

# OASAS APG Training Update

## Reimbursement and Policy

### General APG Billing Refresher



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## APG Billing

Upon conversion to the APG payment structure, the former OASAS threshold rate codes (assessment / individual / group and weekly OTP rate code) are eliminated and providers must bill using:

- Medicaid APG rate code for Peer Group; and,
- The CPT / HCPCS codes for the specific service

All OASAS APG rates, CPT and HCPCS codes are listed in the online OASAS APG Clinical and Medicaid Billing manual at:

<http://www.oasas.ny.gov/admin/hcf/APG/Index.cfm>  
#CLINICALANDBILLINGMANUAL



# Interim Vs. Non-Interim Billing

- The Part 822 regulations that support APGs went into effect July 1, 2011 at which time programs began delivering services in accordance with the regulation.
- However, from a reimbursement perspective, the State did not turn on either the hospital or Freestanding APG reimbursement methodology or rate codes.
- Therefore, during this interim period freestanding and hospital programs:
  - Programs submitted claims using the former threshold rate codes at the header level; AND, utilizing APG HCPCS/CPT codes at the line level.
  - These interim claims were reimbursed at the former threshold reimbursement amounts.
  - The Interim Guidance letter is located on OASAS APG webpage.



# Interim Vs. Non Interim (Final) Billing

## Final Defined

In freestanding programs only:

- Utilization of Ambulatory Patient Group (APG) rate codes began for outpatient clinics and rehabilitation programs on January 1, 2012 and on January 2, 2012 for opioid programs.
- For dates of service after the above dates, freestanding programs must enter the correct four digit APG rate code for their peer group when submitting Medicaid claims.
- Pre-APG threshold visit or OTP weekly visit rate codes can not be used for dates of service after the above dates.
- The Guidance letter is located on OASAS APG webpage.



# APG Peer Group Base Rate multiplied by Service Weight = Payment for Service

## Base Rate:

Rates are established for peer groups. Within each peer group there are downstate and upstate regions that have differing rates. Peer group rates are calculated based on case mix, visit volume, and cost.

## Weight:

Each APG service has an associated payment weight based on service intensity.

## On-Line APG Revenue Calculator:

Lists the base rates and service weights.

<http://www.oasas.ny.gov/admin/hcf/APG/Index.cfm#APGREVENUECALCULATOR>



# OASAS APG Reimbursement Blends

Phase	Hospital Programs Phase Dates	Freestanding Programs Phase Dates	Reimbursement Blend (Legacy % - APG%)
1	Not Applicable	July 1, 2011 - June 30, 2012  Monday July 4, 2011 APG Start date for OASAS Certified Freestanding Opioid programs	75 % legacy  25 % APG
2	October 1 - December 31, 2010  October 1, 2010 APG Start date for OASAS certified hospital based outpatient clinic programs	July 1, 2012 - June 30, 2013	50 % legacy  50 % APG
3	January 1 - December 31, 2011  January 3, 2011 APG Start Date for OASAS certified hospital based Opioid Programs	July 1, 2013 - December 31, 2013	25 % Legacy  75% APG
4	January 1, 2012	January 1, 2014	100% APG



## Discounting

- When a patient receives more than one service/procedure on a single visit date, the highest value service/procedure shall be paid at its full APG fee value, or during the Phase in a percentage of the full value
- Payments for the second procedure / service (lesser weighted) will be discounted by 10%. The discount is applied to the APG payment portion of the claim. E.g. If a patient receives an individual and group service on the same visit date, the group APG payment would discount by 10%.
- Generally, no more than two different services will be paid for on a single service date. And in no case can the program claim payment for two of the same service types delivered on the same visit day. E.g. Two individuals may not be claimed for the same patient on the same visit date.
- However, the following services are exempt from the above two billable service rule: complex care coordination; medication administration; medication management; and, peer support services. E.g. an individual, group and medication management may be claimed on the same visit date and the program would receive reimbursement for all three service, with the group service payment discounted by 10%.



# Know the Medicaid Billing Limits

In addition to the discounting rules there are some Medicaid billing rules that are either applicable to all services OR some that are specific to a specific service category / type.

These are fully articulated in the On – Line APG billing manual both within the specific service categories and on Table Three the Billing Rule Summary Table.

Programs are strongly encouraged to review the manual for full detail.

<http://www.oasas.ny.gov/admin/hcf/APG/documents/APGManual.pdf>



## Reimbursement Refresher – APG Payment Phase-in One Example

The same patient receives one individual and one group counseling session on the same visit date at the same program. Payment is constructed of the following elements.

### **Element One: A Single Payment Against the prior threshold payments.**

This is a single percentage payment of the previous threshold clinic payment or Opioid weekly payment. In Phase One that is 75% of threshold payment. The program will only receive the 75% threshold payment once per claim, regardless of how many services the individual patient receives on that visit date. There will NOT be multiple additions of the 75% payment on the same visit date.

### **Element Two: A single APG percentage payment for the first higher priced service.**

Using the final full service specific APG payment as the service price, programs will receive a single percentage payment for the first higher priced service delivered on a visit date. The final full APG payment is defined as the base rate for a specific peer group multiplied by the weight for the specific service. In Phase One programs receive 25% of the final APG payment.

### **Element Three: A single APG percentage payment for the second lower priced service minus a ten percent discount.**

Also using the final full service specific APG payment as the service price, programs will receive a single percentage payment for the second, lower priced service, that is delivered on the same visit date. Again, the final full APG payment is defined as the base rate for a specific peer group multiplied by the weight for the specific service. In Phase One programs will receive 25% of the final APG payment. However, since this is a second same day service that 25% payment will be discounted by 10%.

NOTE: The following services are exempt from the 10% discount and if delivered as a second service on the same visit date the program would receive 25% of the final APG price: Complex Care Coordination; Medication Administration; Medication Management; and Peer Support Services.



# Questions

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