT</u>	<u>0.7979</u>
<u>861</u>	<u>PARTIAL THICKNESS BURNS W OR W/O SKIN GRAFT</u>	<u>0.7974</u>
<u>870</u>	<u>REHABILITATION</u>	<u>0.5165</u>
<u>871</u>	<u>SIGNS, SYMPTOMS & OTHER FACTORS INFLUENCING HEALTH STATUS</u>	<u>0.7459</u>
<u>872</u>	<u>OTHER AFTERCARE & CONVALESCENCE</u>	<u>0.8149</u>
<u>873</u>	<u>NEONATAL AFTERCARE</u>	<u>0.7569</u>
<u>874</u>	<u>JOINT REPLACEMENT</u>	<u>0.6740</u>
<u>875</u>	<u>CONTRACEPTIVE MANAGEMENT</u>	<u>1.1189</u>
<u>880</u>	<u>HIV INFECTION</u>	<u>0.9529</u>
<u>881</u>	<u>AIDS</u>	<u>1.0855</u>
<u>993</u>	<u>INPATIENT ONLY PROCEDURES</u>	<u>0.0000</u>
<u>994</u>	<u>USER CUSTOMIZABLE INPATIENT PROCEDURES</u>	<u>0.0000</u>
<u>999</u>	<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</u>	<u>HCPCS Code Description</u>	<u>Px- based Weight</u>	<u>Units Limt</u>
<u>55450</u>	<u>Ligation of sperm duct</u>	<u>9.9081</u>	<u>1</u>
<u>58615</u>	<u>Occlude fallopian tube(s)</u>	<u>10.8930</u>	<u>1</u>
<u>90805</u>	<u>Psytx, off, 20-30 min w/e&m</u>	<u>1.0344</u>	<u>1</u>
<u>90807</u>	<u>Psytx, off, 45-50 min w/e&m</u>	<u>1.2413</u>	<u>1</u>
<u>90809</u>	<u>Psytx, off, 75-80, w/e&m</u>	<u>1.2413</u>	<u>1</u>
<u>90811</u>	<u>Intact psytx, 20-30, w/e&m</u>	<u>1.0344</u>	<u>1</u>
<u>90813</u>	<u>Intact psytx, 45-50 min w/e&m</u>	<u>1.2413</u>	<u>1</u>
<u>90815</u>	<u>Intact psytx, 75-80 w/e&m</u>	<u>1.2413</u>	<u>1</u>

<u>90819</u>	<u>Psytx, hosp, 45-50 min w/e&m</u>	<u>1.2413</u>	<u>1</u>
<u>90847</u>	<u>Family psytx w/patient</u>	<u>1.2413</u>	<u>1</u>
<u>90862</u>	<u>Medication management</u>	<u>0.6620</u>	<u>1</u>
<u>90882</u>	<u>Environmental manipulation</u>	<u>0.2896</u>	<u>1</u>
<u>92065</u>	<u>Orthoptic/pleoptic training</u>	<u>0.3820</u>	<u>1</u>
<u>92340</u>	<u>Fitting of spectacles</u>	<u>0.2624</u>	<u>1</u>
<u>92341</u>	<u>Fitting of spectacles</u>	<u>0.2624</u>	<u>1</u>
<u>92342</u>	<u>Fitting of spectacles</u>	<u>0.2624</u>	<u>1</u>
<u>92506</u>	<u>Speech/hearing evaluation</u>	<u>0.8996</u>	<u>1</u>
<u>92597</u>	<u>Oral speech device eval</u>	<u>0.8996</u>	<u>1</u>
<u>92605</u>	<u>Eval for nonspeech device rx</u>	<u>0.8996</u>	<u>1</u>
<u>92607</u>	<u>Ex for speech device rx, 1hr</u>	<u>0.8996</u>	<u>1</u>
<u>92608</u>	<u>Ex for speech device rx addl</u>	<u>0.4498</u>	<u>2</u>
<u>92626</u>	<u>Eval aud rehab status</u>	<u>0.8996</u>	<u>1</u>
<u>92627</u>	<u>Eval aud status rehab add-on</u>	<u>0.2249</u>	<u>2</u>
<u>92640</u>	<u>Aud brainstem implt programg</u>	<u>0.8996</u>	<u>1</u>
<u>96040</u>	<u>Genetic counseling, 30 min</u>	<u>0.1939</u>	<u>4</u>
<u>96101</u>	<u>Psycho testing by psych/phys</u>	<u>1.6551</u>	<u>1</u>
<u>96102</u>	<u>Psycho testing by technician</u>	<u>1.2413</u>	<u>1</u>
<u>96111</u>	<u>Developmental test, extend</u>	<u>1.2413</u>	<u>1</u>
<u>96116</u>	<u>Neurobehavioral status exam</u>	<u>1.6551</u>	<u>1</u>
<u>96118</u>	<u>Neuropsych tst by psych/phys</u>	<u>1.6551</u>	<u>1</u>
<u>96119</u>	<u>Neuropsych testing by tec</u>	<u>1.2413</u>	<u>1</u>

<u>96125</u>	<u>Cognitive test by hc pro</u>	<u>1.2413</u>	<u>1</u>
<u>96150</u>	<u>Assess hlth/behave, init</u>	<u>0.1517</u>	<u>3</u>
<u>96151</u>	<u>Assess hlth/behave, subseq</u>	<u>0.1448</u>	<u>3</u>
<u>96152</u>	<u>Intervene hlth/behave, indiv</u>	<u>0.1379</u>	<u>3</u>
<u>96153</u>	<u>Intervene hlth/behave, group</u>	<u>0.0690</u>	<u>4</u>
<u>96154</u>	<u>Interv hlth/behav, fam w/pt</u>	<u>0.1379</u>	<u>4</u>
<u>96155</u>	<u>Interv hlth/behav, fam w/o pt</u>	<u>0.1517</u>	<u>4</u>
<u>97001</u>	<u>Pt evaluation</u>	<u>0.9045</u>	<u>1</u>
<u>97002</u>	<u>Pt re-evaluation</u>	<u>0.9045</u>	<u>1</u>
<u>97003</u>	<u>Ot evaluation</u>	<u>0.8141</u>	<u>1</u>
<u>97004</u>	<u>Ot re-evaluation</u>	<u>0.8141</u>	<u>1</u>
<u>97010</u>	<u>Hot or cold packs therapy</u>	<u>0.1379</u>	<u>1</u>
<u>97012</u>	<u>Mechanical traction therapy</u>	<u>0.1379</u>	<u>1</u>
<u>97014</u>	<u>Electric stimulation therapy</u>	<u>0.1379</u>	<u>1</u>
<u>97016</u>	<u>Vasopneumatic device therapy</u>	<u>0.1379</u>	<u>1</u>
<u>97018</u>	<u>Paraffin bath therapy</u>	<u>0.1379</u>	<u>1</u>
<u>97022</u>	<u>Whirlpool therapy</u>	<u>0.1379</u>	<u>1</u>
<u>97024</u>	<u>Diathermy eg, microwave</u>	<u>0.1379</u>	<u>1</u>
<u>97026</u>	<u>Infrared therapy</u>	<u>0.1379</u>	<u>1</u>
<u>97028</u>	<u>Ultraviolet therapy</u>	<u>0.1379</u>	<u>1</u>
<u>97032</u>	<u>Electrical stimulation, 15 min</u>	<u>0.1379</u>	<u>2</u>
<u>97033</u>	<u>Electric current therapy, 15 min</u>	<u>0.1379</u>	<u>2</u>
<u>97034</u>	<u>Contrast bath therapy, 15 min</u>	<u>0.1379</u>	<u>2</u>

<u>97035</u>	<u>Ultrasound therapy, 15 min</u>	<u>0.1379</u>	<u>2</u>
<u>97036</u>	<u>Hydrotherapy, 15 min</u>	<u>0.1379</u>	<u>2</u>
<u>97039</u>	<u>Physical therapy treatment</u>	<u>0.1379</u>	<u>1</u>
<u>97110</u>	<u>Therapeutic exercises, 15 min</u>	<u>0.2276</u>	<u>3</u>
<u>97112</u>	<u>Neuromuscular reeducation</u>	<u>0.2276</u>	<u>3</u>
<u>97113</u>	<u>Aquatic therapy/exercises</u>	<u>0.2276</u>	<u>3</u>
<u>97116</u>	<u>Gait training therapy</u>	<u>0.2276</u>	<u>3</u>
<u>97124</u>	<u>Massage therapy, 15 min</u>	<u>0.2276</u>	<u>3</u>
<u>97139</u>	<u>Physical medicine procedure</u>	<u>0.1379</u>	<u>1</u>
<u>97140</u>	<u>Manual therapy, 15 min</u>	<u>0.2276</u>	<u>3</u>
<u>97530</u>	<u>Therapeutic activities, 15 min</u>	<u>0.2276</u>	<u>3</u>
<u>97532</u>	<u>Cognitive skills development, 15 min</u>	<u>0.2414</u>	<u>3</u>
<u>97533</u>	<u>Sensory integration, 15 min</u>	<u>0.2414</u>	<u>3</u>
<u>97535</u>	<u>Self care mngmt training, 15 min</u>	<u>0.2414</u>	<u>3</u>
<u>97537</u>	<u>Community/work reintegration, 15 min</u>	<u>0.2414</u>	<u>3</u>
<u>97542</u>	<u>Wheelchair mngmt training, 15 min</u>	<u>0.2603</u>	<u>8</u>
<u>97545</u>	<u>Work hardening</u>	<u>0.9045</u>	<u>1</u>
<u>97750</u>	<u>Physical performance test, 15 min</u>	<u>0.2276</u>	<u>3</u>
<u>97755</u>	<u>Assistive technology assess, 15 min</u>	<u>0.2276</u>	<u>6</u>
<u>97760</u>	<u>Orthotic mgmt and training, 15 min</u>	<u>0.2276</u>	<u>4</u>
<u>97761</u>	<u>Prosthetic training, 15 min</u>	<u>0.2276</u>	<u>4</u>
<u>97762</u>	<u>C/o for orthotic/prosth use, 15 min</u>	<u>0.2276</u>	<u>3</u>
<u>97799</u>	<u>Physical medicine procedure</u>	<u>0.1379</u>	<u>1</u>

<u>97802</u>	<u>Medical nutrition, indiv, each 15 min</u>	<u>0.1847</u>	<u>2</u>
<u>97803</u>	<u>Med nutrition, indiv, subseq, each 15 min</u>	<u>0.1847</u>	<u>2</u>
<u>97804</u>	<u>Medical nutrition, group, each 30 min</u>	<u>0.1638</u>	<u>1</u>
<u>98941</u>	<u>Chiropractic manipulation</u>	<u>=</u>	<u>1</u>
<u>98960</u>	<u>Self-mgmt educ & train, 1 pt, 30 min</u>	<u>0.1939</u>	<u>4</u>
<u>98961</u>	<u>Self-mgmt educ/train, 2-4 pt</u>	<u>0.0970</u>	<u>4</u>
<u>98962</u>	<u>Self-mgmt educ/train, 5-8 pt</u>	<u>0.0970</u>	<u>4</u>
<u>99002</u>	<u>Device Handling</u>	<u>=</u>	<u>1</u>
<u>99401</u>	<u>Preventive counseling, indiv</u>	<u>0.2500</u>	<u>1</u>
<u>99402</u>	<u>Preventive counseling, indiv</u>	<u>0.3103</u>	<u>1</u>
<u>99403</u>	<u>Preventive counseling, indiv</u>	<u>0.4482</u>	<u>1</u>
<u>99404</u>	<u>Preventive counseling, indiv</u>	<u>0.5862</u>	<u>1</u>
<u>99411</u>	<u>Preventive counseling, group</u>	<u>0.1379</u>	<u>1</u>
<u>99412</u>	<u>Preventive counseling, group</u>	<u>0.2414</u>	<u>1</u>
<u>D9220</u>	<u>Behavior management</u>	<u>0.1563</u>	<u>1</u>
<u>D9230</u>	<u>Analgesia</u>	<u>0.3030</u>	<u>1</u>
<u>D9248</u>	<u>Sedation (non-iv)</u>	<u>0.3030</u>	<u>1</u>
<u>D9310</u>	<u>Dental consultation</u>	<u>0.1875</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>-</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>S9152</u>	<u>Speech therapy, re-eval</u>	<u>0.8996</u>	<u>1</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>0.1688</u>	<u>1</u>
<u>V5020</u>	<u>Conformity evaluation</u>	<u>0.0844</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>-</u>	<u>1</u>
<u>V5364</u>	<u>Dysphagia screening</u>	<u>-</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>61885</u>	<u>Insrt/redo neurostim 1 array</u>	<u>\$ 11,794.40</u>	<u>1</u>
<u>64568</u>	<u>Inc for vagus n elect impl</u>	<u>\$ 19,630.40</u>	<u>1</u>
<u>81025</u>	<u>Urine pregnancy test</u>	<u>\$ 3.19</u>	<u>1</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>90473</u>	<u>Immune admin oral/nasal</u>	<u>\$ 8.57</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>86701</u>	<u>HIV-1</u>	<u>\$ 10.00</u>	<u>1</u>

<u>86702</u>	<u>HIV-2</u>	<u>\$ 15.22</u>	<u>1</u>
<u>86703</u>	<u>Hiv-1/hiv-2 single assay</u>	<u>\$ 15.44</u>	<u>1</u>
<u>87390</u>	<u>Hiv-1 ag eia</u>	<u>\$ 19.86</u>	<u>1</u>
<u>87391</u>	<u>Hiv-2 ag eia</u>	<u>\$ 19.86</u>	<u>1</u>
<u>G0008</u>	<u>Admin influenza virus vac</u>	<u>\$ 13.23</u>	<u>1</u>
<u>G0009</u>	<u>Admin pneumococcal vaccine</u>	<u>\$ 13.23</u>	<u>1</u>
<u>G0432</u>	<u>EIA HIV-1/HIV-2 screen</u>	<u>\$ 15.44</u>	<u>1</u>
<u>G0433</u>	<u>ELISA HIV-1/HIV-2 screen</u>	<u>\$ 15.44</u>	<u>1</u>
<u>G0435</u>	<u>Oral HIV-1/HIV-2 screen</u>	<u>\$ 13.50</u>	<u>1</u>
<u>J0475</u>	<u>Baclofen 10 MG injection</u>	<u>\$ 176.50</u>	<u>8</u>
<u>J2997</u>	<u>Alteplase recombinant</u>	<u>\$ 38.87</u>	<u>80</u>
<u>V2100</u>	<u>Lens spher single plano 4.00</u>	<u>\$ 5.00</u>	<u>2</u>
<u>V2215</u>	<u>Lens lenticular bifocal</u>	<u>\$ 26.50</u>	<u>2</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>V2784</u>	<u>Lens polycarb or equal</u>	<u>\$ 10.00</u>	<u>2</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 (d) of section 86-8.9 is amended to add the following APG and to read as follows:

451 SMOKING CESSATION TREATMENT

Subdivision (h) of section 86-8.10 is amended to add the following APG and to read as follows:

465 CLASS XIII COMBINED CHEMOTHERAPY AND PHARMACOTHERAPY

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 43 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		

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.