

**Non-50% Discounting APG List**  
**NYS Department of Health**

**Revised for July 1, 2012 Updates:**

**Information revised since the last update is highlighted.**

**Note: This list was first implemented in April 2010, retroactive to January 2010.**

APG	APG Description	Discount		Notes
		Percent if not	50%	
118	NUTRITION THERAPY	25%	Effective 1-1-10	
257	AUDIOMETRY	25%	Effective 1-1-10	
270	OCCUPATIONAL THERAPY	25%	Effective 1-1-10	
271	PHYSICAL THERAPY	25%	Effective 1-1-10	
272	SPEECH THERAPY AND EVALUATION	25%	Effective 1-1-10	
274	PHYSICAL THERAPY, GROUP	25%	Effective 1-1-10	
275	SPEECH THERAPY & EVALUATION, GROUP	25%	Effective 1-1-10	
310	DEVELOPMENTAL & NEUROPSYCHOLOGICAL TESTING	10%	Effective 1-1-10	
312	FULL DAY PARTIAL HOSPITALIZATION FOR MENTAL ILLNESS	10%	Effective 1-1-10	
315	COUNSELLING OR INDIVIDUAL BRIEF PSYCHOTHERAPY	10%	Effective 1-1-10	
316	INDIVIDUAL COMPREHENSIVE PSYCHOTHERAPY	10%	Effective 1-1-10	
317	FAMILY PSYCHOTHERAPY	10%	Effective 1-1-10	
318	GROUP PSYCHOTHERAPY	10%	Effective 1-1-10	
320	CASE MANAGEMENT & TREATMENT PLAN DEVELOPMENT - MH/SA	10%	Effective 1-1-10	
321	CRISIS INTERVENTION	10%	Effective 1-1-10	
322	MEDICATION ADMINISTRATION & OBSERVATION	0%	Changed from 10% to 0% for July 2010. Changed from 0% to 50% for October 2011. Changed from 50% to 0% for July 2012.	
323	MENTAL HYGIENE ASSESSMENT	10%	Effective 1-1-10	
324	MENTAL HEALTH SCREENING & BRIEF ASSESSMENT	10%	Changed from 0% to 25% Jan 1, 2012. Changed from 25% to 10% July 1, 2012	
350	LEVEL I ADJUNCTIVE GENERAL DENTAL SERVICES	25%	Effective 7-1-11	
351	LEVEL II ADJUNCTIVE GENERAL DENTAL SERVICES	25%	Effective 7-1-11	
352	PERIODONTICS	25%	Effective 7-1-11	
353	LEVEL I PROSTHODONTICS, FIXED	25%	Effective 7-1-11	
354	LEVEL II PROSTHODONTICS, FIXED	25%	Effective 7-1-11	
355	LEVEL III PROSTHODONTICS, FIXED	25%	Effective 7-1-11	
356	LEVEL I PROSTHODONTICS, REMOVABLE	25%	Effective 7-1-11	
357	LEVEL II PROSTHODONTICS, REMOVABLE	25%	Effective 7-1-11	
358	LEVEL III PROSTHODONTICS, REMOVABLE	25%	Effective 7-1-11	
359	LEVEL I MAXILLOFACIAL PROSTHETICS	25%	Effective 7-1-11	
360	LEVEL II MAXILLOFACIAL PROSTHETICS	25%	Effective 7-1-11	
361	LEVEL I DENTAL RESTORATIONS	25%	Effective 7-1-11	
362	LEVEL II DENTAL RESTORATIONS	25%	Effective 7-1-11	
363	LEVEL III DENTAL RESTORATION	25%	Effective 7-1-11	
364	LEVEL I ENDODONTICS	25%	Effective 7-1-11	
365	LEVEL II ENDODONTICS	25%	Effective 7-1-11	
366	LEVEL III ENDODONTICS	25%	Effective 7-1-11	
367	LEVEL I ORAL AND MAXILLOFACIAL SURGERY	25%	Effective 7-1-11	
368	LEVEL II ORAL AND MAXILLOFACIAL SURGERY	25%	Effective 7-1-11	
369	LEVEL III ORAL AND MAXILLOFACIAL SURGERY	25%	Effective 7-1-11	
370	LEVEL IV ORAL AND MAXILLOFACIAL SURGERY	25%	Effective 7-1-11	
372	SEALANT	25%	Effective 7-1-11	
373	LEVEL I DENTAL FILM	25%	Effective 10-1-11	
374	LEVEL II DENTAL FILM	25%	Effective 10-1-11	
377	PREVENTIVE DENTAL PROCEDURES	10%	Effective 10-1-11	